are found scattered throughout the cortex and medulla alike, and of varying size. To this class our specimen evidently belongs.

There is abundant evidence in literature that this disease is in many cases congenital. Fussell (Sajous' Annual) cites a case in which bilateral disease of this kind in the child formed an impediment to delivery, evisceration being necessary. And this is only one of many. *Ziegler* speaks of foetal cystic disease, saying that the child is born with them. Instances are also recorded of death in-utero or shortly after birth from the same disease. It is quite striking, also, how frequently other developmental defects such as Cleft Palate Talipes, Imperforate Anus, Hydrocephalus, Defective Bladder, Horse Shoe Kidney, etc., are found in association. While such facts justify the term Congental Cystic Kidney, too general an application of it may be questioned, in that there is a good reason to assume that the same changes may occur in the adult kidney. *Touche*—Cites case of woman, 75 years—dead of Pneumonia, with double cystic kidney. *Boquel*—Case 45 yrs., dead of apoplexy, with bilateral Cystic Kidney. In one series of 6 cases reported the ages ranged from 21 to 65 yrs., and in another series the average age was 45 years. It seems improbable that such were congenital. *Treeves* and *Coates* divide the cases into congenital and adult. *Newman* draws a distinct line between the Foetal and adult cases. *Allbutt* makes a like distinction. The only instance I can find where the condition seemingly developed under observation is one in the records of Richard Bright, dated 1835, and reported in the Sydenham Society's Transactions, 1860. Male 30 yrs., emaciated and weak, urine moderate in quantity, pale, acid, contained albumen. There was a history of Haematuria 2 years previously. In the left lumbar region there was a tumour mass recognized as an enlarged kidney. When seen some weeks later patient was suffering from painful micturition and passage of pink fibrinous coagula, urine 20 oz. in 24 hours. On examination of the abdomen a mass was found in the right lumbar region similar to that on the left. Patient died in Convulsions and Coma. At the autopsy the left kidney was found 10 times larger than normal; the right kidney 6 times larger than normal. The Pathological description is that of this form of cystic kidney described as a combination of the granulated and vesiculated conditions.

As to the formation of these cysts there is a variety of opinion, as follows:

(1) Purely retention cysts.

(2) Adenomatous formations.

(3) Part of a general tendency to cystic transformation, there being cysts also of Liver being Spleen and Panercas.

(4) Developmental errors.

Upholding the first are:

Virchow, who says they are due to inflammatory occlusion and atrophy of the papillae.

Thorn considers Inflammation of the Substance of the Papillae extending from the calices, the obstructing cause.

Newman thinks them retention Cysts, arising in the Malpighian bodies and tubules, and says that associated cysts in the Liver and Spleen, etc., are rare enough to be accidental.