ment, if present, could be made out at such a time. Was there any evidence of hæmophilia? It would seem unusual if due to stone. There was no appearance of stone in the interval. The crenation of the red blood corpuscles might be due to their retention in the urine in the pelvis of the kidney. Was the amount of urine noted that passed during the attacks? Was there an increase when the swelling disappeared?

Dr. FOTHERINGHAM asked if the flattening of the abdomen was accompanied by the escape of flatus. The case was one like a case he had seen where a testicle had been crushed, accompanied by distention of the bowels, which led to a diagnosis of peritonitis. But there was no inflammation. A high injection relieved the condition. The paralysis of the bowel was sympathetic, partly. So in the case related, the paralysis of the muscular coat might occur from such an occurrence as a twisting of the pedicle of the kidney.

Dr. ANDERSON asked with regard to the presence of mucus, and how its corpuscles were diagnosed from the pus corpuscles.

Dr. KING asked if there was no hæmaturia until the distention began to recede. That was an important point to note. He did not think the absence of pain excluded the diagnosis of stone. He had one, obtained at a *post-mortem* in which the patient had died from some other disease. It was one-third the size of the kidney and had produced no symptoms during life. If there had been any symptoms the patient would have spoken of them, as he was given to complaining about small troubles. The calculus might block up the ureter and the hæmorrhage occur behind it until sufficient collected to push it out, and then the process of accumulation might go on again.

Dr. BAINES said that he had examined the patient frequently during the distention, and could not make out any difference in the size of the loin. He was sorry that the patient was unable to be present that the members might examine him. He had been anxious that someone else should see the patient, but the patient had not agreed, thinking he was doing very favorably.

The amount of urine was always about the same. He had not thought of the damming back process referred to by Dr. King. In regard to the presence of mucus, he said acetic acid did not have any effect. He had spoken of the case to a number of men with wide experience, but the only one who had any case like it was Dr. Cameron. It was that of a little boy who, while running, had fallen and two others had fallen across him, and who had suffered subsequently from these paroxysmal attacks of hæmorrhage.