intestine; death must have followed the injury described by Mr. Jones; independently of the cutting off of the protruded part.

We cannot conclude our notice of this unfortunate case without referring to the manner in which the presiding judge, Sir John Williams, passed the sentence of the Court. The ignorance and rashness displayed were unaccountable, and the results which followed most deplorable; but the care with which the judge guarded the responsibility of medical practitioners in general from improper and uncalled-for judicial interference, is in the highest degree satisfactory, and manifests a wise caution which we should be glad to see generally adopted on like occasions.

His Lordship said that he trusted that the verdict which the jury had returned, or the sentence he was about to pass, would not exercise any evil influence over the practice of medicine. It was not to be imagined that because the prisoner had been convicted of manslaughter, that surgeons, in the exercise of their arduous calling, could render themselves liable to such a result, in case of a fatal termination of a patient's illness. It was not the death of the deceased that the prisoner was charged with. It was not for a moment imagined that he had designedly promoted that death, but he was convicted of practising on the deceased without due caution, or using the requisite skill, and had by such means caused her death. It was evident that surgeons, above all other classes of men, required firmness, decision, and energy, and it would be highly improper and unjust, if they were to be made liable for the consequences of even an accidental calamity on their parts. In this case there had been no desperate symptoms. The case was a common and ordinary one; but the prisoner had used, without the least necessity, violent and desperate means, and used such means in a careless and violent manner. There was nothing to have called for such treatment. He was well aware of the disastrous results which would attend this inquiry, and the publicity given to it, to the prisoner. He felt that it would probably be followed by the loss of his professional reputation. But much as he felt this, his duty was imperative, and he could not shrink from it. Knowing that there had been a complete absence on the part of the prisoner of a design to injure the deceased, he took the most favourable view of the case he possibly could, and the sentence of the Court would be a lenient one. The sentence was that the prisoner be imprisoned in the County Gaol for one calendar month.

We have only further to observe, that a portion of the intestine which has been transmitted to us for examination, entirely confirms the account given by Mr. Jones, in his relation of the case, and the statements of the several witnesses.

NEWCASTLE-ON-TYNE INFIRMARY.

Cases in the Practice of SIR JOHN FIFE, Reported by MR. F. A. GIBB.

CANCEROUS ULCER OF THE FACE.

William Grey, aged 65, a countryman, admitted June 27, 1844, into the Newcastle-upon-Tyne General Infirmary, under Sir John Fife, with a large cancerous ulcer covering the lower lip and chin. Twelve months ago he received a blow from a piece of heated iron on the lower lip, which caused slight ulceration gradually assuming a cancerous character; he has been under a variety of treatment. Four years before, he observed a small hard knot in the centre of his lip, which did not enlarge until the blow, when it apparently united with the ulcer. Had severe pain in the ulcer, but it is now much less acute and more of a continued character. Has always enjoyed the best of health; has been a temperate man, and thinks that none of his family were ever subject to tumours. From the irritation he has suffered very much in his general health, and, although always spare, has lost flesh lately; does not sleep over well; is very weak; has the broken down appearance that organic disease gives to a person. Countenance remarkably sallow; has smoked a long time, but does not think that has caused it. Bowels rather inclined to be costive; pulse weak.

July 2nd. *Operation.* Sir John Fife made an incision from the left extremity of the upper lip towards the aperture of the parotid duct, thereby including some scirrhous tubercles extending in that direction; he then cut downwards, turned the knife under the chin, half-way between the maxillary bone and os hyoides; on the other side he cut from the right commissure of the mouth directly downwards. The facial and sub-maxillary arteries bled so violently that Sir J. Fife tied them immediately. On the left side he extracted the first molar tooth, then cut partly through the jaw with Hey's saw, and completed the division with cutting forceps; having done the same on the other side, he dissected the bone from beneath the chin upwards, and separated the included portion of the jaw with the whole mass of disease. Some more vessels being tied, the wound was then closed by interrupted suture and adhesive straps; the scirrhous base was formed by diseased bone.

5th. Great depression, difficult deglutition. Dressed for the first time with Morrison's transparent adhesive.

6th. Dressed in the same way. Pulse a good deal better.

7th. Dressed in the same way this morning; bowels costive; pulse better. Half an ounce of castor oil to be taken immediately.

8th. Continuing well; dressed with common adhesive plaster.

9th. Dressed in the same way this morning; looks much better in himself; continuing well.

10th. Pulse much better; looks a great deal better himself. Continue the same dressing.

11th. Thursday. Goes home.

TUMOUR OF THE MALAR AND MAXILLARY BONES.

July 10, 1844.—Francis Bain, aged 40, admitted May 30, 1844, into the Newcastle-upon-Tyne General Infirmary, under Sir John Fife, with a tumour on the left cheek, of five months formation. About five months ago some of his friends first observed a little tumour at the inner canthus of the eye; it began slowly

to enlarge until lately, when its bulk increased greatly; has never had any pain in it until lately; has always enjoyed the best of health. The left side is exceedingly distorted by the tumour, which extends downwards and outwards, distending and obliterating the inferior eye-lid, and just allowing a view of the eye when it is looked at in front. The tumour appears to be about the size of an orange, and much of the same form; and upon pressing its most prominent part, it feels elastic, giving the same sensation as fungus hæmatodes of the testicle. When it is touched from within the mouth it feels irregular and hard, and under the mucous membrane, at the border of the tumour, there is a firm moveable body, which is apparently a small indurated gland. The tumour can be slightly moved, as if it did not spring from the bone; its firmest attachment is to the side of the nose, the skin covering it is very thin, and is of a deep red colour, inclining to purple. Viewed laterally, the height of the tumour is so great as to be beyond the level of the nose; the most prominent part is the centre. Bowels open; tongue clean; appetite good. Sir John Fife thinks it to be osteosarcoma, but yet says it arises from the periosteum, for the most part, if not all. It seems something like fungus hæmatodes. Two pills of rhubarb and mercury to be taken every night, and a cathartic draught on alternate mornings.

June 4th. Much the same; has a numbness in one or two of the molar teeth; skin over the tumour a little deeper in colour. Sir John removed the tumour this morning.

Operation.—An incision was made from the orbit to the left commissure of the mouth, and the integuments were rapidly dissected back on each side, exposing the surface of the tumour; the Schneiderian membrane was then dissected from the inside of the tumour, which was next separated from the lower part of the upper maxillary and malar bones; but at the orbital processes of these, the tumour evidently had its origin, and there the structure was osteo-sarcomatous, although the circumference of the tumour was fibrous. After separating it, Sir John Fife applied red hot iron to the diseased surface of the malar and maxillary bones, tied some arteries, and brought together the lips of the wound with interrupted sutures and Morrison's adhesive. A compress was placed on the wound, as there appeared a great cavity, the sides of which required keeping together.

5th. Doing well; rested pretty well; not much thirst; some oedema of the left eyelid, and swelling of lip; bowels rather costive. Thirty minims of tincture of opium to be taken at bed time, and half an ounce of castor oil in the morning.

7th. Rests well; rather costive again; face has an offensive smell, and oedema still exists; no headach, and only slight thirst. The bandages, &c., were removed, and the parts found to be doing exceedingly well; the skin has a livid red colour. They were sponged and a piece of dressing, with compress, &c., reapplied. Ordered two of Plummer's pills every night, and a cathartic draught every other morning.

11th. Doing well; fetid discharge, but no pain; no thirst, and oedema subsiding; the edges of the divided lip, which are adherent, do not exactly fit each other, but project slightly beyond the other.

14th. Wound going on well; discharge becoming

more healthy, and not so profuse; sutures removed, and edges of flaps are slightly separated from each other. Appetite good; feels well. Omit the pills; continue the dressing, which is supported by adhesive plaster instead of a bandage.

19th. The bottom of wound covered by minute granulations; wax came away a few days ago; discharge healthy. Continue.

24th. Granulations filling; no pain. Continue.

July 1st. Went home convalescent.

BIRMINGHAM PATHOLOGICAL SOCIETY.

June 1, 1844.

ALFRED BAKER, Esq., in the Chair.

LARDACEOUS CANCER OF THE KNEE JOINT.

Mr. Crompton brought forward a specimen of lardaceous cancer, affecting the whole of the tissues of the knee joint, and gave the following particulars of the case:—

Ann Downing, aged 39, single, a servant, states that during the last twenty years she has been in the habit of milking a great number of cows daily, which occasioned her to kneel on the right knee. She did not experience any ill effects from it, with the exception of an occasional stiffness, till eighteen months ago, when the knee became slightly swollen and painful, the pain being always aggravated by the slightest motion. Various applications were used, but without benefit; the joint gradually becoming larger and more painful. She was admitted into the General Hospital, April 12, 1844, under Mr. Wood. The knee was in a bent position, and was much enlarged, measuring seventeen inches and a half round its centre, fifteen inches round the lower third of the femur, and fifteen inches and a half over the tubercle of the tibia. The popliteal space was entirely filled up by a hardened mass, and the patella could not be at all distinguished from the hard structure by which it was surrounded. The condyles of the femur were also embedded in the same structure, and could not be at all distinguished from it.

The knee was constantly in pain, and occasionally was very hot. She could not move it from its bent position, the slightest motion causing increased pain. For the last six months she has been unable to get much rest, has become much weaker, and lost flesh considerably. Appetite bad; tongue furred; skin hot; pulse quick. The diseased joint was removed about a fortnight after admission.

A perpendicular division of the joint being made after amputation, and the integuments being removed, the whole cavity of the joint, except about an inch square over the extremity of the femur, and directly under the patella, was converted into an elastic white fibrous structure, which extended between the head of the tibia and the articular extremity of the femur, and was part of the whole mass which formed the bulk of the tumour. The articular cartilages were gone or degenerated, except at the point before indicated; the patella was more dense than natural, and the whole joint was made up of a white lardaceous mass, elastic and firm to the knife. The extremity and three inches of the femur were changed by a similar deposit, the dense shell of the bone being to be seen intact below, but not above. The head of the tibia was less changed, but the cartilage was gone into degeneration.