

junction of the deltoid and brachialis anticus muscles; the superior was somewhat orbicular in its outline, and the inferior pyriform. It yielded a firm, solid resistance to the touch, as if of cartilaginous consistency. The arteries of the limb were beautifully injected by Dr. Cruik, our expert Demonstrator, and its dissection performed by us. The main artery was of larger size than ordinary, as well as its branches, some of the latter were very much increased in dimensions being swollen from mere twigs,—nameless from their littleness—to tubes rather exceeding a goose-quill in calibre—well deserving of distinctive appellations:—they ramified in a tortuous way over the surface of the tumor, and distributed numerous branches to it, which made its vascular supply to be extraordinarily profuse. The venæ comites were proportionately exaggerated, and distended into blue rolls, yet more excessive. The actual number of vessels seemed also to be increased. The tumor was more immediately enclosed by the biceps, brachialis, anticus, and triceps; the first were especially thinned, flattened, of increased breadth, and spread out over it so as to constitute a complete muscular investment.

Having made a mesian section of the humerus throughout its entire length, the interior of the mass was fully shown. Numerous puncta vasculosa came into sight, several were filled with wax, and corresponded to the arteries described upon the exterior. The division proved that the tumor had originated within the interior of the bone, and by expansion attained to the extreme size of the measures formerly enumerated. The shaft of the bone was lost in the outermost boundary, which was the densest part, and composed of bony granules and exudation deposit: this wall was supported everywhere, but especially in front and foundation, by a thick granular layer of fat, freely fed with minute arteries. Within was the proper substance of the disease, and, as perceived from the flat surface of either half, it exhibited an irregularly ovoidal outline, resolvable into two figures corresponding to the sub-tumors, by a defined line running opposite the external sulcus, and marking probably the situation of the original fracture. The periphery was principally of a purplish tint, and the coloring was disposed in the form of small festoons, which after maceration retained a brownish hue, and the intervals between them looked pale and fibrillated something like the cortical portion of the kidney. The space inclosed had, for the most part, a buff or dull yellowish fatty aspect, not dissimilar to consolidated marrow, but it was also diversified by the presence of dark, livid-looking spots here and there of unequal extent. It was of semi-solid nature, but sufficiently tenacious to permit of thin slices being separated. Traces of an interstitial formation of ossific matter were visible, as if in the form of imperfect dissepiments. The morbid deposition extend-