

the wall of the vessel. If these views are correct one would expect to have this symptom more often recorded than it has been, and probably it would have been were it more carefully looked for at the beginning of the disease.

We now come to the consideration of the other distinctive symptom, *hematuria*. It will be remembered that, although the most careful investigation was made in regard to this symptom, it never occurred from first to last. This is important from the fact that the patient's illness dated from a severe fall with direct injury to the *right* loin; and that in about fifty per cent of all cases reported, hematuria was noticed at some period of the illness. In the cases which received direct violence to the part, the hemorrhage was generally noticed at the time of the accident, and lasted in some cases but a short while, and not reappearing before death. Then again it may be intermittent, appearing for a few days, disappearing, and then in a few days reappearing again. In other cases again, it does not appear until within a few weeks of death. When hematuria is noticed in the early stages, it is undoubtedly a sign of great value, and should give us food for thought; but it must not be forgotten that it is also present in other diseases of the urinary tract. It may also be present with a tumor in the left side and not be due to renal cancer, for profuse hematuria often occurs in leukaemic patients. When hematuria is absent it is thought to be due to complete occlusion of the ureter of affected kidneys, either by pressure or by extension of the disease into it. In Van Denburg's case (*AM. JOURNAL OF OBST.*, October, 1881, 993), the urine was free from blood and other abnormal ingredients throughout the entire period of disease. This case of Van Denburg's, I may remark in passing, teaches us a very important lesson in another respect, namely, the necessity for giving very guarded opinions in respect to these abdominal tumors in children. His first consultant declared emphatically that it was a case of hepatitis, "just as sure as if he had the liver in his hand." Further council decided it was a case of *non-malignant* tumor of a cystic nature. Paracentesis was performed, withdrawing six to eight ounces of albuminoid fluid. *Hooklets of the echinococcus could not be found.* Again fresh council was obtained, and a larger needle used under chloroform, which resulted in the diagnosis of "multiple cystic tu-