

two years with gastric symptoms led me to consider the case as probably one of enlarged movable kidney. I could exclude any condition of the ovary for the mass could not be pushed into the pelvis, neither did it seem to be connected with the gall bladder and as it could be so readily pushed into the loin, I favoured an enlarged movable kidney as offering the most likely explanation. The diagnosis, however, was not at all certain; examination of the urine was negative, though the patient stated that she had had bladder symptoms and on one occasion had passed blood in her urine. Not wishing to open the abdominal cavity unnecessarily, I decided to begin the operation by exploring the right kidney, through the usual oblique lumbar incision; a normal kidney in its normal position was found; the wound was immediately closed. Coeliotomy was then performed, median incision, which, in order to effect delivery of the tumour, it was necessary to prolong above the umbilicus. The tumour was smooth, globular, somewhat larger than an orange and found imbedded between the layers of the gastro-colic omentum. It was firmly attached to the greater curvature of the stomach, surrounded and covered with numerous large ill-developed veins which bled freely on the slightest provocation. The vessels were ligated and the growth removed without special difficulty. The most interesting features of this case, are, the situation of the tumour, the long duration and obscure symptoms and the differential diagnosis.

I asked Dr. Adami to see the specimen a few hours after its removal and he said that it certainly looked like kidney tissue. Microscopically it was found to be a cellular growth which was said to be sarcoma. This patient made an uninterrupted recovery and left the hospital in three weeks after operation.

Dr. RICHARDSON showed the specimen and said that Dr. Klotz had made sections of this tumour and reported it to be a mixed-cell sarcoma.

Dr. W. F. HAMILTON: I would like to ask Dr. England concerning the position of the stomach in this case, whether it was dilated by the weight of the tumour and in what proximity the tumour was attached to it.

Dr. SMITH: I would like to ask Dr. England if he has not found it easier to remove tumours of the kidney through the abdomen rather than through the back. I have come to that conclusion after having had some experience of the two methods; in one case a large tumour like an ovarian cyst was exceedingly easily removed in this way.

Dr. ENGLAND: I would like to ask Dr. Klotz if he has any views with regard to the fatty substance in this growth, whether it might not have begun as a fatty tumour and later taken on a malignant condition. In answer to Dr. Hamilton, regarding dilatation of the stomach, I did not discover this either previous to or at operation, the attachment of the growth to the stomach was very intimate but it did not arise from the