xoma; large fat cells were present in scanty numbers in its peripheral portion; only immediately beneath the thin capsule were they clustered together. The firmer rounded mass was in the main fibrous with some mucoid change—a soft fibroma or myxo-fibroma. The centre had undergone degeneration and necrosis, resulting in the production of an irregular cavity filled with clear fluid. Upon microscopic examination, abundant islets of hyaline cartilage were found scattered throughout the tissue with rarer areas in which the cartilaginous matrix had become impregnated with calcareous salts and osteoid (as distinguished from osseous). No fat cells were recognizable. We were thus dealing with an osteoid chondro-myxo-fibroma.

From a histological point of view this case is peculiarly interesting as an example of the metaplasia of connective tissue. Previous cases have shown that in these large tumours we may have practically every form of tissue, from fibrous connective through pure lipoma, to lipoma complicated by mucinous, cartilaginous and even bony development on the one hand, and on the other to embryonic tissue—to sarcomatous development.

Here the larger tumour would seem to have originated as a fatty tumour, which has assumed a myxomatous or mucinous change, while the other tumour, developed apparently from the same tissue, has remained more fibroid.

It may be added that while the majority of these cases on record show one large mass, a few in which the growths have been multiple and distinct, are on record:—Dreschfeld quotes a case of lobules on the two sides mata containing osseous nodules in which the lobules on the two sides were of independent origin. Spencer Wells' case would also seem to have been made up of large, more or less, separate nodules. In Broca's case there was both a lipoma, weighing about 15 kilos, and in connection with this a fibro-lipomatous nodule, and in Roux's first case, while the note is very brief and imperfect, the lipomatous was stated to be growing in the right iliac fossa in association with a fibroma. Belkowsky's case in its characters most nearly approximates to the one here recorded. In it there was one growth in the right iliac fossa which was of fibromatous nature, while a large lipoma had developed apparently in the meso-colon of the sigmoid flexure and was extending upwards along the line of the left ureter.

Where tumours become so large it is difficult to say with precision the point of origin. The probability here is that both tumours originated within the meso-colon of the lower end of the descending colon. In the paper by one of us, already referred to, attention was called to the fact that these growths might develop in association with the kidney fat. The whole history and appearance of the tumours in this case is against