

(3) Conditions of sudden decrease of pressure dependant on the operation, probably have a causative influence.

(4) Treatment should be prophylactic, as by avoidance of unnecessary traumatism, of hæmorrhage, or of suddenly decreased tension, as by having the wound area well supported by firmly applied dressings.

(5) So far as I am aware there has been no mortality in the reported cases, but the occurrence of pulmonary embolism in a certain proportion warns us that this termination is not an impossible one.

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### PYO-NEPHROSIS OF LEFT KIDNEY—NEPHROTOMY; RENAL CALCULUS OF RIGHT KIDNEY—NEPHRO-LITHOTOMY.

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Mrs. D., age 34, married, was admitted to the Victoria General Hospital on February 18th, suffering from a large tumor in the left hypochondriac and left lumbar regions. The following history was elicited from her: Born in England, but lived in Nova Scotia for the past twenty-two years; was married fourteen years ago, has five children living and one dead, until after the birth of her last child patient generally enjoyed good health, she had been threatened with abortion the first four months of her three last pregnancies and she has had a good deal of difficulty with her three last confinements. Four months before her last child was born she suffered greatly from irritability of the bladder, and noticed blood in the urine, but had no pain in voiding it, nor afterwards. The urine was very foul and contained a whitish deposit and ropy mucous. Her physician ordered her to bed, and put