

the retro-peritoneal and lumbar glands were involved, and that a thrombus partially filled the renal vein. The vena cava was found free as far as could be ascertained. There was not enough time allowed to dissect up the thoracic duct.

The tumor on removal presented a large mass, divided at the junction of its uppermost and second growth into two unequal parts. The greater and lower portion had the usual renal shape, and was surmounted at its upper end by the remaining portion of the tumour which, as it were, fitted like a cap on top of the kidney.

That this was supra-renal was borne out by its position and relation to the kidney, as well as by the fact that the renal capsule could be stripped off between the kidney and the upper mass. To make further certain, there was no other evidence to be found of adrenal in the neighborhood.

The adrenal was, however, partly joined to the kidney by several areas of new growth, these being the channels of transmission of the growth from the kidney to the other organ.

On removal the whole mass weighed 1250 gram.

Measurement of the kidney alone was  $7\frac{1}{2}$  inches long by 5 inches broad, and  $2\frac{1}{2}$  to 3 in thickness.

Adrenal alone measured 4 inches x 3 inches x  $1\frac{1}{2}$ .

The kidney capsule presented numerous dilated lymphatics filled with granular material, and was fairly easily stripped from the organ.

Section into the kidney showed that but little renal tissue remained, the cortex in the upper half being about half its normal thickness and less, and in some places so thin that the contents of the tumor were almost protruding. In the lower portion, however, not only was the cortex about the normal size, but there was further some evidence of medullary pyramids and calices. The hollowed out areas thus left were filled with a large quantity of cheesy looking putrescent material, composed of fatty cells and free fat globules, granular detritus, cholesterine cells and remains of old hæmorrhages. The pelvis of the kidney and upper part of the ureter were filled with the same mass of degenerated cancerous material, and the renal vein showed the presence of a cancerous thrombus along nearly its whole course.

The adrenal was similarly affected, and its outer covering, which was greatly thickened, formed a kind of capsule to the enclosed mass of detritus, resulting from the retrograde changes and hæmorrhages within of the cancer which had involved this organ in virtue of its contiguity.

*Microscopic examination* of the remnants of kidney tissue showed masses of columnar and polyhedral small cells of epithelial character,

distributed in various portions and situated amid a fibrous stroma. In many places very little evidence of tubules could be found, the whole renal tissue being overrun by the neoplasm. Where, however, tubules or glomeruli could be found, it was evident that from here the growth had taken its origin, while the fibrous stroma arose from intertubular connective tissue.

Sections of the involved suprarenal showed the walls densely infiltrated with cancerous tissue, so much so, that there was but little evidence of the original normal adrenal tissue.

*Secondary Enchondroma in a Bitch.*—Dr. ADAMI eighteen months ago had exhibited before this Society the rare condition of an enchondroma of the mammary gland occurring in a bitch. The animal, after its removal, kept in very fair condition for some time; but towards the end of February last, a swelling was noticed in the abdominal cavity, which was thought to be of an obstetrical nature. It, however, continued to grow, extending in a rather transverse direction. There was gradually increasing difficulty of locomotion, and about three weeks ago the animal was killed in the laboratory and a post mortem performed. A hard tumor was found in the abdomen attached to the mesentery; it was not adherent to any of the abdominal viscera, except a portion of the liver, which was found separated from the rest of that organ. Examination showed it to be an enchondroma, hard at the edges, with bony matter scattered here and there; while the whole central portion was essentially myxomatous. It appeared to be attached to the mesentery and to have started there; but we had then these peculiar relations between the tumor and the liver to explain, and altogether it seemed more reasonable to conclude that the growth commenced in the liver, extended until its weight caused that part of the organ which contained it to break off from the rest, and then attached itself to the mesentery. The tumor weighed ten pounds, while the animal in health did not weigh more than twenty pounds, and probably something less than that at the time of the autopsy, as it was much wasted. In addition to this large mass, other secondary growths were seen in the form of cartilaginous nodules in various portions of the lungs, pancreas, abdominal glands and kidney. Dr. Adami regarded the case and specimen as interesting, first, because the condition of primary enchondroma of the mammary gland is a very rare one; secondly, because, in spite of the usual benign character, in this case it had been followed by secondary growths.

Dr. MILLS' experience of tumors in dogs led him to believe that any kind of a growth occurring in the mammary glands of dogs is apt to be followed by secondary growths. He