

beginning of October, 1890. From the onset of the septicæmia, beginning in the previous December, there had been fever, night sweats, loss of flesh, etc. A tumour was also felt in the right lumbar region anteriorly, and while it was thought to be a kidney tumour, I could not help thinking that it had something to do with her symptoms. The kidney was therefore removed, but she died sixteen hours later from some septic process, without any accident or cause attributable to the operation. The tumour was very carefully studied at the time by the late Prof. Wyatt Johnston, and reported in the *Montreal Medical Journal* for February, 1891. He made a diagnosis of alveolar adenoma.

Hypernephroma is a term which was applied by Bireli-Hirschfeld in 1896 to a class of tumours which were thought to have their origin in the tissues of the suprarenal gland, either in the gland itself or in the so-called rests of adrenal tissue. Grawitz, in 1883, promulgated the theory that a large class of kidney tumours had their origin in the suprarenal gland tissue. He especially included tumours which had been previously called renal lipomata, and also gave to the class above mentioned the name *Struma lipomatodes aberrata renis*. Now, while the term hypernephroma implies the origin of these tumours from adrenal tissue, it does not follow that such tissue can always be demonstrated in the fully developed, and much less in the degenerated tumour; and, besides, there is great diversity of opinion among pathologists as to whether such tumours do originate in adrenal tissue or not. In fact, the pathology of these tumours is far from being settled. Clinically, however, we recognize a class of kidney tumours which are sometimes benign, sometimes malignant, and which, while sometimes apparently at first benign, suddenly develop the characters of malignancy later on, and probably at times such tumours undergo degenerative changes, which alter their original characters entirely. These tumours are distinctly differentiated by clinical history and gross morbid anatomy from all other kidney tumours—tubercular-carcinomatous, etc. This distinction was pointed out by Billroth in 1891. These tumours have been described as lipomata, sarcomata, adenomata, angiomatica, angio-sarcomata, adeno-sarcomata, myxomata, endotheliomata, and various other combinations, such as *struma sarcomatodes adrenalis aberrans* (a case which I brought before this Society in 1898). Since the introduction of the term hypernephroma, tumours of this class have been described clinically by nearly all surgeons who have reported cases as hypernephromata, and the various terms above mentioned have been practically dropped.

J. G. ADAMI, M.D.—Criticising the employment of the term hypernephroma to designate the tumour brought forward by Dr. Bell, Dr. Adami defined the term hypernephros as merely a translation into Greek