he was seven months old the child's head has always been larger than natural, and has increased in size more rapidly during the last six weeks. About half-past six to-day (the 29th of June) the child fell out of a third-story window. It is not known on what part of his body he fell. He was quite insensible when picked up, and was brought to the hospital. On admission an hour and a half after the accident, the child was insensible and pale; the surface of the body cold; the pupils dilated, but very slightly sensible to light; and no paralysis was detected. The head was greatly swollen; pulse moderately quick and feeble; a large swelling over the left frontal region, soft, and apparently due to extravasated blood. On examination of the head with the finger, a fissure could be traced running from above downwards, and towards the middle line. In the centre of the before-mentioned swelling, and continuing this fissure backwards, is another, which appears to be formed by the separation of the edge of the squamous portion of the temporal bone. Surrounding this second part of the fissure is another soft and fluctuating tumour. Ecchymosis is commencing in the left eyelid. He was ordered two grains of calomel and three grains of jalap, to be taken immediately, and cold to be applied to the head.—Twelve P.M.: The pulse has been very feeble since admission, necessitating the administration of brandy in small quantities. Ecchymosis more perceptible in the left eyelids, and now commencing in the right. There is evident paralysis of the right upper and lower extremities, which remain in one position without movement, and, if moved, resume the same position. The left angle of the mouth is drawn downwards.

The child remained in much the same state until July 2nd, when it began to show some signs of sensibility; and on the following day it seemed to be much better, pushing food into its mouth with the left hand, and holding it out for more. The paralysis still remains complete; swelling on left side of head seems to be increasing in size; bowels open freely.

July 6th.—In much the same state; paralysis a little less; moves the right arm occasionally; swelling on left side of head larger than at last note. This swelling got gradually larger and distinct; fluctuation could be felt between it and the anterior fontanelle. On the 19th it had reached such a size that Mr. Erichsen determined on puncturing it, which he accordingly did with a small trocar and canula, and let out about two ounces of a pale yellowish fluid, slightly tinged with blood.

20th.—Very restless and feeble; pulse weak; is constantly crying, and seems much worse.

21st.—Half-past one P.M.: In strong convulsions, moving chiefly left side; right pupil more dilated than left; tumour on head very tense; hot bottles to feet and cold to head; fluid again let out, but without much benefit. Remained in same state till the following afternoon, when he died.

Examination, forty-eight hours after death.—On cutting into the swelling a large quantity of fluid escaped. The bones of the head were very thin, and there was a fissure about a quarter of an inch wide at the junction of the squamous portion of the left temporal bone with the parietal; this fissure extended forwards into the temporal bone to within about an inch of the edge of the orbit. There was a considerable quantity of fluid in the ventricles. No tubercle could be detected.

ST. GEORGE'S HOSPITAL.

ACUTE CYSTITIS AND DYSURIA IN A CHILD, WITH CARIES OF THE VERTEBRÆ, AND A PSOAS ABSCESS; FATAL RESULT.

(Under the care of Mr. POLLOCK.)

THE complication of disease in the present instance was no doubt the predisposing cause of the severely acute cystitis, with its consequences. After death the mucous membrane of the bladder was discovered to possess a crimson-violet colour.

George W—, aged seven, admitted 26th August, 1861, with symptoms of acute inflammation of the bladder, as he was suffering from severe pain on pressure over the hypogastric region; he was constantly voiding his urine, which contained large quantities of pus, and he experienced severe pain on passing it. This had been going on for a month. The boy was much emaciated, and had a hectic look about him, and the whole disease seemed dependent upon strumous affection. Warm baths and the muriated tincture of iron were administered, and afterwards nitrate of potass; but as no improvement took place, he was transferred to the care of the physician, under whom nitre and Dover's powder and warm baths

were administered. He did not get any better, but gradually sank, and died at nine P.M. on September 25th. He had then a bed-sore on the right hip.

Autopsy seventeen hours after death.—There was an angular curvature of the spine at the end of the dorsal region. The kidneys were large and full, and weighed together six ounces and a half; there were many small, hard, miliary deposits scattered through the cortex of each, which seemed to be deposits of fibrin antecedent to pus; they were mostly surrounded by a little congestion, and in some of them softening had commenced. Under the microscope these were seen to consist of small cells and nuclei. The bladder contained nothing but a small quantity of urine. Its lining membrane presented the aspect of crimson-violet, owing to injection of the blood-vessels. The coats of the bladder were not thickened. All the other viscera were healthy. The sheath of the right psoas muscle was found to be filled with pus, which had taken the place of the muscular fibres, and it was in communication with the diseased and softened vertebra, thus inducing the angular curvature of the spine.

ROYAL FREE HOSPITAL.

NECROSIS OF THE ENTIRE SHAFT OF THE FEMUR, WITH A THICK FIBRO-PLASTIC DEPOSIT AROUND IT; NO ATTEMPT AT THE FORMATION OF NEW BONE; AMPUTATION BELOW THE TROCHANTERS; RECOVERY.

(Under the care of Mr. GANT.)

WHEN necrosis has attacked the shaft of any bone, nature sets up a reparative process in forming a new shell around the dead material. When opportunity permits, the surgeon steps in and aids nature by the removal of the latter. Deviation from this rule is repugnant to the conservative principles of the present day; necessity, however, sometimes demands it. In the following case, for which we are indebted to Mr. John D. Hill, house-surgeon to the hospital, the whole shaft of the femur was necrosed; and instead of a deposit of new osseous material around it, a quantity of semi-malignant fibro-plastic or gelatinous tissue, some inches thick, replaced it in the interstices of the surrounding muscles. This gave the thigh a swollen and discoloured appearance, which had the most unfavourable aspect of malignant disease; and Mr. Gant felt himself compelled to remove the limb below the trochanters. The result, happily, up to the present time, has been quite satisfactory.

John N—, aged thirty-eight, admitted July 13th, having during the last eight months suffered acute pain, followed by great and tense swelling uniformly, of the entire thigh, which gradually increased. At length the thigh became curved anteriorly and shortened, and the knee bent. The skin was slightly discoloured here and there, but remained unbroken, excepting in one spot near the knee, from which issued an ichorous discharge; at this spot, also, a probe could be passed into the interior of the bone. Mr. Gant came to the conclusion that this was an instance of fibro-plastic growth, probably involving the bone, but the femoral glands were very slightly enlarged; and he resolved to amputate as high as the condition of the bone and muscles might be found during the operation to render necessary. This was accomplished by making an anterior flap so high up as to be capable of being readily converted into a hip joint amputation. Fortunately, the bone was quite sound just below the trochanters, and accordingly a posterior flap completed the operation.

The main ligature separated on the twenty-fourth day, by which time the flaps, which had kindly adhered by the first intention, were firmly united. The man was allowed to take daily exercise to regain his strength, and was discharged from the hospital as soon as he could be admitted into a convalescent institution.

Dissection of the limb corroborated the diagnosis. Besides an abundant growth of fibro-plastic tissue, three inches thick, within all the muscles surrounding the femur, the bone itself was much expanded; and six apertures, each about the size of a sixpence, had formed in different parts of the shaft. These apertures led into the medullary canal, which contained a substance resembling soft butter in appearance.

Nature had gone thus far towards dislodging the sequestrum (the shaft itself), but had made no reparative effort to form a substitute of bone. In fact, the curved condition of the thigh was due to partial fracture of the femur in its middle third.