

5. Tenesmus accompanied the diarrhoea and the passage of bloody stools, and was at times present throughout the course of the disease. She often strained for hours without effect.

6. A small tumour in the left hypochondrium could at times be felt. This afterwards was proved to be faecal, yet at the time it was very deceptive.

7. The presence of blood in the evacuations.

CASE III.—M. B., æt. 36, came to the Montreal Dispensary on the 18th of March, 1879. Her father had died from an unknown cause. Her mother and several brothers and sisters were alive, and in good health. Married eleven years. Four healthy children. No miscarriages. Labours always uncomplicated.

From early girlhood has had a small tumour on right side of chest. This commenced as a little wart, increased to the size of a walnut, and gradually acquired a pedicle. It was never painful, but it used to catch in her dress and she found this very inconvenient.

In the beginning of last autumn, her left breast began to get hard. There was not much pain in it at first. So she postponed from day to day seeking advice about it. She is five months pregnant. Cannot say which began first, the pregnancy or the hard breast.

*Present Condition.*—A pendulous lipoma grows from a thin pedicle on the right side of the chest, under the axilla at the level of the eighth rib. Complains of pain in the left breast, which is uniformly enlarged. The skin is tightly drawn over it and has a glazed appearance. The nipple is not retracted. There is no puckering of the mammae. The whole breast is extremely hard throughout. On the surface the skin is firmly adherent to subjacent tissue. There is no adhesion to the ribs. The margins of the breast are hard, and cease abruptly in healthy tissue. Two small glands in the axilla are enlarged and hard.

I cut off the lipoma, and sent her up to Dr. Roddick, to show to his class, and also in order that I might have the benefit of his advice.