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Original Communications.

AN ENORMOUS MASS OF DISEASE, FORMED BY CANCEROUS DEGENERATION OF THE KIDNEY, IN AN INFANT.

By C. F. GEORGE, M.D., of Centreville, Mass.

ON the 12th of January, I was called to see the patient, female, aged 17½ mos. Found her pale, considerably emaciated, irritable and restless; sleep disturbed; appetite variable; bowels constipated. Urine apparently natural as to color and quantity; no pain on passing it. In the left hypochondriac region was a tumor, extending from under the ribs downward and forward to within an inch and a half of the umbilicus, attached at its upper extremity and movable at its lower. It seemed about the size of a large goose-egg, was not painful on pressure, and there was no fluctuation. A little bulging of the side; none backward.

The previous history of the case was— whooping cough at three weeks of age; measles at one year; otherwise she was apparently as healthy a child as usual of that age. About the first of last November she was weaned, and from that time the mother dates the first symptoms of failure. These were mainly variable appetite, constipation, irritability and restlessness, with gradual loss of flesh. The mother first discovered the tumor on the 1st of January.

After I saw her, the appetite improved, the bowels became more regular, and she slept better; but still some irritability remained. January 24th, and during my absence, Dr. J. M. Smith was called. The tumor then extended to the umbilicus, and was larger laterally. About this time she had a slight febrile movement, and some difficulty in passing urine, which was scanty and high colored. This passed off in three or four days, and the child seemed about the same as before.

February 10th and 17th, Dr. Pineo saw the case. The child was pale and emaciated; appetite failing; bowels quite regular; urine natural (apparently); tumor in-

creased in size, not fluctuating, but slightly tender.

From this time the appetite continued to fail; bowels became a little constipated; irritability increased; patient restless, and at times seemed to suffer a little pain. Urine freely passed, and without difficulty. Tumor rapidly increased. About the first of March, slight fluctuation in the right side was discovered. Feet, legs and face became œdematous, though at no time was the swelling very great. Still pale (white) and losing flesh. After this she rapidly failed, and died March 12th, of exhaustion (seemingly), and without distress or pain.

On examination, the emaciation was extreme. Abdomen enormously distended; sides bulging out, and somewhat backward. Two or three ounces of fluid in the cavity; and the tumor occupied nearly the whole space, with some slight adhesions of the peritoneum, but not enough to indicate much inflammatory action. The tumor extended from under the left ribs to the brim of the pelvis. The liver, spleen and stomach were pushed upward; and the pancreas and transverse colon were quite firmly attached to the upper extremity of the mass. The descending colon was pushed forward and inward, so that it occupied the median line immediately under the anterior walls of the abdomen. The small intestine was crowded into the right iliac region. The mass was found to be the left kidney; it weighed 5 pounds and 15 ounces when first removed. The bowels were empty. The right kidney seemed natural, as also the liver and spleen. The lymphatic (mesenteric) glands were a little enlarged. On making an opening in the tumor, a considerable quantity of fluid escaped.

Family History.—Paternally, the whole family are more or less scrofulous. Maternally, family healthy; no constitutional disease, excepting a "traditional cancer" three generations back.

The diseased mass was carried by Dr. G. to Dr. Pineo, of Hyannis, who sent it to Dr. Jackson in an entire state and perfectly fresh, excepting the puncture made by Dr.

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G. Dr. J. showed it to the Society for Medical Improvement, and he and Dr. Coolidge gave subsequently the following description:—

"The mass was of an oval form; $8\frac{1}{2}$ inches in length, $6\frac{1}{2}$ inches in width, and 5 inches in thickness; weight, 5 lbs. $3\frac{1}{2}$ oz. Upon one surface there were the remains of the kidney, about two inches in extent; and, including this, was a somewhat defined, oval, superficial patch, about $6\frac{1}{2}$ inches by $2\frac{1}{2}$ inches in extent, and that strongly suggested the idea of a connection with the original outline of the organ. Around this patch the surface was lobulated, and radiated in appearance, but upon the opposite surface it was much more even. The irregularity was much more apparent after a fibrous envelop had been stripped off that was quite marked for the most part, and moderately adherent by a lax tissue, though less so to the patch above referred to than to some other parts. Towards the surface where the patch was, and throughout nearly one half of the whole mass, the structure was white, not vascular, had a pearly translucency, and was softer than foetal brain, with an appearance as if it were infiltrated with a ropy fluid. The remainder was much firmer, and evidently contained more or less connective tissue, the softer and firmer portions passing gradually into each other. This last was also stained by blood, and in some parts quite deeply, though no free clots were found. There was also a small serous cyst in this firmer portion. The portion of kidney above referred to was perfectly healthy in appearance; and, on incision, there was found, within, a well-marked pelvis that could be traced for three or four inches, and infundibula arising from it, with portions of the renal substance that had undergone more or less the cancerous transformation. There were also found in distant parts, but upon the surface of the mass only, several small, insulated remains of perfectly healthy renal substance, about three or four lines in diameter.

Under the microscope, the soft substance which constituted so large a part of the disease consisted of innumerable, roundish cells, not varying much in size or form. They had large nuclei, and were embedded in a soft, streaky, ropy mass. At the end of a week, the specimen not having been preserved in any way, the nuclei alone were visible; the substance of the cells having become undistinguishably fused with the mass in which they were."

TEDIOUS LABOR; INCISION OF OS AND CERVIX UTERI.

By JOHN L. SULLIVAN, M.D., Malden.

Mrs. F. D., aged 25, primipara, well formed, muscular. Labor pains first felt on the evening of 10th inst. When examined, at 9, P.M., of the 11th inst., os was found too small to admit the point of the fore-finger; presentation probably cephalic; pains light, but regular, recurring at intervals of fifteen minutes; passages moist, cool; perinæum relaxed.

12th, 9, A.M.—Pains all night, preventing sleep; os unchanged. During the day slight, bloody show; membranes ruptured; waters discharged.

11, P.M.—Os dilated so as barely to admit fore-finger; head presenting; pains every five minutes, and severer; patient fatigued and somewhat desponding. Opium (grs. iij.) administered.

13th, 9, A.M.—Slept "by snatches" during night; pains every three or five minutes; slight thirst; no appetite. Warm hip bath, enema per rectum, tartar emetic *ad nauseam*; warm vaginal douche proposed, but objected to.

10, P.M.—Pains increasing; head descending through pelvis, driving uterine neck before it; no farther dilatation; os very rigid. With difficulty, a No. 1 Barnes's dilator introduced and inflated. Pains very severe; dilator removed after an hour. Os dilated to about the size of half a dollar, still rigid; presentation readily diagnosed r. o. c. Largest sized dilator introduced, followed by very frequent and severe uterine contractions. Dilator removed in half an hour. Os two inches in diameter; edge like whip-cord.

14th, 1, A.M.—Dilator introduced and fully expanded. Pains violent and almost uninterrupted.

1 $\frac{1}{2}$, A.M.—Dilator removed. No permanent increase in dilatation of os, which seemed to contract like India-rubber on removal of dilator. Patient's condition still good; passages moist; tongue ditto; abdomen not tender; uterine contractions regular and quite forcible. Determined to leave the case to nature until symptoms of constitutional irritation should supervene, rendering farther assistance indispensable to the safety of mother or child, or of both.

10, P.M.—No progress towards delivery. Os rigid and undilatable as ever; uterine neck swollen and oedematous, pitting deeply on pressure; pains frequent, powerful and agonizing; passages dry and hot; abdomen tender on pressure; tongue dry and