

whole organ. Ulceration had destroyed all the tissues in the neighbourhood and led to a large fistula communicating with the anterior wall of the rectum. The pelvic viscera were all matted together and the disease involved the Fallopian tubes. The case also showed congenital smallness of the left kidney, and a considerable amount of chylous ascites and left chylothorax, the nature of which has been determined by ether and the Sudan red stain. The cause of this had been found on dissection to be obstruction of the thoracic duct at the level of the fourth dorsal vertebra, by a mass of cancerous lymphatic tissue. The duct below this was almost the size of a lead pencil.

DR. LAPHORN SMITH agreed that cases of this kind were now rare because, although perhaps coming too late for cure, they were recognized and the local condition treated. The explanation of the cause of the chylous ascites was most interesting, as the frequent presence of ascites along with malignant disease of the pelvic viscera had been to him difficult of explanation. Probably many more would be found due to this cause were it sought for. The importance of recognizing these cases early was dwelt on.

DR. PETERS referred to an interesting case of entero-vaginal fistula which had come under his notice in connection with cancer of the uterus. A portion of the small bowel had come down and ulcerated through into the vagina.

DR. GURD asked whether this chylous fluid was easily recognized. He had a patient whom he suspected of having malignant disease, and whom he had tapped five times and the fluid withdrawn was gradually becoming darker and somewhat opaque.

DR. ADAMI, in reply, said that the whole subject of ascites was a very complicated one at present. On the one hand there was the true chylous ascites, a milky fluid giving evidence of the presence of fat due to escape of chylous lymph into the peritoneal sac. In other cases there was a distinctly opalescent and moderately milky fluid (pseudo-chylous ascites) diffusing out through the walls, probably from some obstruction of the peritoneal lymphatics, through the presence of cancer of the retroperitoneal glands. With regard to Dr. Smith's remarks, it must be remembered that chylous ascites alone can be brought about by blockage of the thoracic duct.

#### **Nephritis in Congenital Unilateral Absence of Kidney.**

DR. F. G. FINLEY reported this case, of which the following is a summary:

The patient, aged 36 or 37, suffered for three years from Bright's