

meals, and gain flesh. The sinus in his right loin never healed, but continued to discharge large quantities of urine with a small amount of pus. At this time my service at the hospital having expired, I only saw my patient occasionally. His temperature was for several days quite normal, and then for a time would range as high as  $101^{\circ}$ . The amount of urine varied from 30 oz. to 40 oz. daily. I saw him early in February, going about, and apparently in fair condition. On the 10th of February he suddenly became jaundiced, his temperature rose to  $102^{\circ}$ , and he had severe sweatings. I saw him, and examined his side carefully, but could discover no evidence of any collection of pus about the wound, and the amount of urine reached 40 oz. daily. The fistulous opening in his side discharged urine freely, and a very small amount of pus stained the dressings. He gradually became worse, and died comatose on the 14th of February, three and a half months after the operation.

The autopsy was performed by Dr. Wyatt Johnston, pathologist to the hospital, and the following is taken from his report: "Body jaundiced. In left lumbar region a depressed cicatrix about two inches long is seen with a sinus toward the centre, from which fetid pus can be squeezed out. On opening the abdomen a large oval mass is seen in left lumbar and extending up into the left hypochondriac region. This mass has a quantity of fibrous exudation surrounding it and is very difficult to remove, being firmly attached to the lumbar muscles, spleen, and vault of the diaphragm. The retro-peritoneal glands are acutely swollen, but show no signs of suppuration. The aorta and vena cava are not directly involved in the mass and can be readily dissected off. Near the inferior extremity of kidney, two inches above the crest of the ilium, a small artery one and a half