to be an enormous tongue of the liver projecting down in front of the right kidney, extending fully to the crest of the ilium. The origin of the pus has not yet been determined.

An incision into a tumor of the loin is not free from danger. If such tumors be malignant and simulate pus collections, primary incision may be accompanied by uncontrollable hemorrhage. This occurred in one case that had been under my care, after operation was performed on the patient in a neighboring city. I was satisfied the tumor was malignant; others thought it was a hydronephrosis. The young lad bled to death after nephrotomy. The operation was performed by a most eminent surgeon. The tumor proved to be one of villous cancer of the kidney.

I saw another case in which an aneurysm was taken to be a large kidney. As a rule, however, the kidney tissue has an appearance of its own, just as placenta has an appearance of its own and enables us to distinguish it from a piece of beefsteak. If the kidney is thoroughly examined before any incision is made into its substance, the operator should be enabled to diagnose between fluid collections and malignant growths. Tubercle produces a peculiar appearance resembling the arbor vitæ; on the surface the tubercular kidney is mottled with these patches. A kidney containing pus fluctuates in either one or more places and is enlarged. An exploring needle should always be used, if there is any doubt, before the scalpel is inserted. I pass the scalpel and then push in a pair of artery forceps, open the blades and draw them out so as to tear an opening through the kidney structure that allows a free escape of pus. If a stone is found in the centre of the abscess it is removed. If cheesy *debris* or tubercular material is present, the abscess cavities are scraped. The operator must endeavor to enter all abscess cavities. Unless this is done the fever will continue and the patient will not convalesce rapidly.

If the kidney be hydronephrotic an effort should be made to ascertain the cause of the trouble. If nearly all the kidney structure is destroyed it is wise to remove the kidney. If, however, a large portion of kidney structure still remains, partial removal of the organ is in order, or the sac may be fastened, as in pyonephrosis, in the wound and drained. Before this is done it is advisable to catheterize the ureter. If the ureter has been blocked by a stone the stone should be removed. The urine then passing by the natural channel into the bladder, the healthy structure of the hydronephrotic kidney may still be of great service to the patient in his subsequent lifetime.

The tendency of all operators should be conservative. There was a time when the kidney was removed because it was movable. Such an operation, at the present day, would not for a moment be considered.