

brane, no true peripheral growth of epithelial cells. Again, hyperemia may be benign, but is usually malignant. While it grows rapidly, recurs locally after removal, and disseminates by the blood stream, not by lymph canals, it is, as a rule, not so malignant as carcinomata or sarcomata. The malignant hypernephroma (whether of the cortex or medulla) bears the same relation to the benign or latent form as teratoma to dermoid, or carcinoma to cystadenoma. They resemble "general thyroid malignancy" in their power of mimicry of the adrenal structure in secondary deposits (14). In short, they are instructive examples of the links in structure that unite simple and malignant growths, and which I have pointed out before (15).

It is hoped that further work may be done on the biochemical and physical changes producing and accompanying this aberrant form of growth.

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