

4b. With mesothelial and endothelial lepidomata the same is not always so; the older or earlier portions of the tumor may show distinct adenomatoid or carcinomatoid characters—occasionally the whole tumor is typically adenomatous; but more rapidly growing portions are peculiarly liable to depart so far from type, so peculiarly liable to take on the appearance of embryonic connective tissue, that it becomes impossible, basing our terminology upon histological appearances, to say whether we are dealing with a carcinoma, or a sarcoma, or a mixed growth—a carcinoma sarcomatodes, or a sarcoma carcinomatodes. More particularly the increased recognition of the frequency of endotheliomata and peritheliomata has forced us to see the difficulties in our present mode of classification. The perithelioma when developing characteristically, apparently as an endothelioma of the perivascular lymphatics, may strongly resemble an adenoma in the regular columnar arrangement of its cells, and yet other parts of the same tumor may be absolutely sarcomatous in type. And while the ordinary endothelioma, such as one so commonly meets with, forming tumors in connection with the membranes of the brain, is in general characteristically sarcomatous in structure, areas to be detected here and there, indicating its origin as a squamous proliferation of the lymphatic or blood vascular endothelium. Without, I trust, taking anything from the interest and value of his forthcoming article upon this subject, I would here note that Dr. P. G. Woolley, Fellow in Pathology at McGill University, has just completed a most elaborate and minute study of a tumor, originating in the zona fasciculata of the suprarenal, in which a similar transition from adenomatoid to purely sarcomatous structure is to be followed without the possibility of doubt.

Here, then, are tumors which, showing in the least aberrant regions, indications of origin from a lining membrane or lepidic tissue, are apt to take on the appearance and structures more characteristic of "pulp" tumors.

Now this difference in behaviour between the epilepidomata and hypolepidomata on the one hand, and sundry of the mesotheliomata and endotheliomata (mesolepidomata) on the other, is but consonant with embryological observations and the broadest biological principles. One great principle which we see constantly in evidence, is that those structures and properties which are of oldest acquirement are those which are last to be lost; it is the most recent acquirement which tends to be the earliest to disappear. We see this exemplified continually in connection with the blastomata. The more rapid the growth—the more the cells of a tumor depart from their normal mature environment—the more do we observe