

43. *Osteo-sarcoma of Thigh-bone.—Amputation.*—Two cases of this have been communicated to the *Royal Medico-Chirurgical Society* by R. A. FROGLY, Esq. The first is that of a female, aged twenty-six, who had a tumour of the thigh, which measured, in its greatest diameter, thirty-five inches and a half, and reached from within an inch of the trochanter to the knee-joint. It began in the summer of 1829 with a pain in the condyle of the femur, and in May of the following year a tumour had formed, of the size of the half-closed hand. It continued gradually to enlarge, without pain or discoloration of the skin, or materially impeding the motions of the limb, till March, 1843, when the limb was amputated. Owing to the close proximity of the upper part of the tumour to Poupart's ligament, it was anticipated that it might be necessary to disarticulate the bone at the hip-joint; but in the course of the operation, when the two lateral flaps had been made, the femur was found in a healthy condition below the lesser trochanter, and it was sawn through at this point. Mr. Lane, who assisted, commanded the blood-vessels by pressure with his fingers on the external iliac artery, so that scarcely any arterial hæmorrhage took place. What little occurred was immediately arrested by another assistant grasping the flap until as many as ten ligatures were applied. After the operation the patient caused much alarm by falling into a faint, in which she gasped as in *articulo mortis*; but she was soon restored from this condition. The stump healed favourably, and there has been no return of the morbid growth. A longitudinal section having been made of the thigh-bone and tumour, it was seen to consist chiefly of a whitish, elastic, hard tissue, resembling cartilage, but rather more transparent. There was very little deposit of osseous structure in it, and the tumour appeared more connected with the periosteum than with the bone itself, which could be readily distinguished in the morbid mass from preserving its sound condition. Numerous cysts, communicating with each other and with a large central cavity, were developed in the tumour, and these contained several pints of a yellow, tenacious, honey-like fluid.

The second case is that of a married lady, aged thirty-seven, who had, also, a tumour of the thigh. The swelling was first observed eleven years ago, as a hard lump, about the size of half a walnut, situated on the inner condyle of the femur. When seen by Mr. Frogly, five or six years after its commencement, it had not increased perceptibly in size; but in five years more it had acquired considerable magnitude, and had extended up the thigh. Finding that it made more rapid progress, so that it measured, at its largest part, twenty inches and a half in circumference, while the thickness of the limb below was only twelve inches, she consented to undergo amputation, which was performed in August, 1848, and the stump healed by the first intention. Upon making a section of the thigh-bone and tumour it was remarked that the morbid growth, although smaller than in the preceding case, presented the identical appearances both in position and structure which have been described in this case.—*Prov. Med. Jour.* April 22, 1843.

44. *Treatment of Aneurism by the method of Brasdor.*—The following are the conclusions of a paper read by M. DIDAY to the French Academy of Medicine, September 13, 1842.

1st, In every aneurism of the innominate, it is necessary to tie both the carotid and the subclavian; in those cases where it may have appeared that success has followed the ligature of one of these branches, it has been found that the innominate was either not involved, or that the cure was not complete.

2d, The ligature of both branches at the same time is assuredly the most active of all methods; the dangers of the operation have been much exaggerated, for analogy and experience ever prove, that the circulation is still carried on in the upper extremity, after both branches have been tied. Most fear is to be apprehended from hæmorrhage and inflammation of the sac. In the present state of the science, M. D. would not disapprove of a surgeon performing this operation, but he would not recommend it himself, even although it has been successfully done.

3d, When both branches of the innominate are to be tied, and are to be obliterated, the surgeon ought to begin the treatment by throwing a ligature round the patent one.

4th, But in this case, it is necessary to distinguish real from apparent obliteration of the vessel, caused by pressure of the aneurism on its origin. This distinction is important, as our treatment is different. Experience has shown in three cases, that when in one branch, where suspension of the circulation only exists, and the other branch has been tied, the same good results do not follow as when there is real obliteration, but that, on the contrary, the operation has some serious disadvantages.

5th, When before the operation both branches appear equally permeable, we must endeavour, by observing in what direction the tumour is advancing, when the pulsations appear strongest, and by alternate pressure, first on the one and then on the other, to decide which of the two ought to be tied first. In cases of doubt, we ought to commence with the carotid. Experience has proved this; besides, it is established statistically, that the ligature of the carotid is an operation just half as dangerous as that of the subclavian or axillary arteries.

6th, As a general rule, the second ligature should be applied as soon as the effects of the first have ceased, *i. e.* when the tumour is no longer diminishing; if the pulsations reappear after they had suspended, we ought to hasten the operation as much as possible, and if the carotid has been the first tied, it should not be delayed beyond the time, when the fear arising from imperfect circulation has been removed. This fear will be found illusory when we consider the numerous facts which prove the great rapidity of the re-establishment of the circulation after ligature of the carotid.

7th, When the carotid has been tied after the method of Brasdor, hæmorrhage, has been only observed twice from the wound. In both cases it was from the upper part of the vessel, and in both it was attributed to the ligature having been placed too near the bifurcation of that vessel.

8th, Alterations in the coats of the artery appear to be equally common in the upper and in the lower part of the primitive carotid. We ought then, *cæteris paribus*, to place the ligature as far as possible from the bifurcation of that vessel, as, towards that point, there is equal chance of finding the coats diseased as lower down, besides having less risk of hæmorrhage from the upper extremity. —*London & Edin. Month. Journ. Med. Sci.*, January, 1843.

45. *Structure of Neuromatous Tumours in stumps.*—Dr. BENNETT exhibited to the Anatomical Society of Edinburgh, February 8, 1843, a neuromatous tumour about the size of a hazel nut, which had been removed from the stump of a patient of his by Mr. Spence. It had caused the individual great agony, which was entirely removed by the operation. On making a section through the tumour, it was found to be composed of a dense white substance, of cartilaginous consistence. Examined microscopically it was seen to be made up of numerous bands of fibres, enclosing an amorphous structure. The bands were composed of from twenty to forty filaments crossing and recrossing each other, and terminating in loops. This filamentous structure differed in its arrangement from any other which Dr. Bennett had hitherto examined. About three-eighths of an inch of the nerve, to which the tumour was attached, had been removed with it, and this presented the same structure as that of the tumour. No remains of nervous tubes could anywhere be detected.

Mr. Spence considered that these tumours, on the ends of divided nerves, were not necessarily productive of pain in the stump. They existed on the cut extremities of nerves in every case, and only give rise to pain when exposed to pressure, when partially implicated in a firm cicatrix, or when thinly covered and thus exposed to the effects of atmospheric changes, or other external causes. When thickly covered by the soft parts it was seldom they gave rise to painful symptoms, though of large size. Mr. Spence, in support of these statements, exhibited a preparation of the nerves from a stump of the leg, where, although a neuromatous tumour existed on every nerve, the only one which had ever