

I could make out an enlarged kidney on the right, but later I was not sure whether it is enlarged or simply moveable and prolapsed. Whether it is a case of pyelitis or one of pyelonephrosis, I am inclined to the view that it is simply pyelitis."

Later Dr. Schenck wrote me that the organism obtained from the bladder urine turned out to be, as expected, the colon bacillus.

I accordingly advised nephrotomy and drainage. It was not, however, until April, 1910, that the patient would consent to operation. At the Wingham General Hospital, on April 16th, I opened into the loin and brought up the kidney. As far as I could judge from the macroscopic appearance, the kidney, although small, appeared healthy on the surface. I split it along Brodel's line down to the pelvis. The hemorrhage was quite free, but was controlled with hot sponges; I then inserted drainage and sewed up. The wound healed in about four weeks, and for several months my patient enjoyed comparative freedom from her distressing urinary symptoms. During the winter of 1910 and 1911, however, the frequency became as bad as ever, so bad indeed that her rest at night was seriously disturbed by frequent urination. The patient began to fail in flesh and general health. She occasionally had attacks of pain in the right side over the region of the kidney, chills, followed by some elevation of temperature. In the spring of 1911 I advised her to have the kidney removed. To this she consented, and, on April 29th last, in the Wingham General Hospital, I again opened in the loin, brought up the kidney and removed it.

The macroscopic appearance of the kidney was as follows:—The kidney was small and contracted, and showed evidence of traumatic injury, the whole being surrounded by a thick, fibrous capsule. On palpation it was hard and firm to the touch. Along the external and posterior surface could be felt a hard cord running from the inferior to superior pole of the organ. On section there was increased resistance of the cutting instrument. The cut surface shows inferiorly that the kidney substance proper is almost wholly displaced by connective tissues, while superiorly a small amount of secreting substance about the size of a walnut but paler than normal could be found, which could be detached from its capsule. The microscopic examination of the specimen was made by Professor McKenzie of Chicago, and is as follows:—

"Each section examined presented a thick, connective tissue capsule, to the outer side of which was attached remnants of kidney tissue, in which could be recognized a few atrophic Malpighian bodies, as well as a number of tubules which showed marked degeneration of their epithelial lining. The contents of the connective tissue