

the lymphatic glands of the left side of the neck. I feel more inclined to this opinion after noting, at the post-mortem, the condition of the retroperitoneal glands in the neighbourhood of the kidney.

Hæmaturia had appeared early ; had never been profuse, and for the last five months of the illness, was reduced to a mere trace, which required a microscopical examination to determine.

At the post-mortem the transverse colon was noticed to be uncovered by the great omentum, and extended downwards from the hepatic and splenic flexures to a point below the umbilicus. Although the intestine was at that time quite empty, from the severe diarrhoea that had preceded death, I think now that possibly that portion of the large bowel which could be so distinctly felt in life, was part of the transverse colon from its mid-point below to the splenic flexure, which in its abnormal position ascended almost vertically in front of the tumour.

Another point which I might mention, though I consider it merely as a coincidence, was the acidity of the saliva. It was tested with strips of litmus paper, placed over the orifices of the ducts. I made four tests at intervals of a few days. Three times the reaction was acid, once neutral.

*Pathological Report.*—The whole growth manifests the ordinary character of a primary medullary carcinoma of the kidney arising from the epithelium of the renal tubules. It shows in places the true glandular form of carcinoma, first described by Waldages, and indicated clearly, from microscopic specimens, how the tumour cells proliferating from the kidney epithelium becomes gradually smaller and like atypical cells of this organ, while the stroma of the cancerous mass takes its origin from the intertubular connective tissue.

The progress of the case has likewise been of interest, inasmuch as its advance by the lymphatics is the more unusual form of primary renal carcinomata, but the growth in the neck is undoubtedly to be regarded as secondary to