satisfactory case to the minds of men who may have any misgivings as to the propriety of this operation, inasmuch as the mother, if allowed to go her time, would have been exposed to great peril by the operation of a crotchet delivery with its concomitants—the child dead, of course; while here we have a comparatively easy labour, and a child living and thriving remarkably. I wish to draw attention to the plan I adopted in this case, of detaching the membranes from the cervix and os when withdrawing the catheter. It has been done, as you know, for the purpose of inducing labour, but not with satisfactory results. When the gum catheter has lain in the uterus, it becomes softened, and may, by holding the external end in the left hand, and with the forefinger of the right hand on the end in the uterus, be very gently brought round the cervix, without doing any damage of any sort. I have no doubt that the great success of Dr. Barnes's dilators arises partly from their acting in this way; and that they are, in suitable cases, preferable to any other means known.

This part of the case would admit of more remarks; but I briefly throw out the hints for your observation and discussion.

MALIGNANT TUMOUR IN CONNEXION WITH THE KIDNEY; AND A CASE OF MELANOSIS OF THE EYE.

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I HAVE just read the report of the proceedings of the Pathological Society for March 5th, at which meeting Dr. Greenhow exhibited a specimen (lent by Dr. Foster of Birmingham) of Cancer of the Suprarenal Capsule, from a girl aged 12 years. He states that the tumour was about twice the size of the kidney and closely adherent to it; and, as there was no other organ affected with cancer, he believed "the case to be unique."

The latter remark calls to my mind a somewhat similar case, and one quite as remarkable. At a *post mortem* examination last year, at the Leeds Hospital for Women and Children, I removed, from the body of a girl 13 years of age, a large tumour intimately connected with the left kidney, weighing four pounds. Its length was nine inches, and its circumference was fifteen inches and a half.

I took it to the Medical School for more minute inspection by Dr. Deville, a well known practical anatomist and pathologist, who recommended me to let him send the specimen to Dr. Brinton for exhibition at the Pathological Society, which was done.

At our cursory inspection of the tumour, we ascertained that the kidney could be separated from the tumour, but was intimately connected with it and its vessels; so much so, that we thought it probably was an aneurism, as, from the history of the case, it appeared the girl's illness commenced after a severe fall on her back nine months previously. I believe the tumour was exhibited at the Pathological Society by the late Dr. Brinton, and pronounced to be malignant. Half of the specimen he kept, and the other half was returned to the museum of the Leeds Medical School.

In this case, no other organ of the body was found diseased; the right kidney was healthy.

A word as to the history of the case. The patient was sent to the hospital from Ripon, and no decided medical opinion had been given on her case, as it was considered a very unusual one. Though the

girl was scarcely 13 years of age, she had all the appearance of a little fat woman. The breasts were large; the mons veneris was covered with hair, and the organs of generation quite developed. Her complexion was very ruddy, and, to a casual observer, she looked the picture of a healthy little fat woman. She, however, complained of pain in her back and limbs. Still, after remaining about six weeks in the hospital, no decided opinion could be given as to the precise nature of her disease. Indeed, some of my medical friends who saw the case considered it merely a case of premature development, precocity, and obesity. Luckily, she was not discharged, but retained in the hospital under observation, assisting a little in the wards, and enjoying all her meals, etc. By degrees, decided symptoms of disease of the kidneys manifested themselves. What had been taken for general stoutness, now assumed a decidedly dropsical character, general oedema. The urine was deficient in quantity, but still not unhealthy, not containing any foreign constituents. The skin became dry, and unduly livid; indeed, the complexion assumed a most curious appearance being of a purplish red hue, like that of a confirmed gin-drinker. As an enlargement in the region of the left kidney could be distinctly felt, I imagined it was either scrofulous enlargement, or an adipose state of that organ, pressing on the blood-vessels, and thus producing the curious congested state of the skin. There was no *bruit* heard over the region of the tumour, nor pulsation felt. When Dr. Deville and myself first examined the specimen, we thought it might be an aneurism; and, with this idea, it was sent to Dr. Brinton, who pronounced it to be a malignant tumour. I think the case is quite as singular and "unique" as that of Dr. Foster, reported on by Dr. Greenhow, and is worthy of record.

Referring to cancerous tumour, melanosis has a strong affinity to that disease in growth, development, and liability to return after extirpation. I append a short account of a case of this disease at the right angle of the eye, implicating the conjunctiva and the upper eyelid, in a respectable female 60 years of age. She consulted me about it early in 1859. It had been gradually increasing for a year. I removed the tumour about the size of a pigeon's egg, and the patient lost a good deal of blood. In January 1860, it again returned so large as to obstruct vision and press on the ball of the eye. I dissected it out again. In May of the same year, it was larger than ever, and gave more annoyance, and involved both upper and lower lid. I again, for the third time, carefully and completely removed the black deposit and growth, and the eye seemed clear and free from disease. She had no return of the complaint for several months; but in the October of 1861, she again consulted me; and after this time the melanotic growth was rapid; both upper and lower lids were involved; the sight was obliterated, and the ball of the eye projected by January of 1862. The tumour rapidly enlarged and bled at intervals, gave much pain, and was a source of the greatest annoyance. I was doubtful about the propriety of excision of the eyeball, as the tumour had returned so frequently; but, as life was rendered a burden, I got Mr. Teale to see the case, and he recommended me to operate and remove the eyeball. The tumour was now nearly as large as my fist. On December 31st, 1862, I did so, dissecting the growth from the eyelids, and completely clearing the orbit of its contents. No great hæmorrhage ensued. I brought the eyelids together. They united readily, without leaving much of a scar; and, up to this date (five years), there has been no return whatever of the tumour, nor any indication of melanosis in other textures.