

had previously been operated upon by splitting the capsule and not by decapsulation, possibly some further benefit would be derived from decapsulation on the right side.

Accordingly, on December 11th, 1903, two years after the first operation, I cut down on the right kidney, the capsule of which I had previously split. The perirenal fatty capsule appeared normal and was dealt with in the usual way. The postero-external margin of the kidney was found adherent to the posterior abdominal wall by an adhesion as thick as the little finger and of very firm consistence. The adhesion was so firm that the kidney substance was torn in the effort to free it. The capsule was then stripped off as far as the pelvis and the greater part of it snipped off by means of scissors. The kidney was enlarged, one would say about half as large again as normal; it did not, however, appear to be tense within its capsule. Within a week all signs of œdema had disappeared and the patient's general condition appeared good. The urine, however, contained about 1 per cent. of albumin. On February 13th, 1904, he was given 1000 units of antitoxin, as there had been diphtheria in the ward. The following day he was feeling out of sorts with a temperature of 101 F., with marked puffiness of the face and general anasarca. His diet was strictly limited to milk and farinaceous material, but his condition now became worse than it ever had been. The amount of urine in 24 hours on February 16th was 12 ounces, with a percentage of albumin of 1.5, but he once more recovered his equilibrium and a week after the above note he passed 25 ounces of urine with only .25 per cent. of albumin. He was up and going about the ward with a more liberal diet, and he remained well until March 7th; the day previously the percentage amount of albumin was .4, but on the 7th it rose suddenly to 1.34 per cent, 41 ounces of urine being passed in the 24 hours. Two days later it was 2 per cent. with 32 ounces of urine. On March 12th there was marked œdema and ascites impeding his breathing. He also complained of intense tenderness of the abdomen, he was only passing 15 ounces of urine in 24 hours with 1.4 per cent. of albumin. On March 17th he developed a very curious condition. A red blush appeared over the fibular region of the right leg. This looked very like an erysipelas rash, and it was very tender on pressure. There was a marked thickening of the skin and the region affected was so exquisitely sensitive that he would not allow it to be touched without complaining loudly. This condition disappeared in about two days, but immediately a similar rash appeared on the anterior aspect of the left thigh presenting the same clinical features; the temperature rose to 103.6 F. The patient recovered from these attacks and he has remained in good condition for the past month.