

of the intervention were immediately apparent; the pain ceased; the pulse and temperature fell to normal and the patient was making rapid recovery during three weeks, when she was to have been allowed up, had there not been a sudden return of all the symptoms. This time however the swelling was four inches higher up and double the size of the first one.

The abdomen was again opened by extending the original incision upwards and backwards, when without opening the peritoneal cavity the abscess was reached and emptied with a trochar, more than a quart of pus escaping this time. The trochar was removed, the opening enlarged with the fingers and the cavity explored with the hand in it, when it was found to be the right kidney distended to such a size that one that could feel almost every part of the abdomen through its thin sac-like wall. The question then arose whether to leave it and drain, or remove it.

Before deciding on the latter course, the other kidney was easily felt, apparently normal in size, through the wall of the diseased one. The sac was easily separated from its adhesions and the pedicle tied in several fragments. After tying the artery and vein and when pulling up the ureter to ligature it, a calculus the size of an almond was felt and could be seen through the wall of the tube, which seemed to be ulcerated almost through, for no sooner was the slightest pressure applied to see if it could be pushed back into the kidney than it came through the ureter, leaving a hole the size of a ten cent piece. The ureter was tried a little lower down and dropped when the kidney came out as easily as an ovarian cyst. The patient made a good recovery and returned home three or four weeks later. The probable course of events in this case was that a stone had formed in the kidney, got blocked in the ureter, which latter it ulcerated through by pressure, in the same way that a stone in the appendix ulcerates through, and the dammed back pus and