

6 ALLOWAY: *Primary Cancer of the Kidney.*

Umbilicus.....	23 inches.
Extreme lateral length of tumor.....	5½ "
Tumor extends to left of umbilicus....	2 "

Apex of heart-beat at fourth interspace, one-half an inch outside left nipple. Superficial veins very prominent on surface of abdomen.

February 22d. Measured at

Nipple.....	21½ inches.
Xiphoid cartilage.....	23 "
Eighth rib.....	24 "
Maximum elevation.....	26½ "
Umbilicus.....	26 "

Apex heart-beat one inch outside left nipple and one-quarter inch below level of it. Respiration audible behind no lower than one-quarter of an inch below inferior angle of scapula.

Patient becoming very restless at night, and complains of soreness in front when lifted. Pulse rapid; temperature normal. Bowels very much constipated, moving only once every four or five days. No jaundice.

March 5th. Patient unable to leave cot. She is much emaciated. Pulse 154. Diarrhea set in last night. Urinates very frequently, passing but a small quantity at a time. Apex heart-beat now one and a half inches outside left nipple, and on a level with it. She has not vomited since beginning of December. There is no edema of extremities or other parts of body, and has never had any during illness. Has never exhibited uremic symptoms.

March 12th. Fearfully emaciated. Can only rest on back, with both arms extended backwards over her head, her hands grasping the iron bars at head of the bed. In this position, she seems to obtain the largest possible abdominal and thoracic area by producing traction upon the chest-walls from without. Under these circumstances, the heart and lungs have more freedom of action, and the patient consequently feels more comfort than in any other position. No further change took place until the 16th, when death occurred from asthenia.

*Autopsy.*—Dr. Osler's Report: The body was greatly emaciated; abdomen distended; superficial veins not much dilated. When opened, a large tumor was seen filling the greater part of the abdominal cavity, and closely attached to the right side. The omentum was adherent, the cecum attached to the lower end, and the ascending colon passed along the left border. The pylorus lay upon the upper end, and the duodenum was flattened upon the left side of the mass. The tumor was retroperitoneal, and peeled out easily, bringing with it aorta and inferior cava, which were deeply imbedded in the hinder part. The mass had a rounded outline, broad above, with a concave left border, which presented several very soft lobulated portions overhanging the groove in which the cecum and colon lay. The right border was more solid, and at the lower part showed a small remnant of the kidney surface. The growth has perforated the capsule, and pro-