

# ON RETROPERITONEAL AND PERIRENAL LIPOMATA.

BY

J. GEORGE ADAMI, M.A., M.D.

Professor of Pathology, McGill University, Montreal.

(Continued.)

Enormous retroperitoneal lipomata of this nature, while not unrecorded in literature would not seem to be very frequent. As will be seen from the accompanying chart, I have been able to meet with altogether forty-two recorded cases excluding one or two mere statements of observed retroperitoneal lipomata. The description of these is often imperfect in one or more important particulars, nevertheless taken all-in-all, there is a remarkable similarity in the histories given.

The greatest number have been recorded in France (9); England Germany and Scandinavia have each supplied half a dozen; America five; Switzerland, four; Austria three; Belgium two. The fullest studies made so far have been by Terrillon in France who collected fifteen cases, and by Josephson and Vestberg in Sweden, who in a very full paper have analysed thirty cases (including Terrillon's fifteen. Salzer of Vienna has contributed a thoughtful article on the subject and is the only one, I believe, who has drawn especial attention to the perirenal development of many of these growths.

For the benefit of future workers upon this subject I have tabulated all the cases of retroperitoneal lipoma that I have been able to find recorded, dividing them into those which appear to me to have been definitely of perirenal origin, those in which the origin is doubtful, those which appear to have developed either in the mesentery or the radix mesenterii, and those which judging from the descriptions given seem to have developed in the lower half of the abdomen.

The classification is not wholly satisfactory, for in too many instances only the vaguest idea seems to have ruled as to the primary seat of origin. Nevertheless the attempt to make such a classification may draw the attention of future observers to the need for more exact description of the position of the tumours when first recognised, and the relationship of parts found at the operation or autopsy. It is clear that all these huge lipomata do not have a like origin; a large number undoubtedly originate in the neighbourhood of one or other kidney, others undoubtedly originate lower down; but it is not a little curious that where observers have recorded more than one case, those cases are with rare exceptions all of the same category. Salzer's three