

be an occupant of the lung. It consisted of an irregular, rough, four-sided portion of the crown of a molar, with projecting, sharp corners. Weight, seven grains.

It should be stated that a little hæmoptysis immediately had followed its dislodgment.

Thorney-place, Oakley-square, 1858.

INFLAMMATION OF THE SKIN ON THE DORSUM OF HANDS AND FINGERS,

FOLLOWED BY INFLAMMATION OF THE SUBCUTANEOUS CELLULAR TISSUE, CAUSED BY DIPPING THE HANDS IN A STRONG SOLUTION OF SULPHATE OF COPPER.

By W. H. MOOR, Esq., M.R.C.S., HERTS.

J. H.—, aged fifty-five, a strong, healthy-looking agricultural labourer, who had always enjoyed good health until about twelve months ago, when I attended him for necrosis of the left superior maxilla, and removed the greater portion of the alveolar process, since which he states he has always been ailing, though able to continue work. For some days previous to my first seeing him he had been frequently dipping his hands in a strong solution of Cu. O, S O_3 , in which wheat is very generally steeped before sown.

Nov. 12th, (the day he was first seen.)—The skin on the dorsum of the hands and fingers much inflamed, red, rough, as though raised in parts from the subjacent tissue, and hot, but presenting no breach of continuation; he complains of his hands feeling hot, tingling, and smarting; general health good.

On the 14th there were large bullæ on the dorsum of both hands and fingers, which I opened, liberating a dirty, greenish-looking liquid, which I am sorry I could not collect for analysis. This relieved him, but on the following day violent pain recurred.

On the 16th there was much cedema on the dorsum of both hands and fingers. I made free longitudinal incisions, liberating a quantity of liquor sanguinis. The wounds bled freely; the blood contained a large amount of fibrin.

On the 18th I again made an incision on the dorsum of each hand, liberating a little pus from the right, after which they progressed favourably.

The patient was able to resume work on the 14th of December. The skin on the dorsum of the hands and fingers peeled off.

Furneux Pelham, 1858.

INDUCTION OF PREMATURE LABOUR IN A CASE OF DEFORMED PELVIS.

By HENRY ST. JOHN BULLEN, Esq., M.R.C.S.,
MEDICAL OFFICER TO THE LAMBETH WORKHOUSE.

MARIA D— was admitted into the lying-in ward of this workhouse on the 9th of last September, having, according to her own calculation, just completed the seventh month of pregnancy. Being afflicted with considerable contraction of the upper pelvic brim in the antero-posterior diameter, she had in four successive labours, occurring at the full period of gestation, been obliged to consent to the destruction of the fœtus, in order that her deliverance should be effected.

Under these circumstances, it was judged advisable in any future contingency to induce labour at the termination of the seventh month of pregnancy, with the view, of course, of attempting the preservation of her infant.

Having satisfied myself that she was carrying a living child, I had recourse to the usual operation for inducing premature labour, and which was carried into effect two days subsequent to her admission. After the further lapse of forty-eight hours, labour came on, attended with vigorous pains, and very shortly the child, which presented with the vertex, was expelled entirely by the natural efforts. The infant, a male, was, notwithstanding its diminutive size, and its premature "forcing into this breathing world," healthy and well formed. I am happy to add that both it and the mother did well, and were discharged in due time from the ward in a most satisfactory condition.

Lambeth Workhouse, 1858.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

LONDON HOSPITAL.

ENCEPHALOID CANCER OF THE LEG OF A BOY TWELVE YEARS OF AGE;

AMPUTATION THROUGH THE THIGH; DEATH FROM
SECONDARY HÆMORRHAGE.

(Under the care of Mr. ADAMS.)

A BOY, twelve years of age, of delicate aspect, was admitted in January last, with a large tumour involving the entire calf of the left leg, giving it a pyriform shape. It had all the external physical characters of medullary disease, and had rapidly grown during a period of between five and six months. Conceiving this to be the patient's only chance, Mr. Adams amputated through the thigh on the 21st of January, with very little loss of blood. He was placed in bed, and was going on very well for some days, when secondary hæmorrhage occurred from the main trunk of the femoral, which was arrested by Mr. Routledge, the house-surgeon, with the tourniquet. It however recurred; and so enfeebled was the lad, that he succumbed from exhaustion on the twelfth day of the operation.

The following is an abstract of the examination of the limb made by Dr. Andrew Clark:—The tumour occupied the whole leg, and was of a pyriform shape—the base above, the apex below; its greatest circumference measured fifteen inches. It was everywhere invested by the muscles of the leg, which were red, well developed, and glued together by common lymph into a continuous capsule. The tumour lay external and posterior to the tibia (which was free); had a smooth and tapering outline; and felt at most parts hard, yielding with a crackling noise, only upon great pressure with the finger. It was divided from above downwards by a section passing through the shaft of the fibula; and the following were found to be the relations of the growth: It was bounded above by the head of the tibia and the structures occupying the popliteal space; internally and anteriorly by the tibia and the extensor muscles; externally by the greatly-expanded fibula; and posteriorly by the muscles of the calf. Above, the base of the tumour was well defined; posteriorly and below the substance of the growth, it blended into the adjacent tissues. At no point did it exhibit a true capsule; at every point it left the tibia free.

The tumour exhibited the general characters of encephaloid cancer, in different stages of development at different parts. Its long axis was formed by the enormously-hypertrophied and eburnated fibula; from the sides of which bone sprang spicules of bone, which anastomosed at short intervals and formed an osseous network, close at the centre but coarse and imperfect at the circumference of the growth. This osseous network formed the basis of the tumour; in its meshes lay a whitish, yellowish, or pinkish coloured matter, of the consistence of brain, which yielded an abundant creamy juice on pressure. Internally and above, the osseous network was deficient, and there the tumour had assumed a spherical form and was soft to the touch.

The inferior extremity of the fibula appeared healthy. From the upper part of the malleolus to the middle the shaft of the bone increased in bulk and density; it had a marked fibrous fracture; the medullary canal was obliterated. From the middle of the shaft upwards the bone became expanded and coarsely reticular, its meshes being occupied by the new growth. Looking at the tumour in its most general aspects, it may be stated that the upper third was of a yellowish colour, granular-looking, and rather dry, (state of curative metamorphosis;) that the middle third was characteristically cerebriform and juicy; and that the lower third was almost entirely osteoid. Generally, the tumour was highly vascular. Of the microscopic and chemical examination it will suffice to give a brief summary.