

Walker, in a collection of 138 cases, tabulates these as follows:—

7 to 8 months in utero. 2.17 per cent.	4 to 5 years..... 9.42 per cent.
Birth 6.52 “ “	5 to 6 “ 7.24 “ “
Under 6 months 5.07 “ “	6 to 7 “ 4.34 “ “
6 months to 1 year ... 13.04 “ “	7 to 8 “ 2.17 “ “
1 to 2 years 19.56 “ “	8 to 9 “ 0 “ “
2 to 3 “ 13.76 “ “	9 to 10 “72 “ “
3 to 4 “ 14.49 “ “	12 to 14 “ 1.44 “ “

Rosenstein in 30 cases includes 12 between the ages of 10 and 80, of which 6 are given as occurring between 40 to 60 years.

These cases are, I think open to criticism, and a possible diagnosis of hypernephroma which, as I will mention, occurs in adult life. Other reports, where a comparatively large percentage occurs in adult life, would come under the same objection.

Starr in a series of 54 cases gives the following:—

Under 1 year	9 cases
1 to 3 years.....	17 “
3 to 5 “	18 “
5 to 8 “	6 “
8 to 12 “	4 “

SEX: The consensus of opinion seems to favor greater frequency in the male. Birch-Hirschfield opposes this, and endeavors to explain a greater proportion in females, by an earlier disappearance of the wolffian body in this sex.

Kelynack in his book *Renal Growths*, page 30, gives the different collections of cases tabulated according to age.

From the numerous etiological data it seems possible to state:

First: That we know no more about the cause of pure renal sarcoma, than sarcoma found elsewhere.

Second: That in those tumors presenting types of tissue in addition to the sarcoma cells, the growth probably originated to some extent, from misplaced embryonic tissue.

Third: That the stimuli whatever they are, needed to irritate the tissues into rapid growth, are most frequently obtained during the early years of life.

Fourth: There seems to be no reason to exclude the pure forms from an embryonic origin, inasmuch as the sarcoma cells may completely outgrow the other forms of tissue.

Taking for granted that many of the sarcomata of the kid-