

origin. There is more and more a tendency to describe these as endotheliomata, or more exactly as peritheliomata, as overgrowths, that is, either of the endothelium of the vessels of the part or of the adventitial tissue round about these vessels, and it was no sound argument to say, because these peritheliomata may develop in the adrenal, that when they occur in the kidney they are of adrenal origin. There is no justification for supposing that the vascular structures of the kidney cannot themselves develop peritheliomata. It was worthy of note that in the present case there were areas that suggested endotheliomatous or peritheliomatous structure, and in which various stages could be made out between cells of the actively proliferating connective tissue type and developing fat cells. Dr. Bell had based his use of the term upon the practice of two able and greatly respected American surgeons, but he would again protest against the tendency now being shown, more particularly on the other side of the border by his surgical confreres there, to use terms in a careless and slipshod manner.

C. B. KEENAN, M.D.—The correct class in which to place the tumour under discussion is difficult to determine. First, as to whether it is benign or malignant. One finds here three tumours. There is the one very large tumour and two much smaller ones.

The larger tumour is very fatty, while the smaller ones show almost no fatty change; but, save for this secondary change, the tissues of all three are identical. None of these tumours are encapsulated.

On these grounds, I judge the two smaller masses to be metastases from the larger, and so think this to be a malignant tumour.

The minute histology shows briefly vessels with hyaline, thickened walls, and in other spots a single layer of endothelium. Around these vessels are cells resembling somewhat those of a spindle celled sarcoma. Further away from the vessels these cells become larger, clearer and polygonal in shape.

Appearances suggesting fat infiltration are seen in places, but possibly also suggesting to me a fatty degeneration going on to complete destruction of the cell. This condition was well described by Grawitz in 1883. The arrangement of cells here undoubtedly suggests an endothelioma or a perithelioma more than an adrenal tumour, but all observers are agreed that from the histological appearance alone one cannot separate the hypernephroma from the endothelioma; therefore, I would term this a Grawitz tumour, in which the fatty changes were more marked than ordinarily.

E. W. ARCHIBALD, M.D.—Having studied the gross and microscopical appearances of the tumour under discussion, I have come to conclusions which differ somewhat from those already expressed; and I would like