

.62 Degenerations.**.620 Gelatinous Degeneration.****41.620¹ Gelatinous Bone-marrow in Toxæmia.**

The marrow tissue is extremely abundant along the whole of the manubrium. It is maroon-coloured, and the central parts are quite semi-translucent, the distribution of this degenerative change being quite irregular. Bony trabeculæ are inconspicuous.

T. T., male, aged 55. Admitted to the R.V.H. on Feb. 12, 1913, for extravasation of urine, dying two days later. He had had difficulty of micturition 10 years. Admitted toxæmic, with local parts gangrenous from diffusion.

P.M. Septic cystitis and pyelitis. Passive congestion of organs. Fibroid myocardium (extreme). Edema of lungs.

Micro-photograph. Shows a number of small fat spaces of fairly uniform size; between these are a few small round cells with deeply staining nuclei, the marrow cells. One-third of the photo shows much dense grouping of the cells, and some larger forms (or megakaryocytes) are present among them. The feebly stained structureless matrix between the fat spaces is degenerate material that gives the character to the condition.

Ref.: E. 5338. R.V.H. 14.13.

PRESENTED by Dr. Gruner.

41.620² Gelatinous Bone-marrow.

A sternum sawn longitudinally, showing a rather abundant marrow tissue in which bone trabeculæ can be readily seen. The compact layer is thick. The marrow tissue itself is mottled red and yellow; the yellow areas are rather translucent.

E. P., male, aged 46. Admitted April 21st, died April 22nd. Has suffered from pain in epigastrium, vomiting, and loss of weight for one year, admitted in a moribund condition.

P.M. Primary carcinoma of the pylorus (secondary in liver) leucoplakia of œsophagus, dilated aorta, fatty aorta and coronaries, emphysema, gastrectasis.

Ref.: E. 5520. R.V.H. 46.13.

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