

Examination of urine showed it to be acid, sp. gr. 1022. No albumen except that to be expected from the amount of blood. No sugar. Microscopical examination showed no casts, no pus. Nothing, in fact, but a field crowded with blood corpuscles. Here was certainly a case of symptomless hematuria. No history to point to a clue and no symptom but hemorrhage. The quantity of blood was so large, apparently so sudden was the onset of the trouble, and the patient looked so well, that I became suspicious of malingering, and consequently asked the patient to call again next day and bring another sample of urine, which was practically the same as the first sample. I also had her pass urine in the office under the watchful eye of a lady medical student who was spending the summer with me. There was no doubt about the matter. The case was one of hematuria. I gave some placebo, advised rest, and waited for the hemorrhage to stop or new symptoms to arise.

From the 15th of September to the time of operation, October 24th, patient passed blood constantly when urinating. Sometimes the urine was of a bright red color, other samples were very dark, with occasional small vermicular clots. During the first two weeks some samples contained considerable clotted blood. On the 12th of October I examined the interior of the bladder with a Bransford Lewis cystoscope, but could discover nothing abnormal in the bladder. I then concluded that either kidney must be responsible for the hemorrhage, and attempted to catheterize the ureters. In this I was unsuccessful. About this time she began to complain of a slight uneasiness along the course of the left ureter. She said it was not a pain but a slight dragging or aching sensation, which was indeed so slight that I believe it would have passed practically unnoticed had it not been for repeated examinations and questionings. Thinking of the possibility of stone, I took a number of X-ray pictures. These were all negative.

On October 17th I took her to Detroit, to Dr. B. R. Schenck. He kindly catheterized the ureters for me, and discovered that the blood was coming from the left kidney, and in large quantities. I wish to mention the fact just here that Dr. Schenck is very expert in the catheterization of the ureter. He uses the open method—the Kelly method. He passed the ureteral catheter in this case in less than seven minutes.

So alarming was the hemorrhage that Dr. Schenck remarked to me, "If you don't do something quickly, your patient will die." The afternoon and evening after the catheterization the