

specialized and partly independent acini, and this very mode of structure leads to the possibility of localized overgrowth of portions of the gland. In this connection it is interesting to study all these three specimens (but more especially Nos. 1 and 3), and to note how the tumours are made up of individual lobules well marked off, and in some instances easily separable from the neighbouring lobules, and these present frequently differences in the relative amount of glandular and muscular substance, and the condition of the same.

It would be interesting to determine whether these localized overgrowths are truly cut off and capsulated in lots, so that the secretion has no means of outlet into the urethra. This, so far, I have been unable to determine. The condition of the epithelium of the greater portion of the tumours—its typical columnar nature—is against complete encapsulement, for remembering how chronic are such growths, were the ducts obliterated we should expect to find the epithelium atrophied by pressure and reduced to a cubical or flattened condition, as indeed is the case in the cystic areas. In these latter alone can one suppose that there has been obliteration of the ducts; but, as I have said, these latter form but a relatively small portion of the masses.

The importance of this fact lies in its bearing upon the nomenclature of the condition. For only if in these bodies we are dealing with independent masses of gland tissue, devoid of natural outlet for their secretion, can we rightly, I hold, speak of them as being adenomata? Otherwise we must regard them, as I have throughout this report, as examples of localized hypertrophy.