up, the antiseptic dressing was discontinued, and ordinary oiled lint applied.

The patient's health throughout was remarkably good in every way, and with the exception of the evening of May 19th (when her temperature rose to 102°) her temperature after the operation never rose higher than 99·8°, whereas from April 28th to May 7th it fluctuated between 104° and 101°.

Examination of the foot after removal showed extensive disorganisation of the ankle-joint, with pulpy degeneration of the synovial membrane. The latter condition was evident also in the joints of the tarsus, especially in that between the astragalus and scaphoid bones.

AVULSION OF LEG; PRIMARY AMPUTATION OF THIGH IN THE LOWER THIRD; RECOVERY.

(Under the care of Mr. RIVINGTON.)

A seaman, aged forty-five, was admitted on May 9th, having had the left foot and lower two-thirds of leg entirely torn away. The limb had been caught in the twist of a running rope while the patient was engaged on a steam-tug. He was a healthy and well-nourished man.

A few hours after admission, the leg was amputated immediately above the knee-joint by a modified Teale's operation. The flaps were adjusted with wire sutures, dressed with oiled lint, and a drainage-tube inserted.

On May 11th the stump was dressed; the patient was well, slept well, and had little pain. The wound was healthy; edges in good apposition; there were no rigors or other bad symptoms; but little discharge. The drainage-tube was removed and the wound was dressed with oiled lint as before. On the 13th May some portions of the wound had healed primarily, but there was a good deal of discharge and some bagging. Two thick pads were placed on the anterior and posterior aspect of the stump. On the 18th the patient was progressing well. The general health was good. The temperature, which on the morning of the 10th was 101·8°, and on the evening of that day 103° (its highest point), had gradually fallen, on the morning of the 14th it was 99·2°, and after that remained about normal. The wound looked well; there was but little bagging; the discharge was less, and of a healthy character; the edges were a little separated in the centre of the wound, but elsewhere primary union was maintained. On June 7th the wound had completely granulated up, there was but very little discharge, and the patient sat up. Temperature not above normal since last note. On July 1st the patient could get about on crutches; the wound was well healed and free from pain.

GUYS' HOSPITAL.

EXTRACTION OF CATARACT FROM BOTH EYES IN A CASE OF MICROPHTHALMOS.

(Under the care of Mr. CHARLES HIGGINS.)

HENRY P—, aged fifty-seven, was admitted March 20th. Right eye had been nearly blind for forty years, and the left eye had lately begun to fail. The patient stated that till within the last three months he could, with the left eye, see well at distance, and read the smallest print without the aid of a glass. He had been for years a clerk in an office, and done a great deal of reading and writing. Both eyeballs were extremely small, the cornea being very ill-developed, and having the appearance observed in cases where suppuration has taken place and left only a small flattened portion of corneal tissue. There was coloboma of the iris in both eyes, and slight corneal opacity in left; both lenses were cataractous, that in the right eye appearing almost black, whilst that in the left was of the ordinary grey colour. Both eyes had good perception of shadows.

In the right eye a flap section was made downwards, and a portion of iris removed by the side of the coloboma. Great difficulty was met with in the removal of the lens; the section required to be enlarged with scissors at each angle, and to such an extent that quite two-thirds of the cornea and immediately adjoining sclerotic were included in the flap. The cataract, which was of a deep brown colour, quite hard, nearly spherical in shape, and quite as large as the lens of an emmetropic eye, was at length pressed out. No escape of vitreous or other accident happened. Both eyes were

bandaged in the usual way with pads of wet lint. An attack of iritis occurred; otherwise the case went on much more favourably than could have been expected.

On May 15th the iritis had subsided, but as the pupil was quite closed, an iridectomy was performed upwards.

On Aug. 8th the cataract was extracted from the left eye. Experience having been gained from the difficulty met with in removing the lens in the right eye, a large flap section, including the cornea and sclerotic immediately adjoining, was made upwards, and an iridectomy performed. A considerable proportion of the cataract was soft cortical matter, but there was a large hard nucleus. The whole was removed without difficulty. The size and shape of the lens in this eye could not be estimated, so large a proportion of it being soft. It was probably, however, of the same proportions as that in the right eye. The eyes were bandaged in the usual way, and the section healed readily.

On Oct. 3rd, vision, which up to this time had been fairly good and improving, became suddenly impaired; there appeared to be hæmorrhage into the vitreous.

On Nov. 16th there was some floating opacity in the left vitreous, but the man could make out distant objects of large size without a lens. With a lens of +12 D (3½ in.) he could count fingers at about forty inches, and saw distant objects more distinctly. He could tell the time on a white-faced watch with gold hands with a lens of +17 D (about 2½ in.) at about twelve inches. The details of the fundus could not be clearly made out, but there was a white reflex from the lower part, probably caused by a cleft in the choroid. The right eye could distinguish large objects, as a person moving about the room. Vision did not appear to be improved by any lens. Ordered to use a lens of +12 D for both eyes, and to get about as best he could.

On April 4th, 1877, it was noted that the sight of the left eye had been gradually improving since last report. He could see to go about anywhere without a guide. He reads D=3 with a lens of +D at twelve inches, V=⅔ with +12 D.

The ophthalmoscope showed some floating opacity in the vitreous and a white figure skirting the lower margin of the optic disc. There was also some corneal opacity. The vision of the right eye remained unaltered.

Remarks.—How was the refraction, which must have been diminished from the flattened condition of the cornea alone, made up? It would have been expected that the patient was highly hypermetropic, but he alleged that he could read the smallest print without difficulty for any length of time, and that he had never used glasses. It might be assumed that the increased convexity of the lens had made up for the flattening of the cornea, but this would not explain the fact that, after the removal of the lenses, vision was brought to the highest attainable acuteness by lenses which are usually the best suited for emmetropic eyes after removal of cataract.

NORTH STAFFORDSHIRE INFIRMARY.

SPINDLE-CELLED SARCOMA OF TIBIA AND FIBULA. EXISTING FOURTEEN YEARS; AMPUTATION; RECOVERY.

(Under the care of Mr. FOLKER.)

THE following case, for the notes of which we are indebted to Mr. W. Frost, is interesting as showing that a tumour may exist comparatively harmless for years, and then assume a malignant or semi-malignant character. The nature of the tumour was obscure; from the early age at which it commenced, and its slow and painless growth, it might be imagined that it had been an enchondroma, but in this case some traces of its original character should have been discovered by the microscope.

James D—, aged twenty-two, was admitted April 17th with a tumour involving the lower third of the leg. Both bones appeared to be implicated, but the swelling was much more prominent on the outer than on the inner side. The tibia could be traced downwards to a little below the middle of the leg, where it appeared to be of normal size; immediately below this it became lost in the tumour. Inferiorly the swelling ceased abruptly at the ankle-joint, which was freely movable. The surface was, for the most part, as hard as bone, but in some situations it had a firm but elastic feel. On the outer side was a sinus leading