

ever, removed, as before mentioned, from the submucous tissue. This, perhaps, is its rarest locality; we have not as yet seen mention of them here.

Mr. Paget, in his admirable work on Surgical Pathology, page 432, describes a tumour with some few exceptions identical with the above. The one that he describes was removed from beneath the skin, near to the clavicle; there appeared to be no true cells, but nuclei among its elements.

A question of interest connected with this tumour is, whether its soft condition was a degeneration of a firmer tumour or a "defect" in growth. That it was the latter I am disposed to infer from the perfect condition of the cells and their abundance, as well as from the peculiar development of many of them.

It has been remarked by an eminent physician that much physiology might be learned by studying the pathological condition of the system. And we might add that much knowledge of the normal structures of the body may be obtained by the study of the abnormal. The pathological growths may present conditions allied to those found in the embryonic state, at which stage most light has frequently been thrown upon their development.

The close study of such tumours as the one before us would, no doubt, add to our knowledge of the development and connection between cartilage, white fibrous, and elastic tissue. I was struck, in the examination of this growth, with the peculiar fibrillation which radiated from a centre, the delicate fibres crossing each other in various directions. These were not connected with cell growth, but appeared as if produced by a species of crystallization from an amorphous blastema (mucin?).

Another striking element in this tumour was the peculiar elastic-like fibres and the cells apparently developing into these fibres, as seen in the figure. The question which arose was, whether the first-mentioned process was allied to the fibrillation of healthy cartilage from the hyaline structure, a beautiful instance of which is pictured in Prof. Leidy's work on Anatomy, page 176, and how far this might support Virchow's views as to the formation of the white fibrous tissue by a direct fibrillation of the blastema. Also, how far there was a connection between the cells of this tumour, which appeared to be elongating into elastic-like fibres, and the above author's ideas of its formation.

*Feb. 27. Anencephalous Monster, with Spina Bifida, and Failure of Development of the Anterior Abdominal Walls.* Dr. PACKARD exhibited this specimen, given to him without history, about eight years since.

It is a female child, born apparently at about eight months of utero-gestation. A membranous sac exists in connection with the head, forming the upper wall of the cranial cavity. No trace of brain matter can be detected, although the nerves may be seen passing through foramina in the base of the skull, in the eminences of which may be dimly traced the anterior and posterior clinoid processes, and the petrous portions of the temporal bones. There seems to be no frontal bone, except a thin border far back on the upper surface of the eyeballs. The rest of the vault of the cranium is reduced to a mere rim.

Another sac exists in connection with the cervical and dorsal portions of the spinal column; the pedicles of the vertebral arches are directed outwards, and the cord is represented by a bundle of fibres on either side, resting on the posterior surfaces of those processes.

The anterior wall of the abdomen was developed into a thin membranous sac, containing the heart and pericardium, and all the abdominal viscera.

*Calcareous Degeneration of the Ovary.*—Dr. HODGE exhibited a specimen of this lesion, with the following remarks:—

This specimen was presented to my father by Dr. Thornton, of Mississippi. It was removed from a negro woman, who died in her forty-fifth year. At the age of seventeen, she gave birth to a child, but never afterwards menstruated. She grew quite fat, and suffered no inconvenience from the tumour. The specimen is of an ovoid shape, measuring six inches and a half in its longitudinal diameter, and four inches transversely. It weighs one pound and twelve ounces. The surface is nodulated, very rough, and covered by a fibrous layer, which follows closely all its irregularities. The mass has been sawn open, and exhibits interiorly narrow, fibrous bands, running throughout the mass. The calcareous deposits in the interstices may possibly be the result of a degeneration of the Graafian vesicles.

*Cancer(?) of Oesophagus.*—Dr. KANE related the circumstances of an autopsy made by him, with the assistance of Drs. Mitchell and Packard, at St. Joseph's Hospital on the 24th February. The subject was an Irishman, æt. about 55, of large frame, admitted to the hospital a few days before his death; ascites, hæmatemesis, melena, and exhaustion were his chief symptoms.

Belly largely distended, and fluctuating; about three gallons of yellow serum in the peritoneal cavity. Lower extremities œdematous. The lungs were healthy, with some *post-mortem* congestion. Adhesions of the pleura were observed posteriorly, especially on the left side; and bands of lymph connected the two layers of the left pleura at one portion opposite the middle of the pericardium. About a pint of serum was noticed in each pleural cavity. The pericardium was thickened by a deposit of fat. The heart was rather large and flabby; it had a good deal of fat upon its outer surface, but contained no clots; the tricuspid valve was healthy, one flap very slightly thickened; the pulmonary valves deep red, but not otherwise changed. The mitral valve was much thickened and stiffened; one of the chordæ tendineæ attached to it was thickened into a firm white mass. The aortic semilunar valves much thickened, and stiff from atheromatous deposit. The veins on the outside of the heart were quite tortuous, and felt firm under the finger. In the right ventricle a portion of the endocardium was reddened, as if by inflammation; in the left there were several patches of extravasation, one particularly marked upon a papillary muscle. The aorta presented a marked redness of its lining membrane, in some portions much deeper than in others.

The liver was much contracted, and in a state of complete cirrhosis. The *vena cava ascendens* was slightly bridged over by hepatic substance, and narrowed from its point of entrance below to its exit above, its cylinder being maintained by the firmness of the surrounding tissue. The *vena portæ* was of about the usual size and appearance, but its branches within the liver were diminished in calibre. The gall-bladder was full of yellow and extremely viscid bile, and its substance was very pale.

Pancreas large and quite firm, but nothing abnormal in its appearance on section. The capsule of the spleen was quite thick, and of a greenish or bluish-white colour; but the substance of the organ seemed absolutely healthy.