perceived pain in micturition on the 8th inst.; very slight discharge, light-coloured, and thin; frequent desire to pass water, with much straining; the urine is occasionally bloody. Ordered a mixture of liquor potassæ, tincture of hyoscyamus, and camphor mixture; and to inject thrice a day with one part of chloroform to two of mucilage.

Jan. 15th.—Much improved, but slight discharge; the injection causes great pain for a minute or two.

19th.—Discharge quite ceased, and he is perfectly well, with the exception of a little œdema of the prepuce, which disappeared under the application of a saturnine lotion; no recurrence of the discharge.

CASE 4.—April 29, 1852: Mrs. R—, aged forty-five, contracted gonorrhœa from her husband seven days ago; the discharge has gradually increased in quantity, in spite of a regular employment of the acetate-of-lead injection. Directed her to inject the chloroform of a similar strength to that used in the last case.

May 3rd.—Discharge nearly ceased; all that now exists is an exceedingly small quantity of a colourless, watery fluid; no complaint of pain from the injection. To repeat it once a day.

10th.—Has been quite free from all discharge for five days.

Canning-street, Liverpool, 1852.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum, et dissectionum historias, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

CASES OF ENCEPHALOID DISEASE.

<i>Encephaloid Disease of the Femur.</i>	—Mr. HILTON, Guy's Hospital.
	—Mr. SKEY, St. Bartholomew's.
	—Mr. JOHNSON, St. George's.
<i>Encephaloid Disease of the Femur and Pelvis.</i>	Mr. ADAMS, London.
<i>Encephaloid Disease of the Femur and Ilium.</i>	Mr. LAWRENCE, St. Bartholomew's.
<i>Encephaloid Disease of the Humerus.</i>	—Mr. STANLEY, " "
	Clavicle.—Mr. B. COOPER, Guy's.
	Testis.—Mr. CLARK, St. Thomas's.
	Testis.—Mr. GREEN, " "
	Testis.—Mr. PARTRIDGE, King's College.

GUY'S HOSPITAL.

Encephaloid Disease of the Lower Portion of the Femur; Amputation high up; New Tourniquet; Recovery.

(Under the care of Mr. HILTON.)

It is unfortunately but too true that cases of encephaloid cancer come very frequently before the profession; and as a large proportion of patients thus affected are sent to the hospitals of this metropolis, it will be readily understood that many cases of this disease come under our cognizance. Now, we have thought, whilst observing the pathological phenomena presented by these patients, that it would perhaps answer a useful end to collect some of the most striking cases from all the hospitals which, by the courteous sanction of the officers, we regularly visit, and present a sort of synoptical sketch of their principal features. Every one will allow that facts are extremely valuable in the study of disease, even where our notions are tolerably correct and complete; so that facts must, *à fortiori*, become of still greater importance when bearing upon the ætiology of an affection which is surrounded by great obscurity. Encephaloid cancer falls under this head, not only as to its ætiology, but also as to the ultimate results of operations for the removal of the disease; and we have therefore no doubt but our readers will gladly give a few minutes to the perusal of the data which we have collected from six of our metropolitan hospitals.

Before, however, entering upon the cases, we would just cast a retrospective glance on the most important instances of the disease in question which have already appeared in the "Mirror."

Four cases of encephaloid disease of the femur have been

reported; they were respectively under the care of the following surgeons:—Mr. Prescott Hewett, St. George's, (*THE LANCET*, vol. ii. 1850, p. 244; vol. i. 1851, p. 293; vol. ii. 1851, p. 456;) Mr. H. C. Johnson, St. George's, (vol. i. 1851, p. 572;) Mr. Charles Guthrie, Westminster Ophthalmic Hospital, (vol. ii. 1850, p. 603;) Mr. Lloyd, St. Bartholomew's, (vol. ii. 1850, p. 630.) Mr. Lawrence, at St. Bartholomew's, and Mr. Partridge, at King's College Hospital, had under their care patients with whom encephaloid tumours had sprung up in the soft parts of the thigh, (vol. ii. 1849, p. 477.) Mr. Hawkins, St. George's, has treated a case which admitted of no operation, and where the disease had invaded both the femur and ilium, (vol. ii. 1850, p. 154;) Mr. Luke and Mr. Adams, London Hospital, have had under treatment female patients who were affected with encephaloid disease of the bones of the forearm, (*THE LANCET*, vol. i. 1851, p. 354;) Mr. Holt, Westminster Hospital, has had under his care a case of encephaloid disease of the upper jaw, (vol. i. 1851, p. 514;) Mr. Hawkins, St. George's, has amputated the thigh of a female patient, where the medullary tumour occupied the popliteal space, (vol. ii. 1851, p. 171;) and Mr. Stanley, St. Bartholomew's Hospital, has had under his care a remarkable case, in which medullary disease sprung up between the two tables of the skull, (vol. i. 1852, p. 238.)

Having thus briefly recapitulated, we enter upon the details of Mr. Hilton's case, as furnished by Mr. Alexander Coleman, the dresser of the patient.

Sarah W—, aged fifteen, residing at Gravesend, was admitted into Dorcas ward, December 31, 1851, under the care of Mr. Hilton. She is a delicate-looking girl, with a fine clear skin and very intelligent aspect; there is no trace of cancerous disease in the family, but the patient suffered, eight years ago, an attack of continued fever, and has since then been troubled with cough. (We hold it of paramount importance to take into account the various febrile affections which a patient may have suffered in childhood; for it may eventually be proved that their influence upon the constitution is perhaps greater and more lasting than has hitherto been supposed.) Three months before admission, the patient felt occasionally shooting pains, most troublesome at night, around the right knee-joint; no injury had been sustained, and she underwent, for some time, under the care of various practitioners, the treatment usual in such incipient cases—viz., blisters, lotions, &c. A small, defined, smooth swelling soon appeared on the outer side of the knee; it was firm, but not hard, and the skin over it remained unchanged in colour. Under various applications the swelling subsided on the external portion of the joint, but a similar tumour then appeared on the inner side. She soon was unable to walk; the whole knee swelled; and the lancinating and throbbing pain became very urgent. Apparent fluctuation now induced Dr. Armstrong, of Gravesend, to introduce an exploring needle, both on the inner and outer aspect of the joint, and also a little above the patella. About one ounce of blood escaped, and on the next morning a malignant-looking mass protruded through the opening above the patella; and the tumour, as well as the fungus, went on increasing, up to her admission.

The aspect of the parts, on a first inspection, is thus described:—The whole of the upper part of the right knee is very much increased in size as compared with the left side; tortuous veins are coursing under the smooth and shining integuments, and pretty deep furrows pervade the swelling. The latter has an elastic feel to the touch, and is so exquisitely painful that the slightest pressure causes the patient to cry with agony. The pain extends along the femur and tibia, and continues at night without direct pressure; there is œdema of the leg, and much constitutional distress.

Mr. Hilton, having no doubt as to the malignant character of the disease, determined to amputate above the knee without delay; but the patient was so weak that he apprehended the effects of the hæmorrhage which might be expected. Mr. Hilton therefore employed a tourniquet, which he had had some time before constructed, which could be so adapted as to make pressure on the femoral artery as it is passing under Poupart's ligament.

The patient having been put under the influence of chloroform, the limb was removed a little above the junction of the upper and middle third of the thigh, by the lateral flap operation.

On looking at the flaps, no trace of diseased structure could be observed; the posterior one was somewhat œdematous, but the surface of the divided bone remarkably healthy, and the glands in the groin free from disease. Not more than about two ounces of blood were lost, a result mainly owing to the rapidity with which the operation was performed, and to the

use of the new tourniquet. Mr. Hilton saw the patient about an hour after she had been removed to bed, and ordered her some brandy, and twenty minims of laudanum, to counteract faintness and nausea.

This tourniquet is furnished with three sets of rollers, instead of two, as in the ordinary Petit's tourniquet. The arms of the lower platform are somewhat curved upwards, so as to prevent pressure on the abdomen, on the one side, and the thigh on the other. In both upper and lower platforms, the arms of two of the sets are fixed, and so directed upwards and backwards, that the tapes easily embrace and hold on to the pelvis. The third set of arms are horizontally movable, so that the tape connected with them can be adjusted under the thigh, on the right or left side, as the occasion may require, brought up under the gluteal region, and buckled to the pelvis-strap at the most convenient spot. The pad on which the tourniquet rests is to be placed on the artery as it passes over the ramus of the os pubis; and the instrument can be tightened in the ordinary way, until twenty-seven inches of the tape are taken up; so that any necessary amount of pressure can be made on the vessel.—This instrument, together with the drawings, models, and patterns, was made, under Mr. Hilton's suggestion and direction, at Mr. Biggs's establishment, St. Thomas's-street, Borough.

On making a longitudinal section of the amputated limb, some serous and synovial fluid escaped through the joint; the encephaloid disease appeared to have commenced in the interior of the shaft of the femur, immediately above its junction with the condyles, and to have radiated from that point, implicating and displacing the surrounding structures. No distinct or separate fungoid tubercles could be detected in any of the surrounding textures, but the whole mass appeared to be continuous with the original seat of the disease in the femur. The morbid growth had not extended to the interior of the knee-joint, nor had it involved the epiphyses of the femur; but it had passed up the medullary canal of the bone, so as to reach the lower part of the middle third of the femur, encroaching much higher internally than externally. The inner portion of the cylinder of the shaft was not destroyed beyond the inferior part of the lower third, although its outer half was overlapped by the fungoid mass, which had broken through the continuity of the bone a little above the epiphysis, spreading beneath the periosteum, and separating it from the bone. This circumstance probably explains the extreme pain which the patient suffered, from the tension of the periosteum. The fungus, which had protruded through one of the punctured openings in the skin, was found to be a prolongation of a large mass of fungoid growth, which had perforated the periosteum, and thence had grown through the track made by the lancet before the patient's admission into hospital. The periosteum, at the posterior part of the femur, although much distended, and pressed towards the popliteal space, had not given way.

For one month after the operation the patient progressed very favourably by means of careful nursing, unremitting attention, and the cautious exhibition of tonics and stimulants. After this period, Mr. Hilton, considering that country air would be very beneficial, and might ensure the completion of the

recovery, sent the patient to her native place, quite free from indications of local or constitutional disease. We have since been informed, that up to the end of June, 1852, being six months after the operation, the patient was in excellent health, without any sign of a relapse.

This is extremely cheering, and much of this favourable result is probably owing to the soundness of the bone above the amputated point. A contrast to this circumstance will be found in Mr. Skey's case, as given below. We shall make a point of watching the further progress of Mr. Hilton's patient; for if she remains well, the case will be greatly in support of early operations.

ST. BARTHOLOMEW'S HOSPITAL.

Encephaloid Disease of the Femur; Amputation; Small Fungus of the Bone soon after the operation; Death; Autopsy.

(Under the care of Mr. SKEY.)

WE now proceed to the second case of the series. The patient, a young man, about twenty-two years of age, was admitted in April, 1852. He had presented himself to Mr. Skey nearly four months before he was received into the hospital, complaining of pain in the lower and inner part of the left femur. The swelling was not considerable; it felt yielding and elastic; and as no indications of malignancy then existed, either in the patient himself or his family, the case was looked upon as one of abscess, and treated accordingly. As, however, week after week passed on without any improvement being obtained, Mr. Skey modified the first-formed opinion, and thought that something more than abscess affected the patient.

About six weeks before admission, an exploring needle was introduced into the tumour, which had increased in size, and caused the thigh to look about one-fourth larger than the corresponding part on the right side. Blood was obtained by the puncture, and the swelling felt now somewhat hard and tough. The same kind of fluid again escaped upon the tumour being a little while afterwards a second time punctured with a grooved needle. Very little doubt now existed as to the malignancy of the growth, and Mr. Skey took the opinion of his colleagues before resorting to the only means of relief which could be had recourse to—viz., amputation.

The question arose during the consultation, whether the limb should be removed at the hip-joint or at some point of the thigh. Mr. Skey was rather inclined to propose the removal at the joint, but did not deceive himself as to the formidable nature of this operation; he laid due weight on the unfavourable results which had been recorded, and thought that the past clearly showed that we are hardly justified in resorting to it except where extension of the disease to the head of the bone is extremely probable. Mr. Skey's colleagues were likewise unfavourable to amputation at the coxo-femoral articulation; so that it was resolved to take off the thigh in the continuity of the shaft.

The operation was accordingly performed on the 9th of April, 1852, the patient having previously been narcotized by chloroform. Before proceeding to the removal of the limb, Mr. Skey made a puncture into the tumour, first with a grooved needle and then with a trocar, when a broken-down mass mixed with blood protruded. No doubt was now left on the minds of the surgeons, and the amputation was forthwith performed. The parts were immediately examined—the investigation being made very complete by a longitudinal section of the bone and tumour. The affection was found to be of the encephaloid kind, and to have sprung up between the periosteum and the bone—the former being broken down, and the tumour invested by a fibrous envelope. The cancellous portion of the bone was considerably softened, and the original laminae of the cortical structure had been split in the progress of the disease, but could be still distinguished. Towards the upper portion of the femur the cortical portion was very hard, and became somewhat expanded and very thin below. The encephaloid growth was situated close to the condyles, covering about the lower third of the femur and surrounding the whole circumference of the shaft; it presented exactly the consistence and colour of brain, when it had been submitted to cleansing with cold water. On examining the bone it was discovered that the disease had clearly run up the medullary canal, and it thus became plain that the malignant growth might soon develop again in the stump. Mr. Skey stated the fact to the pupils assembled, and added that this circumstance strengthened the presumption that the disease would soon return; he was, however, not prepared to proceed any further just now. If the affection were to recur, other measures, as for instance amputation at the hip-joint,