

came down upon a well defined cystic tumour. There was little or no evidence present of perinephritic inflammation, old, or recent.

The kidney which was converted into a unilocular cyst was cut into, and its contents evacuated, and the abscess cavity was well irrigated with warm boracic solution. The secreting substance of the kidney was apparently all gone, no trace of the origin of the ureter was found. In view of the conditions present, I did not consider it advisable to make any prolonged search for it. I then inserted a good sized rubber drainage tube into the kidney and brought the anterior and posterior ends of the incision together with a few sutures, and dressed the wound, antiseptically; bleeding was very slight. Patient stood the operation well. The further progress of the case was uneventful till the 17th March, when the patient complained of pain and tenderness in the right lumbar region at MacBurney's point. On examination a tumour was felt here, but on account of the tenderness of the mass and the rigidity of the abdominal muscles, it could not be mapped out.

From the 28th of February till the 17th of March, her temperature ranged between normal and 99.5°F. and her pulse between 80 and 100 and good. The quantity of urine voided on the following dates was: On 28th February, 10 oz.; on March 1st, 33 oz., and on the 2nd of March, 49 oz. From this date until the 27th March, the quantity voided daily, amounted to 32 or 33 oz. on an average. The amount of pus present became gradually less, but never disappeared, altogether.

The following records were made by the house surgeon: March 19th, patient doing well, pain and tenderness in *right* lumbar region persist. It looks as if there was another abscess on this side.

March 26. Discharge from wound is now clear and has a urinous odor. Urine about the same as for some time past.

March 27. Tumour in the region of the right kidney, can be felt distinctly, but the tenderness is so great that it is impossible to make out anything definite about it without an anæsthetic. Since the operation the quantity of pus diminished from $\frac{1}{2}$ to 1-12 the bulk of urine voided.

Performed nephro-lithotomy on the 28th March, four weeks after the first operation. The anæsthetic used was chloroform. Upon the abdominal muscles being relaxed thoroughly I examined the tumour bimanually before proceeding with the operation. It occupied the right lumbar and iliac regions, and its surface was smooth and indurated, and the mass was three times the size of a normal kidney. The lower end of it extended to the brim of the pelvis on the same side. In shape it was oblong and very slightly moveable. It was now evident the tumour was not a pyo-nephrotic kidney, which I thought it might be before I was able to make a careful examination of it under an anæsthetic.