

usual time it was thought to be chronic malarial poisoning, and was treated as such by quinine, arsenic and tonics. After several months a swelling was discovered in the region of the right kidney, and the patient, who lived in the village of Morpeth, went to London to see the late Dr. Fraser, who thought the swelling was an enlarged kidney, and gave an unfavorable prognosis. She then consulted a leading surgeon of Detroit, and, I think, some other medical men there. These gentlemen confirmed the diagnosis of diseased kidney, and, as they did not hold out much encouragement, the patient returned home, and was for several months under the care of the late Dr. Shaver, of Blenheim. She next became a patient of Dr. Caron, of Morpeth, and it was through his courtesy that I saw her. At this time she was confined to bed, was greatly emaciated, exceedingly anemic, and had a pulse of 120 and a temperature of 100°. There was a distinct tumor on the right side of the abdomen, on a level with the umbilicus. It was hard, tender and immovable, and she gave me a history of acute exacerbations of pain every few days, and said that when these came on the tumor became hard and more tender, and that the subsidence of pain was always accompanied by a slight diminution in the hardness of the tumor. The early history of the case was that of appendicitis, and the coincidence of the hardness and the severe attacks of pain afforded me a clue to the correct diagnosis. It seemed to me the symptoms could be explained by the presence of an abscess cavity communicating by a small fistulous opening into the colon, causing hardness and pain when the cavity became distended by pus and feces, and relief and a diminution in the hardness occurring when the contents escaped into the gut. There was no history of renal calculus, and the urine was normal. I advised an exploratory operation, but the patient's family would not consent to have it done. A week later the pain became so severe that I was asked to operate, which I did, being assisted by Drs. Shaver, Caron and Stevens. An incision over the most prominent part of the tumor opened into a cavity from which pus, feces and gas escaped, and on irrigating freely a small fistulous opening in the colon was found. For six weeks all discharge from the bowels came through the incision, which was kept open by a large rubber tube. After that time the bowels began to move naturally, and the opening in the side closed by granulation from the bottom.

CASE II. was that of a gentleman about 40 years old, who was under the care of Dr. Shaw, of Courtwright. He had been ill for several weeks with the ordinary symptoms of appendicitis, and at the time of my visit had a large well-defined hardness in the region of the appendix. I had the advantage of Dr. Wilkinson's advice and assistance at the operation, which was performed on the 8th of November, 1894. There was a large abscess and the operation