But now, coming to the mesoblast, we know that it is at a later date in the history of the embryo that this becomes differentiated into mesothelium and mesenchyme, and the development of the mesothelium is in the direction of increased specialization. Thus we should expect—and we find—that in processes of a reversionary type these more lately acquired characters are more capable of being lost, so that growths formed from organs of mesothelial origin are more liable to pass back and to assume characters approaching those of the primitive mesenchyme and mesoblast, than are growths from hypoblastic and epiblastic organs to revert to what we might term the morula stage. And if it be correct to regard the endothelium as a still later development from the mesenchyme, then we can understand how it is that endotheliomata are peculiarly liable to take on the characters of the primitive pulp tissue from which endothelium became differentiated.

Israel (*loc. cit.* p. 668) recognizes fully this same dependence of the characters of the endotheliomata upon the embryogeny of the mother tissues, for he remarks (the italics are mine): "Diese (endotheliale) Deckzellen *haben sich nicht unter allen Umständen in ihren Eigenschaften von diejenigen ihrer, Intercellularmasse bildenden, Stammes genossen soweit entfernt,* dass auch sie gelegentlich wieder befähigt würden, Intercellularmasse hervorzubringen, deren Qualität von den ererbten Eigen thümlichkeiten abhängig ist. . . . . Gelegentliche Vorkommnisse in den endothelgeschwülsten und auch bei gewissen entzündlichen Neubildungen zeigen, dass die Fähigkeit Intercellular substanzen zu produciren, manchen in Tumoren gewachsenen endotheldescendenten, *nicht unwiederbringlich gegangen ist* wie den Epithelien. Das ist aber auch der für die Diagnose praktische bedeutsamste unterschied endothelialer krebse gegenüber den epithelialen, und er macht von allem die Uebergangs formen vom Epitheliom zum sarkom verständlich."

I am far from saying that this is the one and sufficing cause why certain orders of the mesolepidomata have this marked tendency to assume more sarcomatous characters. I do not think that this is everything; nevertheless it does, I think, materially aid us to understand why this peculiarity in the progressive development of these tumors manifests itself; it is one factor. Indeed, it is not all the mesolepidomata which present these same tendencies. To give one example: we never, to my knowledge, find that carcinomata of the uterus, either in their more rapidly growing parts or in their metastases, show other than well-developed cancerous structure. In fact, there is singularly little distinction to be drawn between the characters of cancers originating from the uterine mucosa and those of epiblastic and hypoblastic origin. The same is