Ruptured kidney. Beall has given to us several tables of statistics collected from the literature and from hospital reports jointly, and therefore probably rather too favourable. Probably the same cases are included in several of the lists. The most useful figures are those of Delbet and Watson, which are as follows. It will be observed that of cases not operated on about two-thirds recover, of those submitted to nephrectomy about three-quarters, and all but about 5 per cent of those explored but found not to need removal of the kidney.

Delbet	225	105	45	50	2	4	44	11	25
Watson	273	81	30	99	7	7	115	25	22

When the only evidence is a transient hæmaturia, the patients make a perfect and complete recovery.

When there is in addition a swelling in the loin, but no tear of the ureter and no early shock or hæmorrhage, the outlook is good. Three cases seen by the writer many years afterwards, had continued quite well.

Marked signs of shock make a bad prognosis, whether the effusion of blood is into the loin or into the peritoneum. Two such cases at the Bristol Royal Infirmary treated by nephrectomy both died. Laceration of the renal pelvis or ureter leads to leakage of urine or hydronephrosis, which may suppurate, when the outlook becomes very grave. The outlook in children is serious; according to Maas, 85 per cent die.

Rupture of Bladder.— This is not very common. Two large London hospitals had no cases in five years. Of 6 cases at the Bristol Royal Infirmary, only 1 recovered, but usually the operation was undertaken too late to give the patient a chance. There can be no doubt that if there are not severe injuries besides, and no cystitis is present, early diagnosis would save a larger proportion. One man fell into a ditch whilst intoxicated, and ruptured his bladder into the peritoneum. He was treated by a doctor in the country for a week; sometimes he passed water himself, and sometimes a catheter was used. He was up and about most of the time. On admission, the abdomen was greatly distended; at the operation, 13 pints of urinous fluid were evacuated, and twelve sutures were necessary to sew up the rent in the bladder. He died, but could no doubt have been saved by earlier operation.

Collections of isolated cases from the literature, such as Quick's and Ashhurst's, are quite unreliable in estimating the true mortality, because fatal cases so often fail to get into print. The latter reports 22 cures out of 29 cases operated on by various writers since 1893.

2. **Perforating Wounds.**—It is not possible to say much about the