

days he had been cared for at Kersey, Colo., where the accident occurred. He was prostrated by the force and shock of the injury and for some days suffered intensely. Six or seven days later, as he was feeling much better, he dressed and walked for a few minutes. This was followed by considerable hemorrhage from the bladder, a slight trace of which was observed the day after the injury. As this complication continued, he was removed to Weld County Hospital, where I first saw him. His previous history presented some interesting and noteworthy points. Three years earlier, while in the United States Navy at Norfolk, Va., he had been operated on for appendicitis. Peritonitis and a fecal fistula developed and posterior drainage was made. Later empyema appeared, and this was also drained. Before the integrity of the bowel was restored he underwent a series of six operations. In a year's time he was restored to health, receiving as a legacy an extensive system of adhesions on his right side from diaphragm to pelvis.

*Examination.*—He was a young man, aged twenty-three, of good development, well nourished, and when not in pain looked well. His condition at this time was marked by severe pain in the right side of the abdomen and very bloody urine; temperature normal and pulse about 80. The right abdomen was very rigid and slightly swollen. The side on a level with and a little anterior to the quadratus lumborum showed the site of the impact, being still discolored.

*Hospital History.*—During the ten days succeeding his admittance to the Weld County Hospital he showed some improvement, the urine gradually cleared and the pain diminished. Morphia, of which he had been receiving thus far one to two grains daily, was now gradually omitted. The swelling, external to the adhesions, was slightly increased, and the rigidity remained. At this time of apparent improvement, contrary to instructions, he got out of bed and walked as far as the ward lavatory. This indiscretion was followed by a return of both pain and hemorrhage. The pain was very severe, extending from right kidney to testicle, and intermittent in character. He would lie on his right side, knees doubled up, one hand supporting his scrotum. The urine at this time became so bloody that a catheter was frequently required to relieve the bladder. In consultation with Drs. Church and Hughes it was agreed that the renal colic was due to blood clots passing down the right ureter, and that the tumor was probably a sac of extravasated blood. The advisability of operation was considered at this time, but he was strongly opposed to this, his previous experience giving him a strong distaste for the knife. This condition of pain and hemorrhage continued for several weeks, with occasionally a short amelioration of symptoms. As a rule from one to two grains of morphia were required during the twenty-four