

and because the absence of the cyst wall prevented a fuller study of the case. In the remaining cases the material sent fortunately included the cyst walls, and thus gave a far more satisfactory insight into the nature of the cysts themselves.

CASE II.—(Two cysts of the right lobe, the second removed through the posterior wall of the cavity left by removal of the first.)

The cyst wall in this case consisted of several irregular overlapping and not perfectly concentric layers of dense fibrous tissue, with interspersed occasional short imperfect layers, characterized by the presence of numerous small nuclei. Some of the outermost of these imperfect nucleated layers appeared to merge into more perfect gland tissue; they represented evidently the remains of atrophied lobules or collections of vesicles. Upon the inner surface of the cyst, section showed here and there accumulations of well-developed vesicles 50  $\mu$  to 200  $\mu$  in diameter, possessing a somewhat flattened epithelium; here and there several vesicles appeared to have run together into a common chamber.

There were, in addition, small areas of fibrosis and of calcareous deposits. The fluid filling the main cyst contained cholesterine crystals and large, round cells filled with fatty globules. The fluid had a glairy, yellowish-brown appearance.

CASE III.—(Single cyst of right lobe.)

As in the case last mentioned, the cyst wall was formed of several layers of fibrous tissue, with intermediate partial layers of atrophied gland tissue. From the wall there projected inward large, firm masses of gland tissue, with vesicles varying in diameter between 50  $\mu$  and 400  $\mu$ , having a thin, low epithelium and very little tissue between the individual vesicles. The fluid contents of the cyst were grumous, and contained cholesterine crystals.

CASE IV.—(Single cyst of left lobe, the size of a hen's egg.)

The cyst wall possessed the same features as those in the last two cases, except that it was not quite so dense, and that here and there in it could be observed flattened masses of colloid. Greatly elongated vesicles could also be seen gradually losing their epithelium, and passing into what might possibly be lymph channels (vide Plate XV, Fig. 4). Both on the outer and on the inner side of the cyst wall there was typical gland tissue, the diameter of the vesicles varying between 40  $\mu$  and 125  $\mu$ . In these masses of gland tissue protruding into the lumen of the