

material. I kept the diarrhoea in control with large doses of opium and sulphuric acid. The appetite was very irregular, and severe night sweats weakened her much. At no time did I notice anything in the urine to lead me to think that the kidney was involved." On admission, patient was noted as greatly emaciated, anæmic and nervous, hair falling, appetite poor, tongue clean and moist; bowels loose, six or seven stools per day. Motions more frequent at night; stools loose, but show no special characters. Night sweats. Slight frequency of micturition, six to eight times in twenty-four hours, but not accompanied by pain. Urine normal, clear, and free from sugar and albumen. Deficient chest expansion; diminished resonance over front of chest and prolonged expiratory sounds. Heart-sounds normal, but weak. Pulse 105; temperature ranging from $97\frac{1}{2}^{\circ}$ to 103° F. Skin of a dusky and unhealthy appearance.

The tumor, which occupies the right lumbar region of the abdomen, is about as large as the head of a newly-born infant, freely movable both vertically and laterally, only slightly tender on manipulation. Percussion discovers the colon in front of the tumor. Tumor is smooth and firm, evidently solid, and can be easily manipulated through the lax and thin abdominal walls. Careful examination failed to establish any connection with the pelvic organs, although it is noted, that the os is low, and behind the os is a firm body about the size of an almond, which is painful on pressure. Slightly to the left of the os, and behind it, a larger firm body can be felt, like the fundus uteri. Patient was kept under observation till the 2nd of October, during which time all the symptoms (as already described) persisted. It became evident that she was suffering from some form of toxic absorption, of which the tumor seemed to be the *fons et origo*. No diagnosis had been made as to the nature of the mass, and it was decided to expose it as a preliminary step and then be guided by the knowledge obtained as to its treatment. Although the tumor was in the situation of the kidney, the absence of kidney symptoms and the presence of a well-marked septicæmic condition seemed to exclude the diagnosis of kidney tumor. My own feeling was that it was probably of tubercular nature, and