

under the common integuments. This apparent fluctuation I have known to deceive a surgeon. These tumors and their lobes are supplied with few but not large arteries; and, abundantly with expanded veins, some of them resembling sinuses. These fatty tumors are less rapid in growth than are the ovarian, but more so than the purely fibrous outgrowths from the uterus.

There are other abdominal tumors occasionally met with that might possibly be relieved in some cases by an operation; but the three kinds I have mentioned are those that specially call for gastrotomy, which may be undertaken with hope of success, and which are sure to end in death if not removed.

#### ADHESIONS.

All these tumors, when of long standing and grown large, are liable to become adherent to the anterior parieties of the abdomen, sometimes even to the liver, which they crowd up, to the diaphragm, or to the spleen, or to some portion of the omentum; but this last, in most cases of very large tumors has become more or less absorbed by the pressure they make against it. Posteriorly there are few, if any adhesions, which absence is due to the almost ceaseless peristaltic movement of the intestines, and their alternate distention and collapse, affording no time for union to become effected.

These adhesions are not due to inflammation, effusion of lymph and its subsequent organization; for, in all the cases I have observed, excepting one, the patient has at no time suffered from any—the slightest—symptom of fever, or from that peritoneal pain that invariably accompanies inflammation. The adhesion is due, simply to great pressure of the tumor against the tensely stretched abdomen. In the early stages this tightness does not exist, and the lesser size of the tumor admits of its sliding to some extent during the movements of the patient while getting up, lying down or walking. On the contrary, when the tumor has attained a great size, its anterior surface presses forcibly, and *constantly* against the front of the abdomen, causing the epithelii of the two surfaces to disappear, and by the same cause—its great size—is held steadily in one place, immovable. The two peritonei having come into *immediate* contact coalesce into a single membrane apparently, in those places where the pressure is greatest, constant and fixed; but in other parts less pressed the two membranes adhere less intimately, and can be easily separated by the fingers of the surgeon pressing between them, without giving escape to so much as a tinge of blood, because here no vessels exist.

Having heard that adhesion of separate parts cannot take place with-