End of 7 days, specimen of urine showed no pus; very few bladder cells; number of bacteria; frequently found in genito-urinary tract; entire absence of micro-organisms, originally found.

April 20, physician reported complete recovery; urine clear.

*Case 2.*—Mrs. B. (referred by Dr. Henry Dalton, South Bend, Wash.). Married; one child; aet. 38; general appearance, good; weight, 165 lbs.; sleeps very well; appetite, fair; frequent indigestion. Bowels, constipated; much flatulency. Fluids ingested, two or three cups tea daily; no coffee, nor milk; some days, two or three glasses water; other days, no water at all.

Two operations, one for rectal fissure, and repair of cervix and vagina, five years ago.

Operation later for prolapsed kidney; suspension, to cure symptoms. Patient complained of following urinary symptoms: Frequency, nocturnal, two or three; diurnal, 5 to 6, varying, sometimes less often; sometimes with greater frequency; occasionally, for two or three days, every hour or so, imperative.

Pain at end of urination; also pain over right kidney, colicky in character. Did not respond to various forms of treatment for urinary symptoms, so was referred, Jan. 11, 1910.

*Tentative Diagnosis.*—(By family physician). Prolapse right kidney; kinking of ureter; cystitis; retroflexed uterus.

Examination, 24 hours' specimen urine: Specific gravity, 10.25; reaction, acid; urea, 16.5; chlorides, 11 gms.; no albumen; no sugar; no casts; no indican; bacteria, numerous, bacilli predominating.

Examination conducted with and without anesthesia, as were cystoscopy and ureteral catheterization.

Cystoscopy without anesthesia, bladder, cystitis, marked in posterior part of trigone and about right ureter; right ureteric opening, elevated; somewhat patent; efflux, delayed, but volume good. Retroflexion of uterus would explain the appearance of ureter, by causing the elevation of the trigone forward and to the right, thus forming a slight pouch to right side of same. This retained at least one-half drachm of urine; position of uterus also causing a curve in right ureter, narrowing its lumen, judging from the amount of force necessary to catheterize to pelvis. This narrowing combined with inflammation at mouth of ureter and in ureter would account for symptoms of renal colic; the taking of cold or an attack of constipation, causing the inflamed mucous membrane to become congested so as to still further narrow the lumen of ureter.

Catheterization of both ureters showed them free to pelvis.

Urine came from catheters as follows: Right side: Start delayed