

the kidney affection, metastases having formed through the thoracic duct and by retrograde advance to the lymphatic glands.

Primary cancers of the kidney do not, as a rule, form secondary growths, and when these occur it is usually by the blood stream. Here the vena cava seemed free, but we are by no means certain as to the condition of the lungs, being unable to examine the thorax for metastases.

Only a partial autopsy was permitted and that of necessity a hasty one. The abdomen was opened, showing a meagre panniculus. The visible coils of intestines were reddened and the transverse colon displaced downwards and to the left. A large mass was found beneath these intestinal loops, occupying the umbilical and left lumbar regions chiefly, and reaching for about one inch to the left of the vertebral column. This was discovered to be the left kidney and adrenal converted into a large tumour, which lay partly twisted on itself, so that the convex border of the kidney lay rather downwards than outwards. The tumour was easily and rapidly removed, in toto, there being no dense attachments to any neighbouring organs, but merely thin, loose adhesions.

During removal it was observed that some of 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 tumour 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