

The round cell is the predominant feature of the growth, though there are a few oblong rather than spindle. In both types the nuclei are large and fragmentary from division and degeneration.

Mitotic figures are few, and the character of the nuclei suggests rapid and direct cell division. In many no protoplasm can be demonstrated, in others this is represented by a narrow margin staining faintly with eosin.

The grouping of the cells is in many fields distinctly glandular. Within the sarcomatous areas the blood vessels of the stroma merge into large vascular spaces and, while lined in some places by a thin, scarcely evident endothelium, usually the tumor cells from the sole wall to the blood channel.

Generally speaking the fields taken from different sections correspond closely. Nowhere was there found any evidence of other types of tissue, as muscle cells, cartilage, etc., nor were there any remains of the kidney parenchyma within the areas of new growth.

Sections taken from different areas failed to show any renal tissue, with the exception of those taken from the suspicious area close to the border mentioned in the gross description. Here the growth is confined by strong fibrous bands. Beyond this is an extensive area of sclerosis in which figure only the remains of tubules, and malpighian bodies. Gradually the amount of fibrosis lessens, and the parenchyma approaches to the normal as the distance from the sarcoma cells increases. Invasion of the degenerated epithelium by fibro blasts is shown in many fields.

The metastases in the lung show an almost identical reproduction of the primary focus, in type of cell and arrangement. The only difference that might be noted is the absence of the tougher fibrous tissue, the connective tissue being less in amount and more cellular in character.

With the idea of correlating some of the facts of the above case, with those reported by others, I have attempted in the following paragraphs to deal in a very incomplete fashion, with some of the data compiled. At the present time the clinical management of renal growths does not seem to be founded upon a definite pathological understanding of the conditions. In this connection Bland Sutton in his "Tumors, Innocent and Malignant" states that "it is earnestly to be hoped that in future full details of every case may be recorded until sufficient accurate data shall have accumulated to allow of the formation of