HYPERNEPHROMA OF KIDNEY.

JAMES BELL, M.D.—This specimen was removed 17 days ago from a patient aged 62, who came under my observation in July, 1902. At this time he consulted me for hæmaturia. There were absolutely no other symptoms whatever, and the bleeding was then assumed to be in connexion with an early stage of hypertrophy of the prostate. There was no residual urine, and no enlargement of the prostate was discovered. He had periods in which he was perfectly well, with no pus or blood in the urine. There was never any pus. In July, 1904, I placed him in the hospital, with a view to making a diagnosis. I tested for residual urine several times, but found none; there was no evidence of enlargement of the prostate, and skiagraphs and careful palpation of the kidneys failed to discover anything. He came back to see me from time to time, and in February last some shooting pains were complained of in the side. At this examination I was now able to discover a large kidney. Taking into consideration that this man had had no other symptom than hæmaturia, no pain, no prostatic enlargement, nothing at all to make one think of stone, and the considerable lapse of time before the kidney became enlarged, together with his age, I made a tentative diagnosis of hypernephroma. I operated and removed this large tumour, which Dr. Keenan has pronounced absolutely a typical hypernephroma, microscopically as it is clinically. The patient is now doing well. The specimen is about the same size and shape as that which I showed a couple of months ago, except that it has a much less amount of fat and a larger amount of tissue of the appearance of soft, new growth, evidently a change which is taking place, the fat being replaced by new growth, resulting in the rupture of blood vessels and causing the hæmorrhages. The mass grew down towards the pelvis of the kidney, projecting into it, just as was the case with the specimen I brought before this Society some time ago.

With regard to the pharyngeal case, of course I think there will be no difficulty in repairing the palate, and only for fear of the effects of hæmorrhage I would have repaired it immediately, and there would have been no difficulty about it. But these operation wounds bleed so furiously that I thought it safer to pack, and therefore left it over. The advantage of operating with the head hanging over the end of the table is that the blood flows out of the mouth, and not into the air passages With regard to the kidney tumour and the diagnosis of sarcoma, I may say that three years had elapsed from the time he had first had the hæmaturia to the time the kidney became palpable. Once a sarcoma