

ected in large, soft masses, some of which were hemorrhagic. The last inch of the abdominal aorta was surrounded by the tumor, the left iliac was pervious, the right was filled with thrombi, and the wall eaten away. The inferior cava could be traced in the mass for about an inch and a half, and just above the bifurcation was obliterated, the walls in close contact. Section of the mass showed it to be made of a soft cerebri-form tissue interspersed with extravasated blood. At the right border there was a trace of kidney substance in the form of a thin shell. The ureter was occluded. The pelvic and renal vessels were infiltrated with the neoplasm.

On microscopic examination, the soft, grayish-white substance was found to be composed of small round cells with but little stroma. Towards the right border of the mass where it was firmer, the soft cerebri-form substance was inclosed in denser strands.

*Remarks.*

In considering some of the more interesting details in connection with the above case, I think it would be well to discuss them, as points of interest, in a short review of the literature of the subject as recorded up to the present time.

Nothing of any value was written upon cancer of the kidney, with the exception of G. König's "Treatise upon Diseases of the Kidney" in 1826, and that of Wilson, of London, in 1817, until after the year 1830. Cruveilhier was probably the first writer of note, closely followed by Rayer, who put the disease on a sound foundation. After this came the classic works of Walshe, and then of Lebert, who distinguished so clearly between primary and secondary forms of cancer of the kidney. Ebstein and Roberts are also well-known authors on this subject. Rowe, of Cincinnati, records a very interesting case in the *AMERICAN JOURNAL OF OBSTETRICS*, April, 1881.

Of the different species of cancer found in the human body, encephaloid (fungus hematodes) is the one almost invariably found in the kidney. Its chief physical characters as a neoplasm consists in its soft, pulpy, vascular condition; it is frequently the site of extensive hemorrhages, cavities are formed in the mass, containing large quantities of blood mixed with cancerous detritus which flows freely from the cavities when opened or broken into during the post-mortem examination. The whole organ may become infiltrated uniformly, and when it does so, the enlargement is regular. But we also have the formation of nodules of disease growing from a particular part