

Have we, accomplishing this, introduced any new difficulties? One objection will undoubtedly present itself, namely, that among the mesolepidomata we have grouped together tumors, some of which are of a strongly epithelial or glandular type, for example, the cancers of the uterus, with others, like the endotheliomata, which tend to be distinctly of a sarcomatous type. But further consideration will show that this, instead of being a weakness, is a strong point in this classification. We have, that is, to recognize that among these mesolepidomata, as above defined, we meet with several forms of tumors of transitional type—tumors which in their least aberrant portions show characters which approximate them to the carcinomata, and in their more aberrant portions are undistinguishable from sarcomata. And, indeed, it is only by a study of the embryogeny of the tissues from which these tumors are derived that we gain any satisfactory comprehension of the why and wherefore of these peculiar characters.

Here let me point out that, employing the terms here introduced, based as they are upon the embryogeny of the different tissues and the tumors derived from them, we may allow the terms "carcinoma" and "sarcoma," to revert to their earlier and purely histological significance. And I would emphasize, that it must not be understood that these terms, carcinoma and sarcoma, are to be regarded, and are by me regarded, as being synonymous with "atypical lepidoma" and "atypical hyloma" respectively. Rather, I would lay down that, accepting this nomenclature, we may safely speak of any tumor of the aberrant glandular type as carcinoma, whether it be of epiblastic or mesothelial origin, and any tumor of aberrant and so-called embryonic connective tissue type, as sarcoma, whether derived from the mesenchyme, the epiblast, *e.g.* glio-sarcoma, or even from the endothelium or mesothelium.

Of late years there has been an ineffectual attempt to restrict these two terms. Thus, many authorities have refused to speak of malignant adenomata of the kidney and suprarenal as being true carcinomata, and others have strenuously opposed the employment of the term gliosarcoma. Nevertheless, the same authorities, while refusing to speak of a cancer or carcinoma of the kidney, freely refer to carcinoma of the uterus, although, like the renal tubules and the suprarenal, the uterine mucosa is of mesothelial origin. In short, it has been proved impossible to employ these terms with embryogenetic limitations, and this introduction of a nomenclature, which is based upon embryogeny, ought, if accepted, to permit us to use them, as they ought to be used, in the purely histological sense.

It will be seen that I in no sense urge that (were it possible !) the use of these terms be done away with. For routine clinical purposes they are