inches respectively above the knee, are two cicatrices. He complains much of pain in the ulcerated part. The glands in both groins are enlarged. He is ruptured on both sides, and has worn for thirty years a double inguinal truss.

On May 9th Mr. Bryant saw the patient, and said that the disease was epithelioma involving the bone (a small piece of which could be seen coming away on the outer side), and that the lower half of the femur was much expanded. The ulcer was dressed with a lotion of chlorate of soda, and a mixture containing quinine ordered to be taken three times a day. On the 13th, as the pain still continued and his sleep was prevented, he was ordered an injection of morphia, and the ulcer to be dressed with an opium lotion. On the 21st the patient was in much the same state as on admission, and Mr. Bryant said that the only curative treatment was the removal of the diseased part, and he intended doing this by amputating the thigh as low down as possible. Anæsthesia having been produced by bichloride of methylene and continued by chloroform, Mr. Bryant amputated the thigh at the junction of the upper and middle third, making an anterior and posterior flap. Hæmorrhage was stopped by torsion of the vessels, though with some difficulty. The flaps were brought together and kept in place by sutures, and a small splint applied to the back of the stump, the part being covered with dry lint and cotton-wool. Upon examining the removed bone, it was found to be affected with osteo-myelitis. The patient passed a good night; wound a little painful. On the 24th the wound was dressed for the first time; only slight suppuration; temperature 98°; pulse 84. On the 27th the sutures were taken out; the wound was looking well, and was dressed with olive oil; had a slight cough. On the 30th the cough was very troublesome; the wound presented a most satisfactory appearance, and there was scarcely any suppuration. On June 10th the wound was nearly filled with healthy granulations, and on the 17th he was allowed to get out of bed. On the 21st the wound had almost healed up; it was dressed with dry lint, and there was no discharge. The patient was doing exceedingly well, and was moved about the ward in a wheel-chair. On July 4th the patient was told he might leave for the country, and return in two months to have an artificial limb.

EPITHELIAL CANCER OF THE TIBIA; AMPUTATION THROUGH THE KNEE-JOINT; DEATH.

(Under the care of Mr. BRYANT.)

J. T—, aged thirty-two, a gardener, was admitted into Guy's Hospital on the 1st of April, 1872. Twenty-one years ago, when he was eleven years of age, he was struck by a cricket-ball below the right knee, which gave him a great deal of pain. This was about June, and he felt the pain till November, when he observed a small swelling where the ball struck him, and the knee became swollen and painful. A blister was applied to the knee, and the abscess which formed below the knee was opened by a surgeon. The wound continued to discharge for two months, when it healed except in one place. In the following spring an incision, eight inches long, was made on the internal aspect of the right tibia; but the dead bone, which had been recognised by probing, was not separable. In May of the following year the patient removed from the wound made by the incision a piece of bone six inches long and one inch broad. There has been some discharge from the wound at intervals, but no pain till a year ago, when the limb gradually grew larger. During the last year thirty or forty small pieces of bone have come away from the wound; the largest was a piece three inches long and one inch broad.

The patient appears in good health, and complains only of the growth below the knee. In front of the upper part of the right tibia is an ulcerated mass, four inches and a half long and five inches broad; its upper edge projects forwards, and the sides are everted; the central part is sloughing and depressed. The lateral parts are composed of fungous growths, projecting an inch from the adjacent parts, and are covered by a purulent discharge. The bone is much expanded, both above and below the growth. The inguinal glands on both sides are enlarged.

Mr. Bryant said that the growth was of carcinomatous origin, most probably epithelioma, which had originated in the cicatrix where the abscess was, and that the name of

"osteocarcinoma" might be given to it. He was ordered a mixture containing quinine three times a day.

On the 19th of April the patient was brought into the operating theatre, and Mr. Bryant remarked that it was impossible to remove the diseased parts alone, and the leg must be amputated; and, as the parts above the knee were healthy, amputation through the knee-joint would be the best operation. A good stump would then be obtained; and there would be less constitutional disturbance than after amputation above the knee. The patient was put under the influence of chloroform, and Mr. Bryant removed the limb, making the anterior and posterior flaps of the same length, as the diseased condition of the parts would not allow of a long anterior flap. The patella was dissected off, and the joint opened from the front. The vessels were secured by torsion; but there was a great deal of hæmorrhage, principally venous, and the popliteal vein was ligatured. The flaps were brought into apposition, and kept together by sutures; after which a short padded splint was put under the limb, and the stump covered with lint and cotton-wool. The patient passed a good night; no sickness; tongue clean; slight diarrhœa; pulse 112.

On the 22nd diarrhœa was troublesome; appetite bad; tongue furred; skin hot and dry; occasional rigors; pulse 140. The dresser removed the sutures. Union had nowhere taken place by first intention. The flaps were beginning to slough. Bread poultices were applied.

On the 23rd the patient appeared much exhausted and had extreme difficulty in breathing; pulse imperceptible at wrist at 11.30 A.M. He died at 2.50 P.M. No post-mortem examination allowed.

ST. THOMAS'S HOSPITAL.

DISEASE OF OS CALCIS; OPERATION; RECOVERY.

(Under the care of Mr. FRANCIS MASON.)

The patient was a woman aged thirty-six, who was admitted in March last. She was fairly strong, married, and had several healthy children. When five years old she fell violently on the left heel, and from that time has always had more or less discomfort, and occasionally has suffered very severe pain in the part. Three years ago an abscess formed on the outer side of the os calcis, which has continued to discharge more or less ever since. She now complains of the pain being of a gnawing character, and likens it, without the idea being suggested to her, to the pain of toothache. There are three fistulous openings on the outer side of the os calcis, which lead to a cavity containing a quantity of friable bone, the probe readily reaching the opposite side of the cavity. The ankle-joint is in no way implicated, and the astragalus with its articular surfaces appears to be free from disease.

On Wednesday, March 27th, the patient had chloroform, and Mr. Mason made an incision in the direction of the sinuses, and after having freely opened the outer surface of the os calcis with cutting pliers, scooped away the whole of the contents of the cavity, leaving the os calcis almost a mere shell of bone. In using the gouge and cutting pliers great care was taken not to open any other part of the very thin wall of bone. A plain piece of lint was then introduced, and after a few weeks the wound healed perfectly, so that the patient could walk without the slightest discomfort.

In remarking on this case Mr. Mason dwelt on the desirability of making a free opening into the bone so as to allow of the entire removal of the broken-down and carious débris, as well as to permit the ready exit of subsequent discharges. The knife and forceps could be freely used with comparative impunity on the outer side of the foot. In such a case as this amputation of the foot was not to be thought of, and excision of the whole bone was unnecessary, the complete evacuation of the diseased contents being all that was required. The advantages of surgical interference in this instance were immediate and abundantly evident, in that she had not for years had such refreshing sleep as she had on the night after the operation. It was not a little surprising, too, to notice the marked and rapid improvement in her general health as soon as the source of irritation, giving rise to persistent discharge and causing loss of much physical strength, was removed.