It is interesting to note how frequently the definite presence of fluctuation has led to erroneous diagnosis. Even when the tumour has been exposed, as in Bruntzel's case, trocars have been inserted in the expectation that fluid could be drawn off. Nothing could better emphasise the fluid nature of fat in the living body than the frequent history of false diagnosis of ascites, multilocular ovarian cyst, or, as in two cases, of echinococcus cysts. Where there is a fluctuating tumour of the abdomen from which, upon repeated puncture, no fluid is obtainable, it is clear that the existence of a lipoma (or a myxoma) must be seriously considered. One such case occurred recently in Dr. Stewart's wards at the Royal Victoria Hospital. There had been slow progressive, painless and somewhat unilateral development of the abdominal tumour, with accompanying progressive emaciation and dyspnœa. A length of the intestine could be felt passing across the tumour. Unfortunately the patient, a young Jewess, would not be operated upon and her friends removed her to die at home. The only slight contra-indication in this case was the age; if I remember aright, she was scarcely twenty years old. The apparent development of secondary growths elsewhere was not against the diagnosis, although it was against operation, for we possess other instances of these large lipomata progressing to a sarcomatous termination, (*e.g.* Waldeyer's and my first case).

That a length of the intestine should pass in front of the growth is readily explained. When the growth develops in the mesentery or behind the colon, it must be covered in front by the intestine with, on either side of it, the separated laminæ of the mesenteric peritoneum. That in a very large number of cases the portion of intestine crossing in front is recognized as being portion of either the ascending or descending colon, supports the view that the lipoma in these cases has developed in the neighbourhood of the kidney. In Waldeyer's case the transverse colon passed across the tumour, and this fact led to the opinion that the growth originated in the radix mesenterii, but at the same time the right kidney was involved in the mass, hence this might be included among the perirenal cases. For while a growth developing evenly around the kidney must inevitably push forward the colon (ascending or descending), these growths are not necessarily regular, and we have examples (Spencer Wells and Bruntzel) in which the colon has been pushed to one side. It is thus possible that an irregular growth originating around the kidney should be crossed by portions of transverse rather than by the other portions of the colon. But I would not appear to urge too strongly this contention that, whenever the kidney is involved, there the