

the other under any conditions. The ureter given off from the lower pelvis may be considered as the main duct, inasmuch as it was slightly larger, while its opening into the bladder was in the usual position, and corresponded to that of the single ureter of the right side. The superior and accessory ureter opened into the bladder by means of a small, but distinct, slit-like aperture, situated half an inch below, and to the inner side of the main orifice, in the line between that and the urethral orifice.

The second case is a specimen obtained from a female body by Dr. Shepherd, of McGill University. This has, for many years, been in the Museum of the Medical college, and has never been recorded.

With the exception that the kidney here presents a more clearly lobulated appearance, and that there is no arterial abnormality, the case is almost identical with the preceding. The reduplication occurs only on the left side, there are two pelves, the upper being the smaller, the superior ureter crosses in front of the inferior, and its separate orifice is also along the edge of the Trigone, in front, and to the inner side of the main orifice, between that and the urethra.

It is a curious fact that in nearly all the recorded cases of this peculiarity it has occurred in the *left* side. The two cases just mentioned are on the left side; 'Tangl's'¹ celebrated case, and Gangolphe's² likewise occurred on this side. Baum³ has lately published a case in which it occurred on the right side. There may be no special significance to be attached to this *left*-sided tendency, but still it appears to obtain.

¹ Virchow's *Archiv.* 118 (1889) p. 414.

² *Loc. cit.*

³ *Archiv. of Gynækol.* 42, p. 339 (1892).