

crease of the osteoid trabeculae. Here there are a few osteoclasts with numerous osteoblasts. New formation of osteoid tissue is evidently taking place.

It is difficult to decide whether to place the tissue under the head of alveolar sarcoma or under the subdivision termed myeloma. The tumours classified as myelomata vary much in morphology. The course and features of the disease in patients suffering from myelomata may also be very different. Rutizky,¹ in 1873, described a condition of multiple primary tumours of bone marrow and to this he gave the name "multiple myeloma." In his case the tissue of the tumours consisted of wide blood spaces without definite walls, located in areas of round lymphoid cells rich in chromatin, and dispersed in a wide-meshed, finely fibrillated network of connective tissue. He states that in places these tumours break through the bone and infiltrate the surrounding tissues.

Previous to this, in 1867, Bence Jones² had shown that the urine of a patient suffering from a similar disease contained albumose. This has been confirmed lately by several observers. Klebs,³ in 1889, stated that the anæmic bases of these tumours can always be demonstrated.

Carl Winckler,⁴ under the heading "myeloma," describes a condition of multiple medullary tumours of bones of trunk. Here tumour consisted of cells with a small amount of protoplasm and with a large, finely granular nucleus. All cells contained a single nucleus only. There was a very fine fibrous stroma between the cells. There was a great diminution of bone substance and the growth occupied all the medullary cavity. Numerous osteoblasts; lying in very large Howship's lacunae, were present. There was a development of new osteoid tissue under the periosteum.

Drs. Herrick and Hektoen,⁵ in 1894, under same class, describe a tumour of sterum and ribs. In this case there was marked anæmia, poikilocytosis and neutrophile leucocytosis. There was marked emaciation and patient had recurrent attacks of fever. Here the tumour consisted of round lymphoid cells with quite large nuclei arranged in a finely fibrillated, and in parts homogenous, matrix. There were many blood spaces of irregular size and shape found in tumour, the blood being in direct relation with the tumour cells. No albumose was present in urine.

Kahler,⁶ in 1899, describes a case lasting eight years. The condition was osteoporosis with development of new tissue resembling a round-celled sarcoma.

Wright,⁷ in 1900, under same head, describes a case where there were medullary tumours of sterum and ribs. There was slight anæmia, weakness, and albumose in urine. Here tumour consisted