jection of carbolic solutions. The woman made a slow but good recovery.

The operation was performed about a year and a half ago; and I am informed that a fresh tumour has formed and is growing with greater rapidity than the other—at least its growth is noticed more.

The form of the tumour and the mode of connection of its lobes to each other and the surrounding tissues, I have described already. Its colour was a pinkish or reddish white, with a semi-gelatinous or mucoid appearance, approaching in parts a resemblance to the tissue of the umbilical cord, but not so white. It weighed about seven pounds.

Histology.—Sections were made by my friend, Dr. Graham, in connection with his class, and were found to consist, as described to me by him, of fibrils, and in their interspaces polygonal, nucleated cells, with processes running from them. I regret that I was not able to bring these sections with me, owing to Dr. Graham's recent absence from town.

Mr. Foster, an undergraduate in medicine, made for me some sections the day before I left home, but as they appear to have been taken from a portion of the tumour which does not so well show the myxomatous characteristics, I will wait, and hope to show on a future occasion to those whose interest may be such that they might desire to watch the history of such cases, the sections first referred to, together with those which I expect will be made of the tumour yet to be removed.

I show, however, two of the lobes of the tumour, the third being in Dr. Graham's possession.

I will not add much to the remarks already made in speaking of the history and histology of this case, especially as this latter point will no doubt be discussed by gentlemen who have made a special study of the histology of tumours, and one of whom has made and examined sections of this tumour; and another of whom has told me that he has recently been much interested as to the etiology and causes of recurrence of these and other similar tumours.

On this latter point, as one of great practical importance to the operating surgeon, I would say a few words.

It is stated by Dr. Packard, of Philadelphia, in his revision and annotation of the labours of Paget, Moore and Langstreth, in Holmes' Surgery, that: "Myxomata must be looked upon as non-malignant growths. That they produce death directly, either from the organs in which they are situated, *e.g.*, the brain, spinal cord, or their membranes, or from their enormous size, when in other situations, is true, but they show no tendency to the metastatic involvement of other organs, a feature so constantly observed in malignant growths. They frequently exhibit a very obstinate tendency to local return after excirpation, and this peculiarity does not seem to be due so much to any failure in the operative treatment as to a persistent and inherent tendency of the surrounding connective tissue, and this tendency is more striking when the original tissue is developed from adipose tissue . . . Pure myxomata show less tendency to return than the mixed growths."

I would draw special attention to this last remark of M. Packard. I may add that, in the case referred to, the lobes came out clean, and that after their removal and the suppression of hæmorrhage, and during the time of waiting to see that they did not return, and to allow of glazing of the surfaces, we took plenty of time to examine carefully that no portion of the growth was left behind.

I may add, that by some it is thought that the tendency to return is supposed to be due to an infiltration—entirely local—of the surrounding connective tissue with the mucoid elements originally concerned in originating the growth.