

THE  
MEDICAL CHRONICLE.

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VOL. VI.]

MARCH, 1859.

[No. 10.

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ORIGINAL COMMUNICATIONS.

ARTICLE XXIV.—*Two examples of Myeloid Tumor : with general observations upon that form of growth.* By R. P. HOWARD, M.D., &c., Prof. Clinical Medicine, McGill College, etc.

(Read before the Medical Students' Society of McGill College.)

GENTLEMEN.—The great progress which has been made in the pathology of morbid growths, within the past few years, and which has resulted mainly from two causes, the employment of the microscope in the examination of morbid structures and the great attention which has been paid to clinical investigation, has tended to alter materially our modes of regarding and classifying tumors. Formerly, and not very long ago, all tumors were either malignant or benign; and an individual specimen was placed in either class, according to its naked-eye characters, and the result of its removal. If it recurred either at the original site or remotely from it, it was called malignant, even though composed apparently of fibrous tissue or cartilage. When the microscope began to be employed in the examination of structure, and it was discovered that those growths endowed with the greatest proclivity to recur and implicate parts far removed from the primary seat of disease, generally contained an abundance of *cells with large nuclei*, it was inferred that certain cells of specific character were the infallible test of malignancy, and tumors were pronounced malignant or benign, according as they exhibited or not, the alleged specific cells under the microscope.