

a man, aged twenty-eight years, first observed occasional twitchings in the left hand in August, 1892. These spasms recurred at irregular intervals, but gradually increased in frequency and severity. Consciousness was preserved during the attacks at first, but later was usually lost. On two occasions the convulsions were general. When the patient first came under observation there was no weakness of the left arm, but a slowly progressing loss of power was soon observed in this member. There have been occasional attacks of vomiting and of pain in the head; the latter, at first but rarely felt, became frequent and severe. Diplopia was complained of, and an examination of the eye-grounds revealed double optic neuritis with retinal hemorrhages and large and tortuous retinal veins. The case was thought to be one of glioma or sarcoma involving the motor area of the right side, affecting principally the arm-centre. January 24, 1894, after the usual preparations for an aseptic operation, Dr. White trephined the skull over the arm-centre of the right side, and found the dura tense and bulging. On incising the dura a tumor was seen beneath, and was removed as completely as possible after enlarging the trephine-opening with the rongeur forceps. The patient did well after the operation, but after a time the scalp over the seat of the former wound was found to be elevated. As this swelling gradually increased in size, its removal was decided upon. Accordingly, in May, Dr. White again raised the flap made at the previous operation, enlarged the opening in the skull, and removed the growth, which was similar in character to the first. Convalescence was uninterrupted. All symptoms disappeared immediately after the first operation, and the patient remains well. Microscopic sections of the tissue removed showed the appearances of a glioma.

The interesting features of this case are:

1. The accurate location of the growth clinically.
2. The precision with which the tumor was exposed by the trephine-opening.
3. The immediate and complete left-sided paralysis, followed by perfect restoration of the normal condition in the face, and the return of a very fair degree of function in the leg, while motion in the arm has failed to improve markedly, showing that the arm-centre has been probably almost entirely removed, while the face- and leg-centres were but slightly encroached upon at the operation, and, although suffering temporarily from the traumatism, have preserved their integrity.
4. The recurrence of the growth, followed by its successful removal, the patient remaining well until the present time, now seven months after the last operation and eleven months after the first.

INTESTINAL OBSTRUCTION CAUSED BY A PRESSURE-BAND.

ROBERT JONES details (*British Medical Journal*, 1894, No. 1743) the case of a girl, aged fourteen years, who suffered from violent abdominal pain and severe vomiting, becoming stercoraceous. The history was that for the four years preceding the patient had had what were called hiliious attacks. On account of the urgency of the symptoms it was decided to perform exploratory incision. Upon opening the abdomen the visceral peritoneum was found dotted with lymph. The cæcum and portion of the small intestine were found

collapsed. Finally a distended loop of small intestine was found immediately below which was a hand half an inch wide; this was divided. It was not deemed wise to make any extended examination to determine the origin of the hand. The subsequent course of the case was one of uninterrupted recovery.

SARCOMA GROWING AT THE SEAT OF A RECENT FRACTURE.

GRIFFITHS records (*British Medical Journal*, 1894, No. 1743) the case of a man, aged twenty-one years, who sustained a fracture of the femur at the junction of the middle and lower thirds. This was treated in the usual manner, and at the end of five weeks a plaster-of-Paris bandage was applied. At the end of two weeks this was replaced by a linen bandage; at this time the fracture seemed to have done well in every respect. Three weeks later, ten weeks after the accident, a swelling was observed at the point at which the bone had been broken. The tumor rapidly increased in size, the superficial veins were prominent, and the limb very œdematous. The patient gradually sank, and died about six months later. The tumor was removed, post mortem, and was found to weigh nearly twenty-five pounds. Microscopic examination showed it to be a spindle-celled sarcoma, evidently having originated in the periosteum. There was no evidence that a central sarcoma had existed prior to the fracture.

HYDATIDS OF THE FEMUR IN THE SITE OF AN OLD FRACTURE.

EUSTACE reports the following unusual case (*British Medical Journal*, 1894, No. 1743). A man, aged twenty-five years, received a fracture of the shaft of the right femur at the junction of the upper with the middle third of the bone. The patient got about again at the end of six months. Two months later the femur broke spontaneously at the site of the former fracture, and it was noted that a swelling had occurred at the point of fracture. Four months later the patient was brought to the hospital. At this time he was emaciated and weak. A round fluctuating tumor separated the ends of the bone, the slightest movement of which caused severe pain. The hypodermic syringe gave negative evidence.

An exploratory incision was made which revealed the presence of hydatid cysts. The whole shaft of the femur was found to be involved. On account of the grave condition of the patient hip-joint amputation could not be considered. Further operative interference was therefore abandoned, and during the next six weeks the patient's condition was improved by careful nursing and feeding. Amputation through the hip-joint was then performed by a modification of Wyeth's method. Instead of encircling the limb with the elastic ligature a piece of elastic tubing was twisted in the form of a figure 8 about each skewer. A modified circular operation was then performed. The hemorrhage was entirely controlled. Before beginning the operation a catheter was introduced into the rectum and three pints of a one per cent. salt solution were slowly introduced. The patient's death, which occurred the next day, the author does not attribute to the operation directly, but to the lateness of its performance.