suffered from back-ache which was worse on walking about, and had an occasional attack of indigestion and flatulence after food.

Patient looked healthy when she was admitted to the hospital. Her appetite was poor, she had no pain on micturition, but she had at times a constant desire to make water, and had had to get up often at night for that purpose. Bowels were fairly regular, the circulatory and respiratory systems were normal. Patient had a large tumour in the left hypochondriac and left lumbar regions, and it extended from the lower ribs down to a little below the umbilicus. It was as large as a child's head, and extended a little to the right of the mesial line of the abdomen. The tumour caused a distinct prominence. Percussion elicited a dull note, but there was no evidence of fluctuation. The dull note remained unchanged with the changed positions of the patient. The mass was painful and tender on percussion and practically immovable, and the muscles over it were quite rigid. She was unable to lie comfortably on the healthy side.

We kept her under observation for ten days, getting her ready for operation during which time the urine was examined on various occasions. The quantity of urine voided on an average every twenty-four hours was about 40 ounces. It contained an enormous amount of pus; fully half of it was pus.

The following is the result of an analysis made of the urine on two different dates:—

February 19th, urine foul-smelling and turbid; colour straw; reaction, alkaline, Sp. Gr. 1015; albumen present: heavy whitish deposit abundant: crystals, calcium oxalate; pus abundant; blood cells and epithelial also present; no casts.

February 23, colour opaque yellow; odor foul; reaction, faintly alkaline; Sp. Gr. 1022; large amount of albumen present after two filtrations; about half the amount of urine voided in twenty-four hours was a thick pus coloured deposit; pus cells present in abundance; no casts.

February 24, patient is passing an enormous quantity of pus with the urine.

February 26. Amount of pus in urine remains unchanged, pain and tenderness on left side still.

Operated on the 28th of February and removed from the left kidney about 1½ pints of very foul smelling pus. Chloroform was the anæsthetic used. The usual incision for a lumbar nephrotomy was made. It began at the outer edge of the erector spinæ, 2½ inches from the spinous processes, and extended outward, downward and forward parallel with and half an inch below the 12th rib. On dividing the muscles and fasciæ, and making my way through the circumrenal fatty tissue, I