found a large retroperitoneal tumor occupying site of left kidney, filling the left half of the abdominal space and extending across to the right. The diseased mass projected into the left hypochondriac region, pushing the spleen upward and backward against the diaphragm. It had the descending colon in front, with which and the small intestines it had formed adhesions. Incising the growth no trace of the kidney could be found and its situation was occupied by a cavity filled with a whitish pulpy mass of necrosed tissue. The texture and color of the tumor resembled the white substance of the brain, only being firmer and having much connective tissue. The other abdominal organs were normal. There was no secondary involvement of any organ. The left kidney was hypertrophied, having for a long time done double duty.

Microscopic examination of portions of neoplasm showed it to be a typical round celled sarcoma. The foregoing is described on account of its intrinsic uniqueness and for the benefit of the many eminent physicians and others not so eminent, who have exerted their diagnostic skill upon the case. All will see how far their diagnoses have been confirmed by the autopsy. The medical opinions passed upon the case from time to time during its progress were nothing if not conflicting and many of them quite ludicrous. The patient's own diagnosis, which was foecal tumor, is not lacking in absurdity. The majority, however, were of opinion that it was some form of malignant renal tumor, while a few regarded it as a splenic tumor. In the early stages, when the growth was small, the diagnosis may have been difficult, but latterly, after it had increased in size and the patient had emaciated, the diagnosis should not have been difficult.

Tumor of the kidney in the male is to be differentiated chiefly from hepatic, splenic and foecal tumor. A growth in connection with the liver does not have the colon in front of it. Unless adhesions have formed, a kidney tumor can be separated from the lower margin of the liver by means of the fingers. A splenic tumor does not have the colon in front and grows more upward than downward. With regard to foecal tumor, treatment will, in a short time clear up the diagnosis. I have not referred to the discrimination from other renal tumors, as hydronephrosis pyonephrosis, hydatid, as they did not come up in the differential diagnosis and were to a large extent eliminated by the symptoms. Treatment. In the latter stages, after the patient had become debilitated and the neoplasm had formed numerous adhesions, operation would clearly be a hopeless procedure. An early diagnosis and nephrectomy would have been the correct treatment, but it must not be forgotten that nine years ago the status of abdominal surgery was far different from what it is to-day.

"THE COMMUNICABILITY OF TYPHOID FEVER."

[Abstract of a Paper read by Dr. Fraser, of Little Glace Bay, before the C. B. Medical Society, on March 1st, 1893.]

The object of the paper was to open up among the members of the society a discussion of the question of the communicability of typhoid fever. The lines which should be followed in such a discussion were pointed out. The argument must be inductive and not deductive or *a priori*. The procedure must be from empirical facts observed by the best medical experience and the most thorough-going experimental research to the most probable general conclusions. The evidence in support of any hypothesis must consist of facts that have been thoroughly investigated and well established. That typhoid fever is communicable from one person to another is a fact established beyond doubt, but this fact regarded in