

on removing the parts a laceration occurred at the point where it sprang from the ileum, and fecal matter escaped. It is possible that this commenced during life, and set up the sudden and fatal peritonitis.

ST. BARTHOLOMEW'S HOSPITAL.

MOVABLE EXOSTOSIS OF THE LOWER END OF THE FEMUR IN A BOY; SUCCESSFUL ABLATION.

(Under the care of Mr. PAGET.)

A MOVABLE exostosis! Can such a pathological anomaly exist? The reply might be given, that it could if its pedicle of attachment were fibrous. It may occur, however, under other and totally different circumstances, as we lately saw exemplified in a little boy, under Mr. Paget's care, who was admitted with a tolerably large and firm exostosis, situated at the lower end of the left femur, towards its inner side, which had been slowly growing for some time. It was now as large as a goose's egg, somewhat flattened, and on examination was found to be movable beneath the skin. This circumstance, so singular in an exostosis, was explained by the fact that the lad had received a blow on the tumour, which broke its pedicle of attachment (which necessarily must have been small) to the parent bone, and allowed of some amount of motion. This condition induced by accident would favour its removal with comparative facility. And so it proved: for on the 22nd October, chloroform having been administered in the operating theatre by Mr. Lloyd, Mr. Paget extracted the exostosis from its bed, neatly and without much dissection, in a very short period. Although its bony pedicle did not exceed half an inch in its longest diameter, yet it was pretty firmly bound to the femur by fibrous bands, which had to be severed before its complete removal was accomplished. There was no bleeding at all attending the operation, and the wound was closed by two or three points of silver suture. A section of the tumour showed an absence of much cartilaginous structure, as for the most part it was bony, of the cancellous variety.

In some remarks made afterwards, Mr. Paget stated what we have just mentioned in regard to the history of the boy, and further observed that he had known of but one other instance of a movable exostosis, which occurred some years before in the practice of Mr. Lawrence, when, in fact, the bony pedicle had become broken, and from the grinding or frictional action of the offshoot of bone against its parent, a sort of smooth artificial joint had formed, which permitted of free motion of the exostosis upon the bone.

We may observe that such cases as these, although extremely rare, are most instructive, and prepare the surgeon at times to encounter singular phenomena, which are of the utmost importance in diagnosis.

The little boy is doing very well, and will make a good recovery.

ST. MARY'S HOSPITAL.

EXCISION OF AN ENCYSTED BURSAL TUMOUR IN A CASE OF HOUSEMAID'S KNEE; GOOD RECOVERY.

(Under the care of Mr. URE.)

IN cases of thickened bursæ like the following, some surgeons prefer complete removal to any other plan of treatment, and we have seen this carried out with the best results by Mr. Fergusson, Mr. Erichsen, and others. The cure is speedy and decisive, as occurred in Mr. Ure's patient. The ordinary form of bursal tumour situated over the patella, which is a simple serous sac, Mr. Ure treats by passing a seton, composed of a thick silk thread, through it. This he allows to remain for about eight days, when suppuration is fairly established. Should there be any serous oozing, subsequent to the withdrawal of the thread, he directs a blister to be applied, which completes the cure.

M. G—, aged seventeen, admitted October 17th, 1864, on account of a rounded, circumscribed tumour, about the size of a billiard ball, situated over the right patella. It felt hard and solid, and firmly attached. She first perceived it at the beginning of the year by a sharp pain experienced while lying in

bed, and which was followed by swelling in the situation of the knee. The tumour gave her no trouble until about a fortnight before admission, when, being at work as a laundress, she was attacked with acute pain in the part, so that she was unable to stand and perform her ordinary avocations.

On October 19th, the patient having been rendered insensible by chloroform, Mr. Ure made a free crucial incision through the integument covering the tumour, and, after detaching the flaps, succeeded by careful dissection from below upwards in removing the tumour. It had a rounded, flattened aspect; when cut into, it presented an encysted appearance, some of the cysts containing a trace of bloody fluid. Its walls were about a third of an inch in thickness, and of a fibrous character. The flaps of integument were brought into apposition by a few points of suture; a fold of wet lint constituted the dressing. There has been slight suppuration from the lower angle of the wound, and she is making a most favourable recovery.

Mr. Ure ascribed the rapid consolidation of the tumour to the repeated pressure with friction exercised upon it, from the patient being frequently obliged to kneel while at work. This led to deposition of fibrin from effusion of blood, the colouring matter having been in a great measure absorbed, thus accounting for the cystic character of the interior of the tumour.

ST. GEORGE'S HOSPITAL.

LIPOMATOUS TUMOUR, WITH RAMIFYING LOBULES IN THE LEFT POSTERIOR TRIANGLE OF THE NECK OF A CHILD; SUCCESSFULLY EXTIRPATED.

(Under the care of Mr. HOLMES.)

AMONGST the out-patients of our hospitals swellings of the neck in children are frequently seen in the delicate and strumous, and in the great majority of these the enlargement is glandular. Malignant disease, or some of the varieties of tumour, as met with in adults, at the side of the neck, and not strictly glandular, are, perhaps, rarer in the young. Quite recently a child, three years old, was brought to Mr. Holmes at the above hospital, with a tumour in the left side of the neck, tolerably large, lobulated, and especially situated in the posterior triangle. It had commenced to grow as a small nodule when the child was only a year old, and gradually and slowly increased until within two or three months back, when its increase seemed to be tolerably rapid. It had been punctured in two or three places out of the hospital, but nothing came away but a few drops of blood; and on examination, in some parts so strong was the simulation of fluctuation, that Mr. Holmes passed in a small trocar, but nothing whatever was evacuated. As the tumour was movable, although somewhat extensive in its ramifications, and probably in depth, it was determined to remove it, more especially as the mother was anxious, in consequence of its rapid growth lately.

Chloroform was given on the 3rd instant, and a long and free incision was made over the tumour, the child lying on its right side. It was surrounded by a distinct capsule, which, on being opened, permitted of the gradual disentanglement of the tumour from its various attachments and ultimate complete removal. It had extended deeply under the trapezius muscle behind, and beneath the sterno-mastoid in front, with long finger-shaped lobules penetrating in other directions, being, however, mainly attached to the cervical fascia. A good part of this operation was accomplished by the aid of the finger, with occasional use of the knife to divide fibrous bands of attachment. Comparatively little blood was lost, and the wound was closed.

A section of the tumour showed it to be chiefly fatty, undergoing degeneration in some parts of it, thus accounting for the indurated feel it presented in some parts as compared with the soft fluctuating feel in others.

Mr. Holmes stated that he had had one or two other cases not dissimilar to this, where he removed the tumours with success, and, as everything seemed promising in the present instance, he hoped for an equally favourable result.

Up to the present time the expectations of the operator have been verified, for the child is going on remarkably well.

Fatty tumours in the child, as contrasted with other forms, are exceedingly infrequent, and are therefore liable to deceive the most experienced, unless so situated in the body as to permit their chief characteristics to be recognised.