Saundby, in his excellent lectures on Bright's Disease, gives as causes of hæmorrhage from the kidneys the following classification:

I. *Local Lesions:* External injury, twisted or movable kidney, calculus, tubercle, cancer, syphilis, embolism, parasites, congestion, Bright's Disease.

II. *Symptomatic:* Blood diseases (purpura, scurvy, hæmagobruæmia, leucocythæmia), specific fevers, malaria, cholera.

III. *Toxic:* Turpentine, cantharides.

IV. *Neurotic or Vicarious:* Hysteria, insanity, asthma, menstruation, hæmorrhoids.

Now, there are many other well-defined conditions in which blood may be found in the urine. These, however, need not be discussed in connection with this case, as its history shows that the sufferer never had any symptoms of bladder trouble in any way whatever, neither has he suffered from cystitis, even in a mild form; therefore, I think we may conclude that the blood certainly comes from the kidney, and thus exclude the question of the bladder or urethra from discussion.

I can only think that he might possibly have a calculus in the kidney, the nucleus of which was formed at the time of the injury. At the same time there are many classical symptoms wanting to make such a diagnosis at all clear. Prout says, and he is endorsed by Henry Morris, that the various calculi give rise to different and distinctive pains, *e.g*, *Uric acid calculus* produces the least pain, and that of a dull, oppressive character, and a sense of weight; *Oxalate of lime* causes a more severe pain of an acute character, referred to a particular spot, as well as shooting to the ureter, shoulder or epigastrium; *Phosphates* give rise to great and unremitting pain, attended, however, wtih exacerbations. The symptoms of *indigestion* are also peculiar.

The symptoms of dyspepsia, nausea and vomiting are very common, not only at the time of actual colic, but during periods of less acute suffering, and are explicable through the connection of the renal plexus with the pneumogastric. But this patient never has any of those pains, nor has he ever had the pain produced by the passage of a renal calculus, so that it makes the case to me very dubious in regard to the diagnosis of stone in the kidney. Various causes given in Saundby's list can, I think, be one by one excluded, leaving only *paroxysmal hæmorrhage* or *stone*, as already stated.