into this scheme. A classification which brings together unlike bodies, making them members of our group, is, on the face of it, inadequate and faulty. Now, more especially during the last ten years, *pari passu* with a recognition of the bearing of the fuller and more recent findings of the embryologists, this classification has been found to have the above failing. It is, for example, generally accepted that the specific and characteristic cells of several tissues of the glandular type—of the kidneys, suprarenal bodies, ovaries, testes and uterine mucosa —are of mesoblastic origin, but these, nevertheless, give rise to tumors which may and often do resemble most closely those of hypoblastic and epiblastic origin.

There has been grave doubt as to the embryogeny of the organs in question. The idea that tissues of glandular type can only be derived from the two primary cell layers is very firmly fixed, and in one direction the attempt has been made to show that the organs in question are of hypoblastic or epiblastic origin; in the other, to make out the distinction between these organs and what have been termed "true glands." But I am only expressing the general opinion of modern embryologists and histologists, when I say that all these organs are now accepted by the majority as being definitely derived from mesoblast. And thus the cancer-like tumors which originate in these organs must be accepted as being mesoblastic.

On the other hand, the gliomata have a structure which brings them into close alliance with the atypical or malignant connective tissue tumors, and yet the neuroglia, from which they are derived, is of epiblastic origin. The notochord, again, is an organ of hypoblastic origin. According to Ribbert, and the view is becoming accepted, the remains of this fetal organ may give rise to tumors somewhat resembling myxomata, that is to say, to tumors which, though of hypoblastic origin, are of connective tissue type. Histologically, and for practical purposes, the first series above mentioned ought to be grouped along with the adenomata and carcinomata, and the two last with the sarcomata and connective tissue tumors, but the old embryological classification forces us to make the very opposite arrangement.

These difficulties have induced so strong a reaction that one has only to read the recent text-books and articles published during the last ten years to recognize that pathologists in general, nowadays, refuse to consider embryogeny in their schemes of classification, and from Thoma, or even earlier, from Hamilton in 1889—onwards, through Ribbert and Lubarsch—the list is so long that I need not give it—the tendency has been to divide the autonomous neoplasms into those of typical and atypical connective tissue appearance, and those of typical