

enlarged base of the uterus. It was cut off and removed, she made a good recovery in four weeks and continued well after. The tumor was covered under the peritoneum with broad meandering veins. The arteries that entered the pedicle were small where it was divided, and easily secured. The tumor itself was a solid homogeneous mass, hard and resisting, and divisible into large yellowish slices, showing very few sections of vessels.

The second case is that of a married lady, the mother of two children, the youngest approaching puberty. A year or two after her last confinement she thought there was something unusual going on in the pelvis. In the course of a few years, a round, hard tumor gradually ascended into the hypogastrium, which continued to grow very slowly when I saw her, about ten or twelve years after its commencement. She suffered no pain or other inconvenience from it. I therefore advised her to do nothing. I heard of her a few years after, and she was in her usual health.

A third case I may as well mention. A married woman who had borne children, presented an abdomen as large as a pregnant one. She had had it some years. I saw her about a month before she died, in considerable suffering, but without fever of any kind. It grew from a much enlarged uterus, as seen on dissection, was solid throughout, and resembled the one first described.

*The Fibro-Adipose Tumor* is composed of large fatty masses separated from each other by tenacious cellular tissues and fibrous bands, but nowhere distinctly separate. These masses vary in size, from that of a fist to a foetal head. The whole are enclosed in a fibrous envelope, and the peritoneum is spread in front above and over all. One that was removed by operation weighed thirty pounds, and another forty. They seem to be generated within the broad ligaments, at least this was the case in both instances just now mentioned. Hypertrophied fibres of these ligaments, much lengthened and more or less separated from each other, enveloped the mass all round and sent bands into the new structure, growing with the tumor. The peritoneum expands before it, behind and all round, excepting where it has its attachment, which is very extensive, like a mesocolon, to the last lumbar vertebræ, promontory and hollow of the sacrum. In the few cases I have seen it had extensive adhesions to the whole front of the abdominal parietes—some few to a loop or two of intestine. Through the parietes of the abdomen the tumor gives a softer or more yielding feeling than does the fibrous outgrowth from the uterus; and, on palpation there may be felt a deceptive sense of fluctuation, which is due to the quality of the fat, of a very soft nature, in them, it being much less dense than that which is met with in lipomas