treatment was continued until February 9th, when death closed the scene.

The autopsy revealed sarcoma of the kidney weighing four pounds. The tumor was adherent to the adjacent structures, as the spleen, liver, stomach, and intestines.

REMARKS.

Primary malignant disease of the kidney is rare. It is usually unilateral, and is found more frequently during the first decade of life. It occurs with greater frequency before the fifth year. Gross says: "It may be confidently asserted that carcinoma is never witnessed in early life, and at least two-thirds of all examples recorded as cancer should be classed as sarcomas."

We accept the doctrine that cancer is cells which have gone astray, and developed under new conditions. Some authorities maintain that cancer begins in the cortex, and afterwards spreads to the pyramids. Wilks and Moxon are of the opinion that the lymphatic glands outside the kidney are primarily attacked, then the hilus. The latter is probably the correct view. The erroneous idea that malignant tumor formation is a disease of advanced life only, leads a great many physicians to exclude it from the category of infantile diseases. There is a rapid growth of some part of the abdomen, as shown by tape measurement, notwithstanding shrinkage and progressive emaciation in other parts of the body. The primary site of bulging is, therefore, of great importance, as tumor of the kidney will displace other organs upwards towards the thoracic viscera. This was demonstrated in the case just cited. The tumor during life was not located particularly in the renal region, but attained its greatest prominence over region of spleen and stomach. The heart becomes embarrassed; the lung compressed, so that dyspnœa is a prominent symptom during the latter stages of the illness. Usually only one kidney is affected. The right has the preference. Hæmaturia is not found so constantly in malignant renal growths as has been generally supposed. It occurs in about forty to fifty per cent. of all cases, and when found with co-existing tumor of kidney is confirmatory. When the tumor is large, and presses on the internal abdominal vessels, there will be enlargement of the superficial abdominal veins, and anasarca and ascites are not infrequent. The tumor does not follow the movements of the diaphragm. Fever is rarely present, cachexia is common. Pain may be present constantly, or only occasionally.

Personal.

DR. CHAS. O'REILLY, of the Toronto General Hospital, sailed from New York for England, June 4th.

DR. OLDRIGHT, of Toronto, has gone to the sea coast to recuperate. At last accounts he was at Atlantic City, N.J.

DRS. CAMERON AND NEVITT left Toronto for England June 10th. They will spend some months in London and on the Continent.

DR. E. B. O'REILLY is now acting as Medical Superintendent of the Toronto General Hospital during the absence of his brother in Europe.

WE omitted, by a mistake, in our last issue to give the complete list of the Toronto Hospital ..sistants, recently appointed. There were six —three from Trinity: Drs. R. M. Hillary, R. Hill, and E. McCarthy; three from Toronto: Drs. C. F. McGillivary, L. F. Barker, and T. S. Cullen.

DR. GEO. A. PETERS, one of the Demonstrators of Anatomy in the Medical Faculty of the University of Toronto, went to England in May, and a few days after his arrival passed the primary examination for the Fellowship of the Royal College of Surgeons of England. We believe this case is quite without precedent, as we know of no colonist, or anyone else outside of Great Britain, who has gone to England and passed this examination without some special preparation in the United Kingdom. We have much pleasure in congratulating Dr. Peters on his brilliant success. It shows not only what a Canadian can do, but also what a Canadian Medical College can accomplish. There is at present no F.R.C.S., Eng., in Ontario, so far as we know.