

the kidney as the cause of the acute symptoms in persons previously in apparent good health.

The second case reported by Dr. Cobb, illustrating the type that is less acute in its onset and in which definite signs pointing to the kidney existed, is as follows:

"Mrs. M. E. S., 34 years old, married, white. Entered the hospital October 21st, 1907. Patient was never strong. In the last fifteen years she had been operated on three times for tuberculous glands in the neck and axilla. Last operation was in March, 1900. She had had one child seven years ago. Five years ago she had a miscarriage. Three weeks before admission she again miscarried and was curetted at another hospital, but was up and about at the end of a week, and considered herself in better health and strength than for two or three years. Five days before admission she was awakened at night with a severe pain in the region of the appendix. She called her own physician, who told her that her temperature then was 103 deg. F., and the pulse 110. During the following week the pain gradually subsided and her general condition improved, although she remained in bed.

Examination:—Thin, poorly nourished woman. Temperature on the day of entrance was 101 deg. F., and it varied between that point and 99 deg. F., until the acute attack six days afterward. Pulse, 110; fair strength. . . . The left kidney could not be palpated. The right kidney was distinctly enlarged, movable, and slightly tender. Nothing abnormal in the abdomen. No tenderness or muscle spasm could be made out *at this time*. Vaginal examination found nothing abnormal. X-ray plates of both kidneys showed no shadow of stone. Cystoscopy and ureteral catheterization by Dr. Lincoln Davis showed nothing pathological in the urine from either kidney *at this time*. Because of the tubercular history and the large kidney with the pain in the right side, a probable diagnosis of renal tuberculosis was made, although special examinations of the urine gave no evidence of it. Six days after entering the hospital the patient had a sudden severe attack of pain on the right side, with a temperature of 104 deg. F., and pulse of 120. The pain persisted and the high temperature was accompanied by chills. Leucocyte count 10,500. The right kidney was at this time very tender on palpation. Ureteral catheterization then showed that the urine from the right kidney contained pus, blood, and swarms of bacilli. There was tenderness in the costo-vertebral angle.

Operation by Dr. Conant, on October 31, ten days after entering the hospital, sixteen days after the first attack of pain in the