

body from side to side, or rising to the erect posture caused a sudden dragging pain. While lying in bed the pain and frequency of micturition were much diminished. The right ureter could be felt through the anterior vaginal wall as a hard cord, as large as a large lead pencil, and tender on pressure. The urine was normal in quantity, cloudy, contained mucus and a small amount of pus. There was a little albumen (due to the pus), but no sugar. Tuberculosis was suspected, but several careful examinations failed to discover any trace of tubercle bacilli. On the 24th of November, 1892, the patient was etherized, the urethra dilated and the ureters catheterized by Kelly's instrument. The result was most satisfactory. Cloudy, turbid urine flowed from the right ureter and perfectly clear urine from the left. The ureteral orifices could be felt with the finger in the bladder, and catheterization was not in the least difficult. There was no evidence of disease in the bladder itself.

On the 29th of December the kidney was fixed to the loin by three sutures of silk worm gut, through the usual oblique lumbar incision. (These sutures included capsule and kidney tissue). The kidney was found to be uniformly enlarged, with the pelvis considerably dilated, and the ureter enlarged and thickened at the renal as well as at the vesical extremity. This patient made an uneventful recovery, but on account of the inflammatory condition of the kidney and ureter she was kept in bed until the 9th of February, 1893 (40 days), when she was sent home. By this time the symptoms had almost entirely disappeared and the kidney and ureter had greatly diminished in size. She suffered, however, from incontinence of urine from the dilation of the urethra. I have not seen this patient since she left the hospital as she lives in a remote country district, but I have heard from her several times, directly as well as indirectly, through neighbours. She and they assure me that she is perfectly well and has done her own house work ever since her return from the hospital. Her only complaint is that there is still a tendency to incontinence of urine, noticed when coughing, etc. The net result, therefore is, in this case, that a young healthy woman, who had been confined to her bed and unable to do anything about her house for sixteen months previous to operation (although she had borne a child in the meantime), and whose movable kidney and its ureter were well on the way to inflammatory disorganization (pyonephrosis), has been, since the operation (now two years and nine months), in what she describes as perfect health. I am, of course, unable to report upon the condition of the kidney and ureter, but I am assured that the urine is "quite clear." However we may attempt to explain it, I think there can be little doubt but