walls. It could be tilted forwards, without occasioning any pain, by pressure behind over the region of the kidney; in other directions it was quite fixed. Percussion dulness extended to the lower border of the 6th rib outside the nipple line and posteriorly over the region of the kidney a slight bulging was noticed.

There was no dilation of the superficial veins, and no œdema of the extremities. The urine was examined on two different occasions. The quantity excreted, though not measured, seemed normal. Nothing could be inferred from the sp. gr. or color. It was acid in reaction and contained neither albumen or sugar; but, when examined microscopically, blood cells were distinctly visible and urates were present in large quantities.

The disease progressed without any apparent signs of hæmaturia. The patient became more emaciated: there was some increase in the size of the tumour, and the exacerbations of pain towards the end became more frequent and more severe. A slight rise of temperature was noticed, on two occasions, to 100° and 100.3°F.

The last two or three weeks were marked by an uncontrollable diarrhœa. The patient now took to her bed, and from this out, the loss of strength was very rapid, and the emaciation extreme, and she died on the 31st October. Dr. Finlay saw the patient with me at the latter end of her illness, and agreed with the diagnosis.

Remarks.—The invasion of the cervical glands of the left side of the neck, the freedom from disease of the other superficial lymphatic glands, is worthy of note. It was this that gave me the first clue to the possibility of malignant disease. I ordered the patient to bed and made a thorough examination in search of the primary growth. It was only after this was localized that any mention of hæmaturia was made by the patient. In tracing the course of this secondary infection from the primary disease in the kidney, I believe that it was conveyed by the lymphatics of the kidney to the thoracic duct and by this channel to