

to catheterize the ureters was unsuccessful, and the patient found the operation so disagreeable, and protested so strongly against a second attempt being made, and the diagnosis seemed so clear that nephrotomy was performed. The kidney was found surrounded by a dense mass of inflammatory tissue and adhesions. On an attempt being made to clear the surface of the kidney the hæmorrhage was profuse. On opening the kidney the pelvis was found to contain a large quantity of phosphatic debris, which was washed away as carefully as could be. It was not possible to pass a catheter down the ureter into the bladder. The inflammatory adhesions were so numerous and dense that one could not outline with anything like certainty the confines of the kidney, the pelvis or the upper part of the ureter. Two cysts of considerable size were evacuated. The patient did well, but urine continued to flow from the wound in the back. It was thought quite possible that the ureter might be blocked by phosphatic debris. A catheter was passed through the bladder and left ureter to the pelvis of the kidney, and under ether the wound was reopened, and considerable quantity of phosphatic sand was washed away. After this operation the urine continued to come through the back in such quantities that it was evident that very little passed *per via naturalis*. This view was borne out by the recurrence of symptoms of colic and the presence of phosphatic gravel in the bladder. In a few days very little urine was excreted from either kidney and it was feared that the patient would succumb to anuria. Two specimens were collected, one from the bladder and one from the back. Very little urine came from the right kidney through the bladder, apparently because of obstruction in the right ureter.

Right.—Turbid. Quantity too small for sp. gr. Albumen. Urea, 2 per cent. Freezing pt. .78. Left.—Turbid. Sp. gr. 1008. Trace. Urea 1 per cent. Freezing point .24.

Pus present in both specimens. That night no urine came from the bladder. Both ureters were now catheterized, and warm mild antiseptics used to wash out the pelvis of the right kidney. The patient's condition immediately improved, and the right kidney excreted 12½ ounces of urine in the following 24 hours, the quantity gradually increasing to normal. For four weeks matters continued in this state when the patient was again seized with chilly sensations and rise in temperature. The right pelvis was again washed out, after which the temperature became normal. At the end of another week another cessation of urine from the bladder occurred. The catheter on this occasion struck an obstruction about 2 inches up the ureter on the right side