In the presence of these symptoms and physical signs it was hardly possible to escape the conclusion that a peri- and para-nephritic abscess was present, which had ruptured into the stomach, although from what source arising it was not so simple to decide.

In such a case so many nice points in the differential diagnosis come up that it may not be without interest to briefly refer to them.

When a fluctuating tumour is present in the kidney region it has to be determined, first, whether the tumour is formed of a distended kidney simply, such as would occur in hydronephrosis, a pyonephrosis, simple or tubercular, a congenital cystic kidney, or an echinococcus cyst; secondly, a paranephritic abscess associated with suppuration in the kidney itself, as in pyonephrosis and nephrolithiasis, tuberculosis, and embolic suppurative nephritis, a suppurating carcinoma of kidney, suppurating echinococcus cysts, or actinomycosis; thirdly, a para- or perinephritic abscess arising from a source outside of the kidney, such as traumatism, perforative appendicitis and perityphlitis, caries of the spine, empyema, and rarely liver abscess.

The first group of cases are characterised by a more defined and bounded tumour mass of rounded form, without involvement of the abdominal wall and skin. Where the kidney is much distended the colon may often be made out crossing the tumour in front diagonally. Such tumours are not movable. Here the pleura would not be involved.

In doubtful cases the more circumscribed the tumour is, the more it speaks for kidney abscess, especially if there is no œdema of the parietes. When deep-seated suppuration is present the mass at first may be hard, resistent and indurated, later elastic, and finally, as the abscess increases, fluctuation may be made out, especially if the tumour is palpated with one hand in front and the other in the loin behind.

Having thus decided that a para- or perinephritic abscess exists, it is necessary to discover its origin. A careful examination of the spine should be made for points of tenderness or pain on movement to eliminate carious disease. Until secondary infection sets in such cases run along without fever, or when present it is slight and continuous. Psoas abscess arising from paranephritic suppuration occurs very late in the course of the disease, and is never so prominently to the fore as in the case of psoas abscess from caries. In the latter, too, the pain and the tumour are much more marked at the region where the pus presents. When empyema is the cause this can usually be easily differentiated from the history and the presence of a pleural effusion early in the disease.

Appendicitis and paratyphlitis only come into mind when the