

APPAR

ENTLY DEVELOPING IN THE MESENTERY OR RADIX MESENTERII.

ATIONSHIP
OF
COLON.

TERMINATION.	RELATIONSHIP TO KIDNEY.	NATURE OF TUMOUR.	WEIGHT.	REMARKS.
Laparotomy; recovery.	—	Apparently a fibro-lipoma.	Not given	Stated to be in mesentery between laminae of peritoneum.
Laparotomy; died 10th day, diarrhoea.	—	Lipoma.	12 kilo.	Stated to be behind mesentery.
Laparotomy; died 4th day, exhaustion.	—	Fibro-lipoma with osteoid and calcareous areas.	20 kilo.	Stated to be behind mesentery.
Laparotomy; recovery.	—	Lipoma.	25 kilo.	Diagnosed solid mesenteric tumour; fibrous pedicle to prevertebral perlosteum; encalced 3 months at operation, child born at term.
Laparotomy; recovery.	Portion of tumour in neighbourhood of the kidney left behind.	Lipoma, in parts myxolipoma, in parts calcified.	34 lbs. (German)	Tumour grew between the two kidneys, pushing transv. colon down. Resected 18 ctm. of tr. colon.
Laparotomy; recovery.	—	Lipoma.	Not given	Situated in region of sigmoid; lipoma of meso-colon.
Laparotomy; recovery.	—	Lipoma.	—	Resected four feet of small intestine; stated to be mesenteric.
Laparotomy; paralysis of bowel, collapse 3rd day	—	Fibro-myxolipoma.	9 kilo.	Stated to have grown in mesentery of sigmoid flexure.

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—	—	Lipoma with former fibro-lipomatous nodule.	About 15 kilo.	Died soon after admission to hospital before particulars could be obtained.
—	—	Simple fatty tumour.	—	Evidently small, found at autopsy in tissues of broad ligament.
Apnoea.	—	Pure lipoma.	55 lbs.	Stated to have originated in right iliac region.
Laparotomy; recovery.	—	Pure lipoma.	15 kilo.	Diagnosis; ovarian cyst (?) from broad ligament; 6 intra-ligamentous cysts were removed at same time.
Laparotomy; died 8th day, intestinal occlusion.	—	Pure lipoma.	7.850 kilo.	Tapped without result; diagnosis, retroperitoneal lipoma, adherent at side to fossa iliaca; right ovary also adherent; tumour occupied 2/3 abdomen.
—	—	Lipoma.	—	Stated to be growing in right iliac fossa, in association with a fibroma.
Laparotomy; recovery.	—	Lipomata with fibromata.	—	One growth in right iliac fossa (fibromatous); another in meso-colon of sigmoid flexure and extending up along left ureter (lipomatous).