

occupied was as follows: In its longest diameter it extended from the middle of right iliac fossa up to the back of the loose ribs on the same side, which it caused to bulge anteriorly, below a broad cornu stretched forward to a line between the umbilicus and symphysis pubis, above a similar cornu occupied the right hypochondriac, and one half of the epigastric regions, the centre of the tumour filled the right lumbar region, leaving the umbilical region almost entirely free. It thus presented a somewhat semi-lunar or horse shoe shape. The bowels and stomach were apparently forced, in a great extent, to the left side.

The only explanation of its position and shape I formed at the time was that in the earlier stage of the disease in the mesenteric glands, some inflammatory action had existed by which adhesions were contracted with the abdominal wall on right side; and also possibly with the kidney posteriorly. I did at one time afterwards ask myself if it could be possible that this was an abnormal growth of the right kidney from disease, but never having seen or read of a kidney attaining such a size, and the affection of the mesenteric glands being of much more frequent occurrence in children, I abandoned the idea. My prognosis in the case was of course extremely unfavourable; little, indeed, could be expected from treatment. However, I watched the case with a great deal of interest. Cod liver oil, iodide of iron, hypophosphites, &c., were administered to try and keep up the child's general health, but great irritability of the stomach existed, and I soon gave up all attempts to even prolong life. The tumour rapidly increased with corresponding emaciation of rest of body. Before death the tumour appeared to occupy nearly the whole of the abdominal cavity, except a narrow space along the left side, which gave room for the stomach and intestines. The thoracic cavity seemed almost obliterated, so much did the tumour press upwards. A point worthy of remark in this case is that the urine never exhibited any abnormal characters, until towards the very last, when it became somewhat bloody, was scanty, and had a very strong odour, but not more so than is frequently observed when dissolution is approaching from

other diseases. The evacuations from the bowels on the other hand, were constantly deranged, and very offensive, having much the character they present in *tabes mesenterica*.

Death at last released the little sufferer, and with the assistance of Drs. Paget and Pentland, of Elora, I performed a post mortem examination. Upon opening the abdominal cavity, very little fluid escaped, and the tumour, somewhat lobulated in appearance, and covered with peritoneum, at once presented itself. Slight adhesions existed between it and the small intestines, also with the duodenum and under surface of liver. In endeavouring to remove the tumour, it became very apparent that the peritoneum was reflected into the lateral and anterior walls of the abdomen, and also posteriorly over the spinal column, which made me exclaim—why this is, after all, the right kidney, in a state of tubercular disease!—and so it proved to be, for a space at the back of the tumour was uncovered with peritoneum, and only separated by cellular tissue from the lumbar muscles, and no other kidney could be found on that side. The opposite kidney was in a healthy condition, but fully the size of that in an ordinary adult. The other abdominal viscera were, to all appearance, perfectly free from disease, though very pale and attenuated.

The tumour, when removed, weighed eight pounds and a half, and measured, around the centre of its longest circumference, two feet eight inches, and at its shortest, one foot seven inches.

Wishing to preserve it as a pathological specimen, I only made a slight incision into its substance, and found it to consist of grey tubercular matter, in a somewhat softened condition; indeed, evidently in places, degenerated into unhealthy pus.

The chief points of interest in this case seem to be the rapid growth and extraordinary size which this diseased kidney attained in so young a child.

A query is also suggested to my mind, viz: when one kidney is clearly diagnosed to be in a state of incurable disease, which must result in death to the patient, would it not be advisable to attempt removal? I see no insurmountable