portion of the jaw, an inch to the right of the symphises, corresponding to the dental foramen, was found to present the same appearance as on the day when Mr. Solly operated, and the whole of the bone, with the exception of that at the neck, was quite dead, in a completely necrosed condition, and smelt horribly. At an early period of the operation, when the flap of the cheek was raised, a ligature was passed through the tip of the tongue, and that organ was carefully held out of the way by Mr. Gant, as well as being prevented slipping backwards during its performance. Notwithstanding that the facial artery and some other vessels were timely secured during the operation, a good deal of blood was unavoidably lost, partly depending upon the very vascular condition of the soft structures, but principally from a branch of the sublingual which was divided. The parts were then brought together by sutures, and the deformity, from the still swollen size of the face consequent on the removal of the bone, was but trifling. The patient, who had been pretty well under the influence of chloroform the greater part of the time now rallied, and was conveyed to his bed. He was allowed a little wine, and remained that day without a single bad symptom, sleeping soundly during the night. This was followed by even greater improvement, and freedom from the slightest uneasiness the day following the operation. He has gone on satisfactorily ever since the operation. Complete union by adhesion occurred on the third day. He is now convalescent, takes plenty of nourishment, and articulates in speaking perfectly.

ST. GEORGE'S HOSPITAL.

HOUSEMAIDS' KNEE IN A WOMAN AGED FORTY-FIVE YEARS;
SUPPURATION AND THICKENING OF THE RIGHT; COMPLETE
REMOVAL OF THE BURSAL SAC.

(Under the care of Mr. PRESCOTT HEWETT.)

THE enlargement of the bursæ over the patella, so commonly met with in housemaids, arises from the severe pressure exercised by the peculiar nature of their employment. Special occupations which induce pressure in any particular part of the body will either produce enlargement of the bursæ, if they there exist, or will induce their formation, continued friction and pressure bringing about this result. An affection analogous to housemaids' knee is miners' elbow, because miners are subject to an enlargement of the bursa lying over the olecranon. We might refer to numerous situations where these bursæ appear, but it will be sufficient to refer to some recent examples which have come under our notice, the treatment adopted in each proving successful. Thus, nearly a year ago, we saw an instance, in University College Hospital, of an enlarged bursal tumour in a woman aged forty-five years, in whom it had been coming and going, she said, for six months, but most probably existing much longer. It was present over the front of the shoulder, closely in contact with the capsule of the joint, and was carefully dissected away by Mr. Erichsen; it was the size of an orange, its coats thickened, and caused much inconvenience. She got well without any trouble, and had another at the back of the lower part of the right arm.

Later than this, a case of enlarged bursa over the styloid process of the radius of a girl, in St. Mary's Hospital, was treated by Mr. Ure, who cut it across, and allowed it to heal up by suppuration.

Some months back, an elderly woman presented herself at King's College Hospital with a bursa over the left knee the size of an orange, which she had had for some years, and it was latterly producing so much inconvenience that she was desirous to have it removed. This Mr. Fergusson did under chloroform, removing it altogether by dissecting it out, which he thought a better plan of getting rid of it than by making an incision, and allowing suppuration to do the rest. He did not consider the risk greater from its entire removal than when other means are adopted. As surgeons are aware, the objection which has hitherto been urged against complete dissection of a bursa is, that it leads to erysipelatous inflammation. Mr. Fergusson's case, however, did well without that result.

On the 2nd of July, we saw Mr. Hewett, at St. George's Hospital, treat a case in a similar manner, of which we gathered the following particulars:—The patient was an apparently healthy woman, aged about forty-five years, the subject of housemaids' knee in both knees for some years; that situated over the right patella had been subject to repeated attacks of inflammation, and had been submitted to a variety of treatment to promote absorption of the fluid, such as the application of blisters, tincture of iodine, &c., which sometimes will

effect a cure. As happens occasionally in chronic bursitis, the capsule gets thickened and enlarged from the deposit of lymph in its interior; that was the case here with the right knee, which, moreover, suppurated, a probe passing into the sac through a fistulous opening. In consultation with his colleagues, Mr. Hewett determined very properly to remove the tumour, which he did when the patient was under chloroform, using some caution when doing so, as it covered a portion of the joint, which, if wounded, would have proved an unfortunate circumstance. When the bursal tumour is small, removal can be effected without danger, because it lays over the sesamoid bone; but when large, as in the present instance, some of the ligaments and membranes of the joint become covered by it, and the capsule may be wounded if care is not used. The walls of the sac, when laid open, were more than half an inch in thickness, being less so posteriorly, being formed of hard fibrous tissue, and lined with a true pyogenic membrane. The bursa on the left knee is as yet perfectly soft, and hopes are entertained of the absorption of the fluid by proper measures. Mr. Hewett remarked, that the only risk the patient ran from the proceeding adopted was from erysipelas or diffuse cellular inflammation; but as she was in good health, and the wards unaffected, it was hoped that any fears might prove groundless. We are glad to say the patient has gone on well since the operation.

Three modes of treatment are generally adopted for this affection—namely, injection by the tincture of iodine, passing a seton through the tumour, and dissecting it out altogether. The first is only applicable to simple uninflamed cysts, and will effect the desired end. The second, if applicable at all, is so in the chronic forms, with thickening, suppuration, &c.; but complete removal by dissection is the effectual and most convenient method after all of getting rid of it, and no uneasy swelling remains. The cure is perfect.

We remember an instance very well, some months back, of a tumour extending deeply in the plantar fascia of the foot, which was removed by Mr. Erichsen from a woman in University College Hospital. It very much resembled a bursal tumour, but was developed in the sheaths of tendons. It was partly solid, and contained a number of melon-seed-like bodies, or fibrous substance coloured with blood. Formerly, this was looked upon as malignant, and limbs were amputated for it.

CLINICAL RECORDS.

REMOVAL OF THE UPPER JAW.

UNHAPPILY, this was one of those instances in which medullary disease had attacked the upper jaw-bone on the right side, which formerly used to go by the name of medulla of the antrum. The patient was a most healthy, hale-looking man, forty years of age, a patient in King's College Hospital, with no disease elsewhere. The whole of the superior maxilla of the right side, in the course of but four months, had been converted into a soft, pulpy, medullary mass. The disease here, as well as elsewhere, Mr. Fergusson remarked, is of the worst possible description, so far as its results are concerned. It is a maxim in surgery to give the patient a chance, and it is extraordinary how individuals do recover, and remain perfectly well, after the removal of tumours which appear to be malignant. He (Mr. Fergusson) related an example in point, of a young man with polypus of the nose, which he removed two years ago. It returned in a brief period; he then slit up the nostril, and removed the entire growth from the inside of the nose and the antrum, and cleaned it out, so that nothing remained but hard bare bone. Now, that man has continued well to the present hour. In the present case of diseased jaw we anticipate evil, but hope it may do well. The patient was placed fully under chloroform by Dr. Snow, when Mr. Fergusson proceeded to perform his operation, slitting down the upper lip along the mesian line from the right nostril, which formed the entire extent of his external incisions. With the aid of small saws and curved and semicircular forceps or pliers he succeeded in getting away the diseased mass, which included more than half of the malar bone; thus showing with what facility the flap of the cheek can be raised by the limited incision. After removing the disease, he used the pliers till he came on healthy bone, the back part of the antrum being found perfectly healthy. A good deal of blood was lost, but the hæmorrhage was checked by the actual cautery; and, finally,