it occupies a series of oval, cyst-like expansions or cells in the bone, forming the antero-superior aspect of the tumor. These loculi in the expanded bony portions of the tumor are numerous, and vary in size from those capable of holding a pea, to one capable of holding a bantam's egg. The largest one contains a mixture of the red and the whitish material, the former greatly preponderating. Indeed, the oval globular arrangement is remarkable throughout the tumor, and the large central mass of pulp, is itself egg-shaped, and may be as easily turned out, leaving the wall of the tumor free, as a kernel is out of a nut

The medullary canal of the femur for about one inch and a half from the cyst is filled with ossific, cancellated tissue.

The red pulp, examined microscopically, exhibited an abundance of large cells, enclosing numerous large oval nuclei; most of these poly-nucleated cells were circular or oval, and only two or three appeared to have caudate processes; indeed, they resembled the mother cells figured by Lebert (plate xiv. figs 5 and 9), rather than those delineated by Mr. Gray, Drs. Gull, Bristow, and others. In the white portions of the tumor, the many nucleated cells contained fatty granules, as though undergoing fatty degeneration. Many large cells also, contained numerous pigment granules. Innumerable fusiform cells, or elongated nuclei, were scattered throughout the tumor.

The term myeloid was proposed by Mr. Paget,* for a class of tumors first described by M. Lebert in 1845, under the title "*Tumeurs fibro-plastiques ou sarcomateuses.*"† The latter pathologist included under this head growths whose histological structure consisted chiefly of elongated fibre-cells, like those found in granulations, or contained in addition, "mother cells," i. e. cells containing several distinct nuclei, identical in character with those of the diploe and marrow of fœtal bones. The former pathologist regards growths composed chiefly of the many-nucleated cells as quite distinct in nature from those made up of elongated fibre-cells, although, he admits that both these structures usually co-exist in the myeloid growth; and to obviate objections, I have not, except in one instance, tabulated any tumor which did not contain the poly-nucleated cells in sufficient abundance to justify the application of myeloid; the exceptional case however, in its clinical history and anatomical naked-eye characters admits of no other allocation.

It is not my intention to furnish you with an account in detail of the history,—clinical, pathological and histological, of myeloid tumors—this you will find in the works of the authors above mentioned, and in two excellent papers, in the Medico-Chirurgical Transactions for 1856, and Guy's Hospital Reports for 1857; the former by Mr. Henry Gray; the latter by Dr. Wilks.

I purpose merely giving the results of my examination of some of the features presented by 38 specimens of the disease recorded by competent authorities. The table appended to this paper supplies the materials employed, and the sources whence they were derived. There are four additional cases tabulated separately, as some doubt exists as to whether they were purely myeloid growths or not.

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* Lectures on Surgical Pathology, American edition, p. 446.

† Physiologie Pathologique, tome 2, p. 120.