

to discuss briefly the histological diagnosis of the case. The actual existence of hypernephroma in the sense that Grawitz gave to it is now generally accepted as proven, in spite of the contention of some (de Paoli, Driessen) that it is in reality an endothelioma of the kidney. The main points, histologically, in a hypernephroma are that it is a tumour situated underneath the kidney capsule, composed of large cells arranged in columns or clumps within alveoli, so as to recall in a general way the structure of the adrenal cortex; that the cells have a very large amount of clear protoplasm, which usually shows considerable fatty degeneration; that these cells have a very close connexion with the vascular endothelium; and, finally, that the vascular supply, mainly capillary, is abundant. Minor points concerning glycogen, lecithin, pigment, giant cells, etc., possess no serious diagnostic value, although they may become important in confirming a diagnosis. What, now, do we find histologically in the present growth? We find that it is a complex tumour containing those main elements: the fatty, which largely predominate; the vascular, consisting of numerous thick-walled vessels, often showing perithelial proliferation and often, also, a hyaline degeneration, together with many capillaries; finally, the cellular, to be described later. It is true that the large preponderance of what looks like fat tissue suggests at first sight unequivocally the diagnosis of lipoma, and indeed it would be difficult, if not impossible, to disprove that conclusion. Nevertheless there are appearances in this tumour which, to my mind, point strongly towards a diagnosis of hypernephroma. These are, first, the presence here and there of clumps of cells, which, with their large clear cytoplasm showing vacuoles of all sizes, and their arrangement in a fine reticulum, and their proximity to the vessels, resemble those found in the proven hypernephromata. Further, these show transition stages in the matter of fatty degeneration between the typical "clear" cell and the one which is entirely transformed into fat; while, again, in the midst of what looks most like ordinary fat tissue, there are fat cells with a well-staining nucleus in the centre, and not at the periphery.

Secondly, the large admixture of the vascular element, as above described, would seem to be less characteristic of the true lipoma than of a more complex tumour which has undergone fatty change, especially considering the perithelial proliferation and the hyaline degeneration, which are frequently mentioned in descriptions of hypernephromata. Thirdly, the very complexity of the tumour speaks somewhat against the diagnosis of lipoma, which is usually very simple in construction. One may mention, further, in a general way, that lipomata in the kidney are extremely rare, only six or seven cases being recorded, whereas hypernephromata are relatively frequent. One other point, which is