

ping the capsule. I cut into the perirenal fatty capsule and passing my finger down to the surface of the kidney, and sticking very closely to the organ, I carefully stripped it completely on all its aspects. I then pulled the lower half of the kidney out on to the abdominal wall, completely out of the wound, and made a superficial incision for the purpose of stripping the capsule. I could find no capsule and then discovered that I had pulled off the capsule with my original stripping in the wound. I found the capsule lying puckered up at the renal pelvis and drew it forward to see how it could be spread out on the surface of the kidney. I then satisfied myself that the kidney was stripped of its capsule back and front over its entire surface. The kidney was very markedly enlarged: its lower pole extended down very considerably beyond the iliac crest. It was somewhat dark in color and not pale like its fellow at the last operation (possibly this was due to congestion as the result of the stripping of the capsule). A drainage tube and a piece of gauze were placed in position upon the kidney, otherwise the edges of the wound were united by interrupted silk-worm gut sutures, the deep fascia being stitched with catgut.

The day following operation the amount of urine in twenty-four hours dropped to fifteen ounces, with  $1\frac{1}{2}$  per cent. of albumin, and he developed a severe cough. The edema of the face became very marked and his condition became very critical. One week after the operation the stitches were removed and the wound was found united in its anterior portion, but open behind where drainage had been maintained. His cough became very troublesome, the temperature rose to 103, with a pulse of 120, and respirations 40. The physical signs in his chest revealed the fact that he had pneumonia affecting the posterior border and back of the right lung. The coughing had put a strain upon the new tissue of the wound with the result that the whole wound opened up and the kidney herniated through it, and at the subsequent dressing (the evening of the day upon which the stitches were removed) the kidney lay quite on the surface. The kidney was replaced and the edges of the wound brought together and supported as well as possible by strapping.

On December 28th, eleven days after the previous tapping, paracentesis was again performed, as there was considerable distress from distension, and in view of his pneumonia it was thought wise to relieve him, although only sixty ounces of fluid were found on drawing it off. The following day he was very ill. Temperature, 103.4; pulse, 140; respiration, 48 per minute; but he gradually improved, made a complete recovery from the pneumonia, and his present condition to-day (forty-nine days after the last operation) is very satisfactory. The small reaccumulation of fluid after the last tapping was reabsorbed; the general anasarca in the limbs and face completely disappeared. The amount of albumin has progressively diminished until it is now down to .025 per cent. The patient is very thin and emaciated. The urine has a sp. gr.