

Laboratory, containing a good deal of general information on the subject of renal adenoma, together with a full bibliography, it seems unnecessary to go into the general bearings here further than is necessary to make clear my views as to the nature of the present case.

Adenomata of the kidney are classified by Weichselbaum and Greenish into papillary and alveolar or tubular, though no special difference appears to exist between the two forms. It is stated that the papillary form occurs in connection with the collecting tubules, and the alveolar, in the convoluted tubes. This statement does not seem to be well established, but as the present case was obviously not connected with the medulla of the kidney, the present case has no bearing upon the matter.

One form of renal adenoma, does occur in which the condition is essentially an overgrowth of the convoluted tubes. These are seen as small, compact, diffuse epithelial nodules lying in the cortex, and the epithelium composing them resembles closely that normally found in the convoluted tubes. Now in the present case the epithelium comprising the tumor does not resemble any normally found in the kidney, and on comparing sections of our tumor with specimens of these adenomata of the convoluted tubules just referred to, the dissimilarity is strikingly brought out. It is difficult to see why the cells of an adenoma originating in epithelial tissue normally present in the kidney should differ materially from it in appearance. This difference is not in accordance with what we know of adenomata in other parts of the body. In the liver, for example, where adenomata are very common, the cells comprising them are always readily recognizable as liver cells. Again, in struma of the supra-renals, whether simple or malignant, and whether arising in the adrenals themselves or in the aberrant portions of supra-renal tissue mentioned above, the cells of the tumor always preserve the characters distinctive of the cells which normally form the supra renal cortex. I have a specimen of this form of tumor where secondary growths in the lungs and liver preserved in every instance the close resemblance to supra-renal cortex.

From this it would seem that there are no grounds for assum-