

deep lacerations, this was found to be inexpedient. It was therefore drawn well outward, when the vessels and ureter were divided, and the organ removed. Recovery was tedious, but complete.

It is curious to note here how an organ is so terribly skivered and disorganized by a missile at close range; something so dreadfully conspicuous in the engagements at close quarters at the present time with the Mauser musket in South Africa. You will note that the kidney is nearly torn in two, the laceration extending deeply into the pelvis.

The next specimen is one of a parenchymatous tumor of the thyroid gland removed from a young woman.

She was sent to me for operation, because the growth had encroached so deeply and far invaded as to render phonation and respiration difficult, because it was steadily increasing in volume, and moreover; because of the disfigurement it produced. There was no exophthalmia or marked evidences of goitre.

The most common variety of tumor found in the thyroid body is cystic and parenchymatous. In this instance, neoplasia was limited to one lobe, and hence its removal was not attended with the prospects of myxedema, almost certain to follow the total ablation of the organ.

The operation in this case was attended with no special difficulties. Caution was observed to isolate the nerve and blood-trunks lying in the way, and the pedicle was securely ligated by the chain-suture before detaching the tumor near the isthmus.

Convalescence was rapid, with disappearance of all her former painful symptoms.

The third and last specimen is a recurrent tumor, removed from the lower jaw of a young woman. The great interest in the case is that, although histological elements in the mass stamped it as of the benign series, yet clinically its course was of the most malignant character.

When patient first came to me the growth was no larger than a cherry, of sub-periosteal origin, and easily dissected out under cocaine. But within six months it had returned, and attained such an enormous volume as to threaten life by asphyxia. It advanced downward into the sub-maxillary space, pressed the larynx toward the opposite side, and had so pressed in the esophagus as to render deglutition almost impossible. After excision, it weighed 27 ounces. Microscopical examination showed that the tumor consisted of simple fibrous tissue, with a rich reticulum, made up mostly of ground substance.

Although this mass was large, it was deeply lodged and well fixed; its removal was accomplished without a large loss of blood.

Reading some time before Mr. Watson Cheyne's able monograph, on the subject of sarcomatous growth in the region of the