

discharge became a source of annoyance, chiefly on account of soiling his linen. The patient was about sixty-five years of age, a healthy looking man of very active habits. The history of tardy growth and the sudden breaking down of the surface, together with the clinical appearance—a sharply cut hard edge enclosing an oval raw surface, two inches in length by one inch in breadth—suggested the diagnosis, of that cancerous ulceration of the skin known as Rodent Ulcer, which frequently persists for years before developing malignancy. The patient was informed of the necessity for excision of the diseased portion of the skin and readily consented to the proposed operation. The situation of the Rodent Ulcer gave opportunity for free and complete removal by means of two elliptical incisions, going wide of the growth. This was done under chloroform anaesthesia, and the resulting wound stitched up without drainage. Recovery was rapid and firm union resulted. I saw the patient a few days ago. He is in perfect health and there has been no sign of any recurrence. The specimen was handed to Dr. W. T. Connell for pathological examination, and his report is as follows:—

“Specimens prepared for microscopic examination from the spreading edge and from the central part of growth. Examination of the spreading edge shows that line of incision has been made well outside of growth. The superficial layers of the derma show a slight amount of connective tissue proliferation passing nearly to line of incision. The stratum corneum and lucidum of the epidermis are greatly thickened and horny. There is a sharp line of demarcation between these layers and the layers of the rete Malpighii somewhat thickened and proliferated downward to a slight extent. The cells resting on the basement membranes are in active division.

“In the cutis vera we note irregular rows and clumps of cells almost certainly sudoriparous, arranged frequently perpendicular to skin surface. These clumps of cells are in places sharply defined off into alveoli by fibrous tissue, while in others they gradually shade off the outer edges of the clumps, being infiltrated with young round connective tissue cells. Deeper down and toward the part of section farthest away from line of incision we note a marked cicatricial subcutaneous tissue quite thick, with here and there sweat glands. Between this we note ordinary fatty lobules.