

tive offering, the present case would remain an uncertainty; but I think it may be shown that a diagnosis is still practicable, even by the unaided eye, if derived from examinations, such as were conducted in this instance, by injection and after maceration. The grounds upon which it might then be established are these:

1. *Activity of Ossification.*

Osteocephaloma presents marks of formation of new bony substance, particularly an internal skeleton, and a shell remarkable for its deeply fibrillated arrangement.

Myeloid tumors present no such evidences. Their pulp is boneless; their walls composed of the ordinary bone expanded and perhaps condensed.

A difference of opinion is expressed upon this subject as regards cancer. Cruveilhier, for instance, considers this lesion to be characterized by no new development of bone. It may, however, be explained by considering the varieties of cancer which, in this particular, differ as evidently from each other as osteocephaloma from myeloid tumor. Cruveilhier's observation is fully substantiated by the anatomy of hard cancers; wherever this peculiarity "hardness" exists the production of bone appears to be repressed, or even impeded, while on the contrary, the opposite state, "softness", is associated with an excessive osseous development, and this law is so general that it applies not merely to different species, as between schirrus and medullary, but between varieties of the same species as the last named. Myeloid tumors have not such a consistency as would render fallacious the distinction; they are soft and, therefore to feel as well as sight, resemble ordinary soft medullary cancer, of which osteocephaloma is a form: accordingly, in a doubtful case, the rule above given may be safely trusted. Of its indications the most remarkable is the internal skeleton. This consists usually of a number of trabeculae or bands, much branched, and decussating so as to leave irregularly open areolae. The extent to which the fringe of the capsule may reach is strikingly represented by an instance recorded by the eminent Professor Gross of Philadelphia, in his valuable treatise on Pathological Anatomy. "A section of the tumor displayed an immense number of osseous spicules of extraordinary length and delicacy." It was probably an instance of progress by infiltration forcibly splitting up the bone into delicate layers which hypertrophied, and of regularity preserved by slowness of progress.

2. *Vascular condition of the tumor.*

Osteocephaloma is preternaturally vascular; the arterial, capillary, and venous systems are greatly magnified both about and within the diseased mass.

I have not discovered that myeloid tumors are distinguished by any preternatural vascularity whatever.