

tumor consisting of fibro-plastic and myeloid structures, the former largely predominating however, and involving the head of the humerus, the removal of which was succeeded in 10 weeks by genuine medullary cancer, both at the site of the previous operation and in the lungs. The lymphatic glands, although enlarged, contained no cells resembling cancer cells (c 40.) This last example is a further illustration of the difficulty of a rigidly accurate classification, for in the original tumor, two histological elements, now considered quite distinct and different, the fibro-plastic and the myeloid co-existed; teaching us in fact, that tumors in their structure are often compound, and are competent therefore to the occupancy of one, two, or three locations in the scale of classification, according as one or other of their histological elements is regarded as their essential characteristic.

12. If case 39, about whose real nature Mr. Paget expresses some doubt (not that it wanted the naked eye and microscopic characters of myeloid, but that it differed from all that was then known of that form of tumor), be regarded as genuine myeloid, then there are two instances on record in which that growth implicated the internal organs as well as the external, and one in which a lymphatic gland in addition was involved, *i. e.* two out of 39 cases.

RECAPITULATION OF CONCLUSIONS RESPECTING MYELOID TUMORS.

1. They occur with about equal frequency in both sexes.
2. Local injury was the apparent exciting cause of the growths in about one-fourth the entire number, and in 13 of the 38 cases no cause could be assigned.
3. Myeloid tumors occur chiefly before 30 years of age, for 76 per cent of the cases were under that age, and 90 per cent were under 40; they may occur at as advanced an age as 74.
3. While myeloid and cancerous tumors are of about equal frequency under 20, myeloid are more frequent than cancerous in the ratio of 47 to 20 at the decade between 20 and 30.
5. The bones are of all parts of the body most prone to myeloid growths; in about $\frac{3}{4}$ ths of the cases it is the long bones which are implicated; and in perhaps all cases, the disease begins in and is confined to the articular extremities of such bones.
6. The condyles of the femur is the part of the body most obnoxious to these tumors, probably the head of the tibia next, and the superior maxilla next. Several other localities exhibit about equal susceptibility, viz: the head of the humerus, the head of the fibula and the inferior maxilla.
7. No bone is probably exempt.
8. Of the soft parts, it is chiefly the fibrous tissues, and especially those in proximity to bones and articulations, that are most liable to myeloid growths; but they have been rarely seen in the lungs, in the neck, in a lymphatic gland, and in the mamma; in the last site, it was probably associated with cancer.
9. These growths very seldom extend into an articulation; this event having been noticed only twice in 25 cases, in which the disease occupied the articular extremity of long bones: even should the articulation be entered by the growth, the cartilages are not usually implicated.