

Dr. Shepherd afterwards attended the man at his own house, and the symptoms still continued as before, viz., frequent and painful micturition, with pus in urine. The quantity of pus in urine now rapidly increased and the urine diminished. He passed 20 to 30 ounces of urine daily, 30 per cent. of which was pus. He also became rapidly emaciated, and there was occasionally an elevation of temperature in the evening. The patient went to some mineral springs in the neighborhood, and was not seen for several weeks, not, in fact, till the latter end of September. He was then much emaciated, and seemed to be in a stupid, drowsy condition. He was passing only 20 ounces of urine daily, and of that 50 per cent. was pus. A tumor could now be distinctly made out in the left lumbar region. It was aspirated, and at first only a little thick pus was drawn off and then thin bloody serum.

He was again admitted into hospital Oct. 11th, 1886, and the day after admission passed only six ounces of urine, from which all pus had disappeared. His condition was serious; he had well marked uræmia, and Dr. Shepherd, thinking that the arrest of urine might be due to a stone blocking the ureter, determined to cut down and explore the kidney, a proceeding which he thought could do no harm and might do good. The horizontal lumbar incision was practiced, beginning posteriorly at the edge of the erector spinæ muscles and extending downwards and outwards below the 12th rib. The kidney was soon reached and found to be enormously enlarged and non-fluctuating. The finger easily went through some tissue to the depth of one inch at the upper end. A large aspirating needle was thrust in several directions into the kidney, but failed to reach either a stone or pus. From the great enlargement and general appearance it was thought a neoplasm existed, and considering that the man was secreting only six ounces of urine daily, the conclusion was arrived at that the other kidney was also diseased, so a drainage-tube was introduced and the wound sewed up. The man recovered from the immediate effects of the operation, but died comatose that night. No post-mortem examination was allowed, but after death the wound in the lumbar region was reopened and the kidney taken