

cases and my two are all perirenal. Péan's are all mesenteric; Homans does not venture to ascribe a starting point for his cases but they present parallel features. This may, of course, be but a coincidence. If it be not, then probably all are recording like conditions with different preconceived notions.

Nor again can I feel satisfied that every important fact in connection with each case is contained in these tables. I have recorded all those which are commonest in connection with this form of growth, together with important points of departure from the usual history, and again the results of operative interference. Most of the cases, I am glad to note, I have found on the shelves of our medical library at McGill; for the more out-of-the-way articles in French and Swedish<sup>1</sup> literature I have had recourse to the College of Surgeons' Library in London and the Surgeon General's Library at Washington. I would especially acknowledge my indebtedness to this last great library. In the bibliography I note those cases not consulted at first hand.

It will be seen that about one third of the cases may reasonably be described as having a perirenal origin and that very possibly some of those classed as doubtful belong to the same category. The largest collection of retroperitoneal fat occurs physiologically around the kidney and here, consequently, is a most likely place for retroperitoneal lipomata to originate. On the other hand it must be called to mind that fatty tumours do not always originate in those sites where fat is normally present in large quantities: for example they are common over the shoulders and rare in the panniculus, and I have come across no example of abdominal lipomata developing in the essentially fatty appendices epiploicæ. I may add that I have not in my tables included cases of lipomata of the omentum (Meredith<sup>2</sup> and Roberts<sup>3</sup>) or of the gastro-hepatic omentum or ligament, (Peyrot<sup>4</sup>) for these cannot be considered retroperitoneal and are distinguished from the main mass of retroperitoneal tumours by not being crossed anteriorly by any portion of the intestine.

Analyzing the cases here collected, it will be seen that the condition

<sup>1</sup> With regard to the Swedish cases let me say that I would ask future writers on this subject conversant with the language to verify my epitomes. Where I have epitomised Swedish references to French and other cases and have later abstracted the original articles I have been surprised at the correctness of my epitomes; for my translations have been conducted minus a dictionary, by the light of elementary comparative philology and vague memories of consultations of my Baedeker during a few weeks spent many years ago in Scandinavia,—mainly in Norway and Denmark.

<sup>2</sup> Meredith, *Lancet*.

<sup>3</sup> Roberts, *Medical News*.

<sup>4</sup> Peyrot, *Bulletins et Memoires de la Soc. de Chirug. de Paris*.