

the brain tissue, is no doubt the reason why so many of the earlier cases are classified as "Encephaloid Cancer" without any further gross or histological data. The older growths extend from a greyish red, to a dirty yellow. Muscle fibre and cartilage help to complicate the picture. Different degenerations take place, and increase the number of color shades. The consistency seems to vary from a fairly firm nodular mass, to one that is soft and almost diffuent. Thus the sensation obtained from palpation will vary in each case. Usually the kidney is subdivided more or less into lobules. In 22 of the cases (of Walker's 142) there was cyst formation varying in size from 1 c.c. to 500 c.c. and in contents, from a clear pale fluid, to a dirty brown debris. Absence of parenchyma and pelvis, is reported in the majority. The left kidney seems to be more frequently involved. In Jacobi's 40 cases the left was affected in 19, and both in 8 cases.

HISTOPATHOLOGY.

The cases reported, as I have mentioned, suffer from lack of accurate, and satisfactory detail, but it is from this standpoint of an histological examination that most are almost useless for statistical purposes. In the majority no microscopical report is given and in others a classification without detail.

The most accurately examined set that I have been able to find, is a surgical one of 74 by Walker, in the *Annals of Surgery*. These cases are divided into three sets;

1. 55 cases that died soon after operation, or showed subsequent recurrences. Of this number 19 are reported as round or mixed celled sarcomata *i.e.* 39.5 per cent.

2. 15 cases with an incomplete history of recovery. Of these 3 are round or mixed celled sarcomata, 20 per cent.

3. 4 cases reported as permanently cured, in none of which the round or mixed celled sarcomata are found, the diagnosis not being made in one case, and in the others rhabdomyosarcoma, alveolar sarcoma and adenosarcoma being given. From these results one can safely conclude that the purer forms of sarcomata are undoubtedly the most malignant. Also the percentage of this form is probably greater than usually reported, because many of those cases labelled as Cancer (very probably diagnosed as such from the gross) would prove themselves on section to be sarcomata.

Kelynack, in considering sarcomata from an histological standpoint makes the following classification of the primary