Histologic Examination.—The solid portion of the tumor consisted in large part of fibrons tissue containing triangular or spindle-shaped nuclei. In some piaces the nuclei were abundant, in others scanty in number. The tissue showed a considerable degree of hyaline degeneration. At one or two points characteristic ovarian stroma was still in evidence. No Graafian follicles could be found, but after an examination of numerous sections a typical corpus fibrosum was noted. In some sections a few bundles of non-striped muscle were visible. The stroma had a meager blood-supply except in a few areas, where there were groups of rather large voins.

Scattered sparingly through the strong were small circular or irregular glands occurring singly or in groups of two or three. They were found to be lined with cylindrical epithellum and were similar to those so frequently noted in the billum of the crary. Some of the very small cystic spaces, noted macroscopically, were lined with cylindrical ciliated epithellum and had an underlying stroma that stained rather deeply and that consisted of cells with oval vesicular nuclei. This stroma stood out in sharp contrast to the surrounding fibrous tissue. Such cysts frequently contained a little fairly fresh blood. These cysts reminded one very much of the cystic spaces so frequently noted in an adenomyoma, but I believe that they represented only the earlier stages of the larger cysts.

The large cysts were lined with one layer of epithelium which might be cylindrical, cuboidal or almost flat. Projecting into some of the cysts were papillary folds. These occasionally occurred as delicate, irregular, finger-like projections, but in the main as blunt, single or branching outgrowths. All of them were covered over with one layer of epithelium. The stroma of the papillary masses had in many places undergone almost complete hyaline degeneration, and in a few liquefaction of this hyaline material had taken place. Even in some of the larger cysts a moderate amount of fresh blood was present. The stroma cells beneath the cyst epithelium had in some places become swollen and spherical and were filled with yellow or brown pigment indicating the absorption of blood at some previous time.

On the surface of the tumer were a moderate number a vascular adhesions, and on the under and protected side of these the peritoneal cells had become cuboidal as is common and the under side of tubal or ovarian adhesions.

From the above description it will be seen that the dense matrix of the tumor consisted essentially of fibrous tissue and that scattered throughout this were multiple cysts, in large measure similar in character, some of which had small papillary masses projecting into them. Had the tumor developed in the abdominal cavity, I believe that in all probability it would have been a multilocular cystoma, but as it lay between the abdominal muscles and skin a rapid cystic growth was much