ings, though there are often accessory fatty lobules that have to be removed after the evisceration of the main mass.

The greatest danger lies in the fact that in its growth forward the tumour carries before it the portion of the intestine and of necessity the mesenteric vessels supplying this. As a consequence, unless great care be taken in the removal, the blood supply of this portion of the intestine is cut off, and gangrene or necrotic inflammation ensues. This seems to have been the history in most of the fatal cases and in some of those which were successful (Madelung, Alsberg, Bruntzel, Lundin and Hedbom).

There are thus it would seem two courses to be recommended to the surgeon operating in such cases. Whenever possible the tumour should be approached by a lateral or lumbar and not by any anterior incision, for by this means it may be removed without excessive injury to the covering peritoneum and the vascular supply of the gut which crosses it. Failing the adoption of this course there must be free resection of this portion of intestine. Alsberg removed seven inches of the transverse colon, Madelung, eight inches of the small intestine which had been injured, Lundin eight inches of the transverse colon with repeated subsequent enterotomies, while Roux removed four feet of the small intestine.

Exploratory incision without removal seems in one case (Terrier and Guillemain) to have led to arrest of growth and recovery of health during the next three years.

To recapitulate—a retroperitoneal lipoma may be suspected where there is a very slowly growing tumour situated most often more to one side than the other, accompanied by little disturbance of general health save progressive emaciation and eventual dyspnœa; which is crossed by a length of intestine, and gives a sense of fluctuation; from which, further, repeated puncture fails to draw any fluid. The sense of fluctuation distinguishes this from a fibroma, the rate of growth from a sarcoma and to some extent from a myxoma. The diagnosis from this latter, rarer condition is difficult. The results of puncture exclude ovarian or other cystic formations and ascites.

Removal is possible even when such a tumour has attained enormous dimensions. For the operation to be successful the main precaution to take is to see that the gut crossing the tumour is not deprived of its blood supply or if so deprived is freely removed, with resection.