resemblance to the fibrous tumours in their obvious characters; 2nd. A microscopic texture composed, essentially, of elongated and caudate or oatshaped cells, somewhat resembling the elongated cells of granulations or of lymph developing into fibres, yet differing from them enough to be easily distinguished; 3rd. An exceeding tendency to local recurrence after removal, and in the worst extremity, to protrusion and ulceration; 4th. An absence of those events which, in cases of ordinary malignant growths, would coincide with local recurrence: such as cachexia, independent of profuse suppuration, pain, and other ordinary causes of exhaustion; and the absence of all affection of distant parts, or of the lymphatics. 5th. Occasionally, a cessation of the tendency to recurrence, and a complete recovery."

Cath. C., aged 16, a nervous, hysterical girl, was admitted into the Montreal General Hospital, 26th Feb., 1857, in consequence of having received a severe bruise of the thigh. A few days after her admission she requested me to examine a tumour on the back of her neck, of which she gave the following history:—Eighteen months ago she was much troubled with "granular lids," for the cure of which the medical gentleman who had her under treatment ordered her to be cupped freely on the nape of the neck. The student who performed this operation, not being very expert, allowed the inflamed alcohol to come in contact with the skin and burn it. Shortly after the incisions made by the scarificator had closed, experiencing some pain in the part, she was led to examine it, and discovered that there was a narrow red line in the centre of the surface that had been burned. This line was slightly elevated, and quite sensitive when pressure was made upon it. It gradually increased in dimensions until it attained a size which produced considerable inconvenience, as the upper part of her dress chafed, with every movement, the integument covering it. Desiring the removal of the growth, she entered the Hospital during the month of February, 1856, under the care of Dr. R. P. Howard, by whom it was carefully and completely excised. The wound made by the knife was subsequently attacked by erysipelas, and the cure consequently delayed for some time. The cicatrix left was not much greater than if union had taken place by "first intention. Shortly after her discharge from Hospital, a second tumour appeared in the site of the cicatrix, and becoming gradually larger, she was re-admitted by Dr. Fraser in the month of June, 1856. There being very little prominence of the tumour at this time, its length and width predominating materially over its height, Dr. Fraser adopted the plan of destroying it by the application of nitric acid. On the separation of the slough produced by the caustic action of the acid, a healthy gra-