

indeed, have osseous plates embedded, or set as it were in a yielding membrane, forming their exterior—and would be more likely, when punctured, to be found dry, or to emit a tenacious jelly-like or synovial looking, rather than a sanguineous fluid, I thought it highly probable that we had to do with a myeloid tumor. This species, begins almost exclusively in the cancellous tissue within the ends of long bones, and causes a gradual expansion of the osseous walls into a smooth globular shell; the ossific matter may be at points deficient, and replaced by a fibrous membrane, the periosteum, thus giving rise to a sign which I am disposed to regard as of much value as an indication of myeloid disease, viz: a distinct yielding of the tumor's walls under pressure, and a sensation, as if thin plates of bone, not unlike an egg-shell, yielded or even broke under the fingers. Myeloid tumors, moreover, being highly vascular and containing chiefly a substance of the consistence of flesh or spleen, would not only yield blood when punctured, but would permit a probe to be easily passed into their centre without its impinging on hard, resisting bone or cartilage.

An example of myeloid tumor of the condyles of the femur which I had an opportunity of seeing in the General Hospital of this city, under the care of my colleague, Dr. Scott, in the spring of 1854, also presented the last three signs, and indeed, corresponded in almost every other feature with the case forming the subject of this paper.

The patient was a tolerably healthy looking man, about 40 years of age, who, for a considerable time (some two years I believe) had been the subject of an affection of the lower end of the left femur, which had been long and unsuccessfully treated as disease of the knee, in Glengarry, and was then sent to this city for further advice.

There was a smooth, uniform enlargement of the member above the articulation; this enlargement was most manifest over the external condyle, at which part it was somewhat yielding and obscurely fluctuating; careful manipulation detected at the lower part of the external condyle a thin shell of bone, which crackled under the fingers, and was continuous with the more yielding wall of the enlargement higher up. The day before the removal of the limb, an exploratory puncture was made, when blood alone escaped, and the probe readily traversed the heart of the tumor and touched its opposite wall, which was formed by the internal condyle. The movements of the joint were very little impaired, and not attended with pain. It proved to be a myeloid tumor, originating within the condyles of the femur, and causing at first their expansion, and ultimately the absorption of a portion of the outer side of the external condyle—but not implicating the articulation.

This case instantly recurred to my recollection when examining Dr. Butler's patient, and influenced my decision very materially. Removal of the limb above the tumor was recommended, and a fortnight subsequently, the patient having consented, Dr. B. amputated at the centre of the thigh, and kindly sent me the diseased parts for examination.

The integument covering the enlarged knee of natural color; very few moderately large veins being visible in it. The joint is much enlarged, and has a circumference of 16 inches on the level of the upper part of the patella. The enlargement extends upwards to about the extreme