cells of fair size, and towards the surface of the growth these could be seen to be infiltrating the muscle fibres of the bladder wall, or what remained of them. With a higher power these cells could be seen to possess an alveolar arrangement. A peculiarly delicate stroma surrounded masses of these cells, forming a series of rounded alveoli, and in this surrounding stroma ran fine vessels of an embryonic type. Where the tissue of the sections had not been loosened in the process of preparation this arrangement was in parts unrecognizable—the growth was undistinguishable from a true sarcoma.

A study of the prostatic portion of the growth and of intermediate areas revealed the true nature of the growth. In the anterior region of the prostate there was still present remains of the prostate tissue. The tubules and their surrounding tissues could be seen presenting a typical arrangement, but with this some dilatation of the lumina and hypertrophy of the stroma. Sections which showed these showed, however, other gland follicles which were becoming enlarged, and the epithelium here was undergoing proliferation, so as completely to occlude the lumen. The next stage to be made out consisted of what seemed to be these modified masses of glandular epithelium giving off finger-like collections of cells extending into the spaces of the surrounding tissue, and a little further back the condition of the modified prostate was that of a typical scirrhous cancer. Passing down towards the base of the bladder the cell masses become larger, the individual cells less compressed, the intervening fibrous stroma more and more scanty, and thus the passage could be made out from the scirrhous condition through that of medullary cancer to the first described condition which, as has been stated, would undoubtedly, without further study, be taken by most observers for an excellent example of and form of alveolar sarcoma. The alveolar sarcomata form so unsatisfactory a group of neoplasms, the descriptions of the various forms given by different writers are so divergent that it is worth while to record this case, showing as it does the necessity of a careful study of all portions of a growth presenting the appearance of what might reasonably be considered the true alveolar sarcoma of some authorities.

This difference in the appearance of the various parts of the tumor harmonizes well with the clinical history of the case. Evidently the disease started in the prostate, and here it had been of very small growth. The firm fibrous nature of the neoplasm points to this, and it is of special interest to note that, according to the patient's statement, the enlarged glands in the left inguinal region had been present and noticed by him for quite two years. There was a history of prostatic disturbance for some considerable period anterior to this, and the interesting question is raised as to whether the carcinomatous condition had been preceded by hypertrophy of the organ. This question, it is true, cannot be aswered with certainty. It might be considered that the enlargement of the follicles in the anterior region of the organ that had not as yet undergone atypical epithelial proliferation, and the increase of stroma here is an indication that this had been the case; but the point will not bear having any great stress laid upon it. Evidently also, from its appearance, the vesical portion of the growth was of rapid development, the marked want of fibrous inter-alveolar substance points to this, and here again we have the history of relatively recent vesical symptoms. It would seem as though the neoplasm had extended under the base of the bladder (externally), and so brought about obstruction of the ureters before the wall of the viscus itself had been invaded. The firmer nature of the growth in the former region is in support of this opinion.

The fact that the inguinal glands of the left side were implicated is worthy of note, not only, as has been stated, because of the early period at which they were effected, but also because their implication would seem to indicate a back flow of lymph This, however, is in consonance with numerous other observations tending to show that lymph may flow in either direction, or to place the matter otherwise, that when one channel becomes obstructed a collateral if round-about channel is employed.

Dr. BELL had little to add to the clinical history of the case given by Dr. Adami. There could in this case be little difficulty of diagnosis when he saw the patient. From the extensive nature of the disease in the bladder, from the secondary deposits in the glands, from the man's advanced age and approaching death from senility, this was not at all a case for operation, and having satisfied his mind upon that point he simply waited, knowing that it would not be long before the specimens would be passing through Dr. Adami's hands. With regard to the history of the progress of the disease, having only once investigated the case, he could not be very clear, but this he could affirm, that the patient had manifested symptoms referable to the prostate for five years, but had only been seriously ill for a twelve-month. The growth in the groin had been present for two years.

Dr. SMITH was under the impression that the lymph always flowed from the urethra towards the inguinal glands; he was certain such was the case so far as the penile and membranous portions of the urethra were concerned, and thought it applied to the prostate portions as well.

Dr. ADAMI pointed out, in reply to Dr.