a flap of skin adherent to the surface of the tumour, and comprising the ulcerated part. The integuments were then reflected off its outer side, and it was found that the growth was not adherent to any of the deeper structures of the thigh, and could be readily detached by the hand to a very considerable extent. It was next freed on the inner side, and its entire under surface was laid bare. It was firmly held at its upper part, and, after a little careful dissection, it was detached at that part by cutting through the whole circumference of the sartorius muscle. In fact, it was this muscle alone that was involved, within the sheath of which the tumour grew, in the site of the spontaneous laceration of some of its fibres occurring ten years before. The large wound remaining resembled a clean dissection of the superficial parts of the thigh. The rectus and adductor magnus muscles were perfectly bare; the femoral vessels were exposed for several inches of their course, and the pulsation of the femoral artery could be seen from a distance with the naked eye. Not a vessel of any importance was wounded, and the operation might have been pronounced bloodless were it not for a little welling up of venous blood from the lower part of the wound. The wound appeared to be large from the retraction of the skin, but its edges were readily brought together by several points of suture; the thigh was properly dressed, and the patient removed to bed.

In some remarks made afterwards, Mr. Erichsen observed that the proper course had been pursued in this instance—viz., the removal of the tumour. The femoral artery and vein were not implicated, although exposed for seven or eight inches, and this he said was a matter of great importance to make out in the first instance. The tumour was encephaloid in character; but what he considered interesting was its development in the sheath of the sartorius muscle; this muscle coursed under the base of the tumour, and the latter grew from its anterior part. This was not the first time he had met with tumours of a similar character in this situation. He stated that some years ago he removed, from a boy sent up to him from Lancashire, a cystic tumour which was developed in the sheath of the adductor magnus muscle, and no doubt sprang from its fibres. It was quite possible, he thought, for a tumour to become developed after a strain or muscular injury. When once the capsule of the tumour is reached with the knife we can proceed to its removal with facility, as occurred in the present instance; and there was no doubt in his mind that the growth originated in laceration of some of the fibres of the sartorius ten years ago.

Since the operation the patient has been doing very well; a large portion of the wound has united by first intention, and it is hopefully anticipated that he will make a good recovery.

GUY'S HOSPITAL.

MALIGNANT TUMOUR OF THE UPPER PART OF THE TIBIA, SUPPOSED TO BE MEDULLARY CANCER; AMPUTATION THROUGH THE THIGH.

(Under the care of Mr. COCK.)

MR. STANLEY mentions, in his work on "Diseases of the Bones," that there is a remarkable predisposition in the head of the tibia to take on diseased action—more so, indeed, than any other bone in the skeleton. Why this should be so he does not explain. The exposed position of the tibia, and its greater risk of injury, may perhaps have something to do with its extreme liability to become diseased. All the special maladies of bone have been known to appear in the head of the tibia. A very interesting example of malignant disease in this situation was admitted lately into Guy's Hospital.

The patient was a delicate-looking girl, seventeen years of age, who had had enlargement of the upper part of her right leg for a year. Latterly she had lost flesh; the swelling of the leg increased, so that it presented a series of irregular prominences surrounding the head of the tibia, but evidently proceeding from, and directly involving, the head of that bone. The affected part of the leg was covered with distended veins, and since the rapidity of growth had commenced there was very severe and continued pain. Mr. Cock thought there was no doubt of the malignant nature of the affection, and the only course to be adopted was amputation above the joint.

March 12th.—The patient was placed under the influence of chloroform, and the leg was removed by Mr. Cock, who amputated by means of antero-posterior flaps through the lower third of the thigh. All the tissues were flabby, and seemed as if undergoing fatty degeneration. Very little blood was lost, and the edges of the flaps were brought together by sutures, the limb being bandaged with plaster from the upper part of the thigh downwards, thus affording a means of support.

The patient is doing as well as can be expected, and the stump is healing kindly. The nature of the disease proves to be malignant, as was anticipated. The osseous structure is incorporated in the structure of the growth, and is associated with the presence of cysts.

ST. BARTHOLOMEW'S HOSPITAL.

CHANCRE OF THE LIP OF A GIRL, WITH SUBLINGUAL BUBO.

(Under the care of Mr. COOTE.)

SOME months ago we briefly noticed a case in the Westminster Hospital, under Mr. Holthouse's care, of syphilitic chancre on the finger, which was followed by buboes on the arm and in the axilla, associated with a well-marked papular eruption. The case was one of interest both from its rarity and from the satisfactory diagnosis of its true nature, although the patient's history was unsatisfactory. (See THE LANCET, vol. i., 1860, p. 573.)

At the present time there is a not less interesting case of an unmarried female, twenty-three years of age, in Treasurer's ward, who was admitted on the 7th inst., with a large chancre on the upper lip, occupying two-thirds of its extent. It is surrounded by a hard base, is excavated, and has the appearance of a true syphilitic ulcer. Conjointly with the chancre—at least so the patient states—there appeared a swelling beneath the lower jaw on the right side, which is now (March 16th) soft and fluctuating, and no doubt contains pus. There is also a slight swelling on the left side, but not to the same extent. Both of these are undoubtedly syphilitic buboes, although no history of contamination can be obtained from either the patient or her mother. No eruption has as yet appeared; nevertheless, all the surgeons who have examined this patient unhesitatingly declare their belief that the ulcer is syphilitic. She is undergoing the usual mode of treatment for this disease, and is improving under the internal use of mercury, together with the local application of poultices and black-wash.

We have seen many instances of hospital patients afflicted with chancres about the lips and on the tongue, and occasionally associated with some one of the forms of syphilitic eruption. Sublingual buboes are more rarely to be witnessed. In the present instance they have been caused by the chancre in the upper lip. According to some pathologists, when a bubo forms no secondary eruption will appear. The time has been too short for the verification of this doctrine in this patient.

GREAT NORTHERN HOSPITAL.

THE ADVANTAGES OF THE USE OF THE LONG SIDE-SPLINT IN THE TREATMENT OF MORBUS COXÆ IN SOME OF ITS EARLIER AND MORE CHRONIC FORMS.

FOR some time past, Mr. Price has been treating certain cases of disease of the hip-joint, when not attended with any excessive inflammatory symptoms, but accompanied with considerable pain and deformity, owing oftentimes to effusion into the capsule of the joint and rotation inwards of the thigh, by means of the long side-splint. This possesses, in his opinion, two main advantages—that of keeping the joint at perfect rest, and retaining the thigh-bone and its muscular coverings in such a position as materially disposes towards subsidence of the swelling of the joint, and relief of that kind of pain which is so constant and distressing when motion is allowed between the various structures composing the articulation. The extreme state of flexion and adduction which oftentimes exists in cases of disease of the hips, even in its incipient state, is no bar to the application of the splint. When manipulation is attended with much pain to the little patient, the limb can be brought into a straight position with the wing of the pelvis under chloroform. The retention of the parts forming the articulation in a state of more or less subacute or chronic inflammation in a new and perhaps constrained position is not, as many might imagine, attended with increase of the inflammatory