

the bed of this tumour it was seen that it had lain close to the lower end of the left kidney, but had not deformed it in any way. At no point was it firmly adherent, being removable everywhere without great difficulty. The sigmoid flexure was depressed into the pelvic cul-de-sac.

The smaller tumour mass lay well within the pelvis more to the right side, it also was not firmly adherent anywhere.

The opening into the peritoneum was closed by a running catgut suture and normal saline solution was left in the peritoneal cavity; the abdominal incision was closed by a triple suture of catgut, linen and silk worm gut. Recovery was uneventful.

To the naked eye the larger tumour resembled a mass of light brownish jelly and was of a jelly-like consistence. A considerable amount of rather glairy fluid oozed slowly from it; it weighed $3\frac{1}{2}$ kilogrammes. The smaller tumour was of a wholly different character, firm and fibroid in appearance, yellowish in colour and weighed 475 grammes, and in parts there were definite hard calcareous areas.

The weight of the larger tumour, if we may so express it, was disappointing; the size was such that no glass vessel in the laboratory could contain it, and when placed in an enamel tin bucket it more than half filled it, and even here, although it was placed in abundant formalin it became distorted by pressure against the sides so that it is now impossible to give the original dimensions. After placing it thus in formalin it hardened with difficulty. Upon attempted dissection, the tissue came away in successive irregular layers, coat by coat, here and there, however, could be seen paler, more opaque, more fatty-looking foci.

Upon microscopical examination the tissue was in the main myxomatous, but everywhere throughout the section could be seen small or larger clusters of fat wells tending to be separated from each other by the great mucoid infiltration. Briefly, the appearance given was that of a tumour primarily lipomatous which had undergone development or reversion into mucoid tissue.

It might be well argued that the main mass of the tissue being mucoid, this tumour should be described as a myxoma; I am led to classify it with the lipomata because of arrangement of the fat cells, that arrangement giving us the impression that these are the older elements in the growth. We seem to be dealing with a lipoma which in the course of development has reverted to a more embryonic type of tissue; and the term "Lipoma myxomatodes" adequately expresses this condition.

The smaller tumour consisted of two lobules of about equal volume, the one firm and globular the other more gelatinous and lenticular, lying over it and above. Of these the latter was an almost pure my-