Pathologist's Report.—The tumour is the size of a walnut with a broad pedicle and over-hanging edges. The surface is fungating and presents numerous ragged, granulating areas. It projects above the level of the adjacent vaginal mucosa and, on section, is seen to be of a pinkish-grey colour and highly vascular. On scraping the cut surface of a vertical section no juice can be obtained except from the fungating area near the surface which yields an opaque greyish pulp, composed of epithelioid cells which are small and oval or pear-shaped, very few being flattened. There are no ribbed or prickle-cells.

Microscopic examination shows a fibrous pedicle, containing large blood vessels. Near the surface, the growth is distinctly alveolar, the alveoli being large and filled with solid masses of epithelial cells, the cells near the alveoli being pear-shaped while those toward the centre are rounder. There are no cell-nests nor do the cells show the character of squamous epithelium.

The growth is evidently a carcinoma and has apparently originated in the vaginal mucosa. The type of cell suggests an origin in the glands rather than from the surface epithelium. The base of the tumour does not appear to be distinctly infiltrated or show any certain evidence of new growth, although some of the lymphatics appear to contain epithelial cells. It may be called a "glandular carcinoma."

Cancer of the vagina is most often described as being secondary to a growth in some other organ such as the bladder or rectum, "but in the present case the appearance of the pedicle seems to negative that origin. The line of operation appears to have passed well clear of the edges of the growth."

REFERENCES.

1. New York Medical Journal, Aug. 1891.
2. La Semaine Medicale, Paris, 1891.
3. Boston Medical and Surgical Journal, Nov. 1891.
4. Lancet, London, 1893.
5. American Journal of Obstetrics, Feb., 1893.
6. Lancet, London, August, 1895.