

capsule; in other cases they penetrate into its substance, in which case they are generally surrounded by a wall of fibrous tissue, although sometimes one finds the tubules running freely into suprarenal tissue.

These little rests, formed largely of large, clear polygonal cells, resembling those of cortex of suprarenal, are prone to break their fibrous capsules, infiltrate the neighboring tissues, form metastases, and become true malignant tumors. They generally have a lobulated appearance and a peculiar ochre color, and seem to vary a good deal in their malignancy.

Sections of the specimen presented to the museum by Dr. Chown show the characteristic histological structure. Delicate septae of fibrous tissue, very rich in blood-vessels, enclosing alveoli and columns of large clear polygonal cells, sometimes containing fat droplets.

It was from this arrangement of endothelial-like cells around the blood-vessels that the name Perithelioma was given to it by German pathologists. As one would expect from the great number of new formed blood-vessels, hemorrhages are very liable to occur, and in this case a large painless hemorrhage was the first symptom, and on it a correct diagnosis was made.

MEDICO-SURGICAL RELATIONS OF ANATOMY

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The great bugbear of the student of medicine, when first he enters on his course of study, is the dissecting room. He comes to its precincts with the trepidation that is common to us all when taking a step into unknown experiences. He lacks confidence in himself, and believes that chamber of horrors is destined to be the cause of his overthrown ambition. A glance within its half-opened doors deadens his impulses, and, more than all, one sniff of its perfumed atmosphere stifles the slumbering fires of his

energies. But what a change comes over that same sensitive youth when the first feeling of repugnance is overcome. The sanctity of the human body, after death, is very much, if not wholly, the outcome of sentimentality; and once the weak feeling is conquered by the experiences of touching the flesh of the dead, its true relation to all that is earthly, and as such doomed to decay, is appreciated. It has taken ages to have placed on our statute books a law that allows the proper authorities of a medical college to obtain its material for dissection. It is true this good law has destroyed an industry that must have flourished in the days of Dickens, who has typified, in his Tale of Two Cities, a member of that guild of midnight marauders who catered to the wants of rising anatomists. Before a magistrate, he was pushed to give his occupation, and only evaded committing himself by stating that "it was of an agricultural sort." Through many ages medicine had to secretly pursue its studies of human anatomy, obtaining its material by stealth and its knowledge by dissections done in caves and garrets. Strange, is it not, to know that to those wild, pagan natures of olden days, the living bodies of their slaves and captives were but objects of scorn and lashing; alive, they could unhesitatingly cast them as food for their lions; but, dead, even the bodies of their slaves were sacred and protected from the investigating hands of science. Is it to be wondered, then, that the grossest errors prevailed with regard to internal relationships, and is it any really deserved shame or reproach that, with the only avenue closed to them, the early lights of medicine founded such ludicrous theories? Aristotle asks and answers a question thus: "Why doth the urine come into the bladder, seeing the bladder is shut? Some say by sweatngs." It is hardly to be credited that such penetrating observers as those early philosophers would have overlooked the very apparent connection of kidney with bladder through the ureter had they been allowed to thoroughly examine the parts, and such an evident apology