The Maritime Medical News.

A MONTHLY JJURNAL OF MEDICINE AND SURGERY.

VOL. V.

HALIFAX, N. S., MARCH, 1893.

No. 3.

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Original Communications.

RENAL SARCOMA.

A. J. MURRAY, M. D., FREDERICTON JUNCTION, N. B.

G. M., age 60. occupation physician, came under my observation June, 1892. I quote from my notes the following: In 1884 felt pain and uneasiness in left lumbar region. This was first noticed after a hard day's driving over rough roads. In about three months, after feeling the sense of pain over the left kidney, he began to pass bloody urine. Hæmaturia continued at irregular intervals during the entire course of the disease, greatly exsanguinating the patient. Blood casts, which must have been coagulated in the ureter, were often passed. In 1885 he noticed a distinct swelling in the left flank above the iliac crest. The tumor increased slowly. Hæmorrhages became more profuse and oftrecurring as time passed. The patient diminished in flesh and strength-a deathly pallor overspread his countenance. All along and up to within a short time of his death he had a rapacious appetite, craving the strongest food and eating with avidity, pork, bacon, roast and corned beef, ovsters, The bowels were usually conetc. This condition was often stipated. followed by diarrhœa. During the patient's active career he had used stimulants, but not excessively. One of his most marked characteristics was excessive venery. He had many gonorrhoeas but never had syphilis. Т may here state parenthetically that his venereal history was not elicited. from himself, but yet it is authentic.

Though cachectic, weak and emaciated to a degree, he continued doing some professional work until January, 1890, when he took to his bed. From this time on to his death, October 9th. 1891, the clinical record varies little from that already outlined. The morbid growth gradually increased in size, the patient's powers of life slowly but surely declined. On October 6th he was seized with diarrhea, his vast appetite gave away at the same time and three days later he died of exhaustion.

Post-mortem 40 hours after death ; body greatly attenuated. On incision,

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