

In my case, however, the tumor was remarkably movable, both by palpation and the action of the diaphragm during respiration, without causing the patient pain or inconvenience. This point is important, from the fact that there is a case reported in the London *Lancet* (March 18th, 1865), in which the diseased kidney was so movable or wandering that it was taken for an ovarian tumor. The usual elasticity of these growths on palpation, amounting sometimes to a sense of fluctuation, carries with it a deception for which we cannot be too much "upon our guard" in making a diagnosis. It is probably conveyed to the hand by the general softening process taking place in the growth as it enlarges, and by the formation of secondary cysts or cavities, chiefly on the surface of the principal growth, filled with a semi-fluid cellular substance which is capable of conveying a wave-like impression on palpation.

We come now to a very interesting, and I may say almost unique, symptom in the case; *a loud blowing systolic murmur* heard all over the tumor. This phenomenon first attracted my attention about the end of the third week of attendance, when the tumor was still hard. It continued to be audible, though gradually fading in intensity, until the tumor became soft and fluctuating, when it disappeared altogether. Its disappearance at this time was probably due to the non-transmission of sound through so extensive a semi-fluid mass, as there was certainly no evidence of the complete occlusion of the main vessel. This symptom we must regard as one of peculiar interest. To judge it from first impressions occurring to an observer not over cautious in giving an opinion, it would very probably be diagnosticated as an aneurism of one of the abdominal vessels, and I think the error would bear some fairly pardonable features in it. Ballard reports a case in Transactions of Pathological Society, 1859, in which the murmur was so loud that it was diagnosed as an aneurism of the renal artery. Bristow also reports a case (*Med. Times and Gaz.*, 1854, ii., 395) in which a similar phenomenon was present. It may be remarked, however, that in each of the above instances there was also a distinct pulsation, which could not be obtained in this case. The direct cause of this murmur is difficult to decide upon. It may be due to direct pressure upon the aorta, or from the blood current acting upon a partially occluding thrombus situated on