

which was gradually overcome with evacuation of a quantity of pus. The pelvis and ureters were re-washed and no further trouble occurred. Large quantities of water were given by the mouth. An examination of separate urines showed slight difference in favour of the left kidney which all the time was excreting through the wound. It was quite clear that both kidneys were functionally impaired, and that the two were required to keep the blood of the normal density:—

Right.—Sp. gr. 1006. Clear. Floc. present. Neutral or slightly acid. No albumen. Urea 1.3 per cent. Left.—Sp. gr. 1006. Clear. Floc. present. Ditto. Trace of albumen. Urea, 1.3 per cent. A few pus cells on both sides.

Nephrectomy was therefore considered inadvisable and an expectant policy determined upon. She did well, gaining in weight and health generally for four months. The escape of the urine of the left kidney through the wound continued.

A further examination at this time showed:—

Right.—Clear. Sp. gr. 1015. Acid. No albumen. Freezing point 1.05. Left.—Pale. Sp. gr. about 1005. Alkali. Albumen present. Freezing point .6. Pus present.

It was thus evident that, whatever had been the case before, the left kidney was now doing but little work. The annoyance from the constantly escaping urine from the wound in the back was very great. It seemed impossible to get the left ureter free from recurring blocking with phosphatic debris, and the kidney was therefore removed. The operation was performed, and without the slightest disturbance to the urinary balance.

Reasoning from less fortunate cases it seems probable that on two occasions the washing out of the pelvis warded off an acute pyelitis if not uræmia.

The following is a very interesting example of the conservative influence of cystoscopic examinations. A man was brought to the Hospital with a history of a very severe renal colic persisting almost without interruption for 72 hours. During that time he had been under the influence of morphia and chloroform the greater part of the time, both night and day. The pain had all the characteristics of a renal colic on the right side. The pain occasionally passed down into the right thigh and right testicle. During a forced inspiration the lower pole of the right kidney could be palpated, and was found to be extremely tender. There was no special tenderness along the course of the ureter. On examining per rectum the tenderness on the right side was so great