

standing; he complains of puffing like a steam-engine in his ears. He is so weak, pale and worried looking that the neighbors think he won't last more than a few days. There is no tenderness in either loin or along the course of the ureters. I drew off bloody urine and injected clear water into the bladder, which came away clear both before and after the catheter was removed. He was put on lead and opium pills every four hours and sulphate of iron in mixture. August 21st he is so much worse that he is obliged to keep his bed. P. 88; T. 102.4° in the month; bowels constipated; anorexia, vomiting, dizziness, headache, dimness of vision on sitting up; conjunctivae lemon-colored; lumbar pain; there is frequent, painful spasm of the bladder and pain in the urethra, but he is passing a small quantity of perfectly clear urine with some clotted blood. He was ordered a hydrogogue cathartic and a diuretic mixture, all other medicines being withheld.

August 23rd.—P. 72; T. 101.1°. The general condition is better; the lumbar pain improved. There is a sharp, cutting pain in the right hypochondrium when he moves, well to the right side just under the border of the ribs; it does not shoot towards the bladder and is not felt in the penis. The urine is increased in amount—34 oz—clear, no deposit, quite acid, with a specific gravity of 1010; no albumen.

August 25th.—P., R. and T. are normal. Pain exists as before; there is tenderness from the right hypochondrium along the course of the ureter of the bladder. He gained rapidly in health and strength; the bleeding kept away longer than for any time during the last six years and consequently his health was better. In November he told me that he had seen blood in his urine once or twice since, lasting a day or two. He complains of being very nervous.

REMARKS.—The interest of the case lies in the difficulty of diagnosis and in its resistance to treatment. When the case was first seen in 1889 the question arose as to the relation, if any existed, between the bleeding and the pain in the right loin and hip; was the latter a pressure symptom, or was it an ordinary sciatica the cause of which was the exposure of an anaemic patient with an inherited nervous tendency? The latter view is probably correct, the bleeding having been aggravated by the exposure and the debility caused by the suffering and loss of sleep. For some time at least, before deciding positively on the real origin of the lesion, it was thought advisable to exclude some condition of the bladder, such as villous tumor, which might possibly be the source of the blood without causing symptoms referable to that organ; but subsequent treatment has I think pointed conclusively to the right kidney as the spot where the blood gains entrance to the urinary apparatus.

Diagnosis.—(1.) A strain or such like condition would not, I think, explain the symptoms.

(2.) Some local disease or foreign body might be the cause. Cancer can be excluded by the absence of pain or tumor in the renal region, the absence of cachexia, the time the affection has lasted, and its non-progressive character. Haematuria may be due to parasites, but it is not likely to be found in this country; that due to the bilharzia haematobia is rarely found out of Africa, though Sajous (1889, vol. iv.) mentions a case in a woman, aged, 39, who had never been out of England. With stone there is generally pain in the renal region before the onset of bleeding, a history of colic, and evidence of pyelitis. These were absent in this case; in general he is perfectly free from any uneasiness in either loin whether passing blood or not, except the blood be clotted. On the other hand we are told that