as the finger could reach, but as it was deemed undesirable to enlarge the wound of the meso-colon any more than was absolutely necessary, two turns of an elastic ligature were made to embrace the tumour as deep down as possible, but where it was still in calibre as large as a normal kidney. This elastic ligature was guarded from slipping by passing two hysterectomy pins external to it. The thick strong fibrinous cortex was then cut through, when a semi-solid creamy-yellow but odorless material escaped. Some time was lost in packing iodoform gauze around the mass to protect the peritoneum and abdominal cavity from this septic material, and still more time was consumed when the portion embraced by the ligature was cut off to render the stump antiseptic. This having been done, the iodoform packing was removed, and the enucleation of the remaining portion of the sac proceeded with. Here new difficulties were encountered from inflammatory adhesions and matting down of the kidney to the adjacent parts, notably a strong thick band attaching the capsule firmly to the left crus of the diaphragm. This was tied with a strong double catgut ligature and cut through. When all the adhesions were disposed of the pedicle was reached and tied in two bundles with stout silk and finally one of the ligatures was thrown around both halves together. A strong pair of forceps was made to grasp the pelvis and the pedicle cut through between this and the ligatures to prevent escape of septic material. A double drainage tube was passed out through the loin by pushing a pair of forceps from the site of the kidney through the loin to the skin where it was cut down upon. Tha abdominal cavity was then thoroughly irrigated with a salt solution and the abdominal wound closed, first the peritoneum with fine catgut and then the superjacent tissues and skin with silk-worm gut. The patient was on the table about two hours.

For the first twenty-four hours after the operation she rested comparatively easily. Urine passed by catheter 10 oz., temperature, highest 100°, lowest 99°; pulse 94-113.

Second day.—Urine 26 oz., highest temp. 101.8; pulse 113-120.

Third day.—Troubled with flatulency, the colon through its whole length being much distended. Ordered quin. sulph. gr. 5 per rectum and calomel gr. 2½, to be repeated in four hours. Eight hours after the second dose of calomel, the bowels not having moved, a seidlitz powder with magnes sulph. drs. 2, was given and later on an enema of one ounce of castor oil followed by soap and water was ordered. This was followed by the passage of a small hard faecal motion. A second seidlitz powder with magnes sulph. drs. 2, was ordered. This was followed by a soft and natural motion. Urine 38 oz. highest temp. 101°4 pulse 115-120. Rectal tube inserted which gave great relief, much flatus passing through it. The colon was still much distended and could be traced in its whole length from its distension. There was no general tympanitis however or any tenderness on pressure.

Fourth day.—Passed several small watery stools, which towards evening, became bloody, one evacuation containing about 5 ozs. of blood. An enema of starch and laudanum checked the discharges temporarily. Highest temp. 100°.8, pulse, 116-137. Patient showing signs of collapse, stimulants and an astringent mixture were ordered.

Fifth day.—Three or four evacuations, containing blood and mucus. Odour very offensive. Toward morning patient restless and bathed in a cold perspiration. Highest temp. 101°.8; pulse, 137-140. Increased stimulants.

Sixth day.—A pustular eruption on face and chest, evidently septicaemic. Ordered flushing of rectum and colon with douches containing alternately Labarraque's solution, listerine and