

envelope. It is a question whether a diffuse chronic interstitial syphilitic nephritis, such as was present in this case, can occur as soon as two years after the primary lesion.

Case III.—Miss R., aged 28, came to the hospital complaining of pain in the right side of the abdomen, headache, general malaise, and fever. On November 14th she was seized with severe pain in the right side of the chest. This was accompanied by cough and some huskiness of the voice, also slight fever. In a few days her condition became much better, and she was able to do her work again. This pain was not accompanied by nausea or vomiting. On November 25th she was seized with severe pain in the right side of the abdomen just below the costal margin. Her temperature registered 101, and she felt chilly, but there was no nausea or vomiting. On admission, a mass was discovered in the right side of the abdomen, it was somewhat tender when pressure was exerted in the loin. She had no urinary symptoms at any time.

The only point in the family history of interest was the fact that her mother had lupus of the face.

The urine was normal.

The von Pirquet reaction was positive.

On cystoscopic examination the bladder was found to be normal, save for some congestion around the right ureteral orifice. The left orifice was normal.

The ureters were catheterized, and it was found that no urine was coming from the right kidney, whereas normal urine was coming from the left one. Indigo-carmin was injected, subcutaneously, and appeared in 9 minutes from the left ureteral orifice, but did not appear at the end of 45 minutes from the right one.

On December 15 the patient was operated on by Dr. Bell.

The usual loin incision was made and the kidney was found to be enlarged. At the lower pole a mass of inflammatory tissue was found infiltrating the muscles and the ureter. This mass was connected with the lower pole of the kidney. On cutting into it a thick caseous pus came away. The ureter was found to be completely occluded at this point, therefore, the kidney was removed. The perirenal fat, the sheath of the psoas, and the peritoneum were all infiltrated.

On macroscopic examination, the kidney showed, at the lower pole, a reddened and scarred area, corresponding to the infiltration in the tissue around.

On section, a mass $\frac{3}{4}$ of an inch in diameter was seen in the lower pole, corresponding to the reddened area on the surface, and containing a yellow, caseous material. Nowhere else in the kidney were similar nodules visible. The sections of the kidney mass showed that the kidney