

pebral fissure was greatly reduced in size. The skin was stretched and transparent in appearance, and the mucous membrane pale and anemic. There was general anasarca, save that there was no apparent edema of the scrotum and penis. The abdomen was very prominent, measuring  $32\frac{1}{2}$  inches in circumference at the umbilicus; the superficial veins of the abdomen wall were unduly dilated; the flanks were prominent and dull on percussion; there was very distinct fluctuation in abdomen, and all the indications of a large amount of free fluid in the peritoneal cavity; this caused considerable difficulty in breathing.

Examination of the lungs and pleuræ showed nothing abnormal. The heart rhythm was regular but rapid (128 per minute); there was no abnormality of the heart sounds; appetite poor, tongue moist and covered with a whitish fur; bowels, constipated; urine, specific gravity 1025, acid, large amount of albumin, no sugar.

Four days after admission, November 12th, the evening temperature was  $103^{\circ}$ , pulse 132, respirations 48. The abdomen now was very tense and distended; the cardiac apex displaced upwards and to the left, outside the nipple line. Paracentesis abdominis was performed and 180 ounces of colorless fluid were drawn off. Subsequently the abdomen was examined; the liver dulness was found on percussion to be one and a half inches below the costal margin in the right nipple line. The spleen was not enlarged. He was much relieved by the tapping. The urine was found to contain 1.6 per cent. of albumin; it also contained hyaline granular, fatty and epithelial casts. For a few days after the tapping he was brighter, and the edema of the extremities diminished somewhat. On November the 14th, hot packs were employed as a method of treatment and sweating was induced. This relieved matters somewhat, and the edema of the face improved. The patient was passing from sixteen to twenty-five ounces of urine in twenty-four hours. The fluid rapidly re-accumulated in the abdomen, however, and on November 20th, eight days after the previous tapping, paracentesis was again found necessary and 100 ounces of fluid drawn off. Next day he only passed thirteen and a half ounces of urine. He developed a troublesome cough, and the physical signs at the bases of the lungs of impaired resonance, a lessening of vocal fremitus and mucous râles (vocal resonance being present), indicated edema of the lungs. The apex beat of the heart was in the fourth interspace, half an inch to the inner side of the nipple, and the left border well within the nipple line. There was evidently no hypertrophy of the heart.

As he was not making any progress towards recovery, operation upon the kidney was suggested, and accordingly, on November 21st, 1901, the following procedure was carried out:

The right kidney was cut down upon by an oblique lumbar incision. The kidney was easily reached and was found to be greatly enlarged. The lower end was well below the iliac crest, the upper end was not reached in wound. In color it appeared about normal,