was blackened and infiltrated. The left pleural cavity contained about eight ounces of mixed pus and blood.

Heart.—Muscle pale.

Spleen.—Weight 255 grammes. Adherent posteriorly and to diaphragm with recent loose adhesions. The inner lower surface was covered with purulent lymph, and in lower angle was an area of necrosis, the size of a filbert, with purulent broken down walls, but with an attempt at a pyogenic membrane. The spleen pulp was soft and congested.

Right Kidney.—Cortex pale and fatty looking, and swollen. On section, pale and flabby. Pyramids not well defined from cortex. Acute nephritis.

Bladder—Distended and slightly congested.

Liver—Weight 1055 grammes. On section pale, friable and fatty. Left lobe shewed condition of acute suppurative hepatitis and also suppurative portal pylephlebitis.

On examining the left side of the abdomen a large pus collection was seen to the nner side of the kidney. This was bounded above by the spleen, the diaphragm, and the cardiac end of the stomach, was walled in by fairly firm adhesions at the median line, and extended downwards to about the middle of the left kidney. The lower portion of the abscess on the right side was bounded laterally and slightly anteriorily by the descending colon, which was fairly firmly adherent.

Intestines.—The portion of the descending colon, bounding the abscess cavity, presented greatly thickened walls, with diffuse suppurative infiltration, but no perforation. It contained blood-stained clotted contents.

Stomach.—About half filled with mixed pus and blood. At the dependent part of the cardia, close to the spleen, was a circular perforation about 10 mm. in diameter That this was due to perforation from outside the organ was evidenced by the fact that the erosion was of the shape of a short truncated cone with terraced walls, the base being towards the serosa and widely eroded, while the opening in the mucosa was much smaller, the infiltration less and the mucosa freely moveable, with sharp edges. The mucous membrane showed a condition of diffuse acute inflammation.

Pancreas.—The tail of the pancreas was contained in the abscess cavity ; part of it had sloughed off and the rest was necrotic and gangrenous. The head was apparently normal.

Further examination showed that the peri-nephritic abscess was a direct extension of a large retro-peritoneal pus collection, which had burrowed from behind the left kidney upwards into the diaphragm and downwards along the ilio psoas to a point one inch below Poupart's ligament where it presented, laying bare the iliac vessels. The retro-peritoneal glands were generally enlarged, but not suppurating.

Left Kidney.—Was double the normal size, being converted into a pyonephrotic sac, distended with thick creamy greenish pus. At the proximal end of the ureter was a calculus the size of a small hickory nut, but not impacted. About 20 smaller calculi were found in the calices. Posteriorly the kidney was necrotic, but there was no direct communication between the pelvis and the retroperitoneal tissues.

Cultures from the pus gave pure growths of the colon bacillus.

To sum up, then, in this case we were dealing with a large fluctuating tumour in the left kidney region, associated with spontaneous and elicited pain, the boundaries indefinitely palpable, accompanied by hectic fever, rigors and sweating, œdema of the subcutaneous tissues in the left loin posteriorly, pus and casts being present in the urine. On exploratory puncture pus was found coming from region of the kidney, and shortly before death vomiting of purulent and blood-stained material occurred. Significant also was the fact that coincident with the vomiting of broken down purulent material, the prominence in the epigastrium disappeared.