examine the patient, discover if there have been similar affections in his family, and trace his disease to its first appearance and supposed cause, and then examine as to what tissue is diseased. If the skin, it will be self-evident, and by attending to the physical properties, you will not only discover the other tissues diseased, but the kind of tumor you have to treat. Thus the fleshy tumor of the cellular tissue is firm, circumscribed, moveable, and not attended with much pain, unless it press on some nerve or sensitive part. The steatomatous tumor has a peculiar doughy lobulated feel, which you will readily recognize after having once felt it; and if the tumor be very hard, deep, and circular, you have no hesitation in classing it as a bony, or periosteal growth. I say periosteal, not because I conceive that the periosteum gives origin to it, because I believe it merely limits the formation, and perhaps it would be better, therefore, to divide exostoses into the external and internal, according as they spring from the compact or cancellated structure of the bone, rather than, as is usually done, into periosteal or medullary, from the belief that they take their origin in the periosteum and medullary membrane. In a number of experiments which I made to determine the mode of reparation of fractured bones, I found that the periosteum merely assisted in the process by the formation of the provisional callus, the ossification of which doubtless took place by deposition from the vessels of the osseous tissue itself. If the periosteum has been stripped from the fractured extremities of the bones, this does not prevent the callus from forming, but it is deposited in irregular quantities, and it is not till a new periosteum is formed that the callus is limited and the irregularity disappears. These experiments involve the formation of exostoses, for if we show that the periosteum cannot form bone, it proves that these tumors are growths not from the periosteum, but from the bone itself. It is said that they are covered by periosteum; they certainly have a membranous envelope, but it is much more likely that this is merely condensed cellular tissue than that a pure fibrous membrane can undergo such great distension. You can judge of the origin by the physical properties, and by these and the rapidity of the growth determine whether you have a simple or malignant disease, that is, a disease capable of being propagated to other parts of the body through the medium of the absorbent vessels. The external exostoses are hard, irregular, and evidently protrude from some part of the circumference of the bone; while the medullary or internal are rounded, and involve its whole calibre. They are spongy also, some parts being brittle and hard, others soft.

In making your diagnosis you must also remember, that the characters of the tumor may undergo alteration from secondary changes in the soft parts, or within the growth itself. Thus it may cause pressure on the nerves with its consequences; alter the appearance, or cause ulceration of the skin; or, its vessels dilating, owing to its texture not giving sufficient support to their coats, it may become pulsating; or a process of softening may go on within it, leading to the formation of matter, and consequent fluctuation.

I think by bearing these points in mind, you will generally be enabled to form a correct diagnosis; but still your prognosis might not be a just one. To make it so you must consider the general constitution of the patient, and especially the existence of the disease in other parts of the body, the changes produced in surrounding parts, and the danger of removal. With these observations, then, I proceed to read a short account of the case, which I hope you will all examine for yourselves.

"William Brace, age 43, unmarried, admitted Dec. 16, under the care of Mr. Cooper, states that he has been employed for several years as a cab-driver, and that about six years ago he first perceived an enlargement at the inner and back part of the upper third of the right thigh, which has been gradually increasing in size ever since. His health has always been good; he has never had syphilis, or been affected by mercury, nor has the limb ever been fractured. He has several brothers and sisters living, and none of his family have ever suffered from a similar affection." These circumstances are mentioned to show that no hereditary predisposition could be traced as the cause of the disease, nor did it arise from injury, or the constitutional influence of syphilis or mercury, both of which are supposed to have some power in this way. I am very much inclined to doubt, however, whether the legitimate influence of syphilitic taint can be ranked among the causes of exostosis, as I know of no case where any such effect has followed a syphilitic sore, which has been treated without mercury; and I believe that in those cases where diseases of bone are ascribed to syphilis, they are in reality owing to mercury having been improperly administered, or to some idiosyncrasy in the patient, subjecting him in an unusual degree to the action of this mineral.

"Fifteen months since he was admitted into St. Bartholomew's Hospital, under the care of Mr. Lawrence; no operation, however, was proposed to him, opium plaster merely being applied round the thigh, and a few leeches to the knee, to allay the pain and inflammation from which he then for a short time suffered.

The tumor is much more prominent anteriorly than posteriorly, decreasing gradually to the size of the femur below, terminating abruptly above. It has a nodular feel, and is marked on the surface by congested and varicose veins. There is great œdema, the thigh measuring thirty-four inches in circumference. The sensation of the limb is perfect. The femoral artery can be distinctly traced along the anterior surface of the tumor, pressure upon it causing the pulsations of the posterior tibial to cease immediately. The growth of the tumor has been attended with but very little pain; and the motions of the limb are scarcely at all impaired.

There are three other smaller exostoses, one upon the inner side of the head of the left tibia, one upon the left femur near the lesser trochanter, and the third upon the lower part of the right femur. Of the two former he never took notice, considering them to be natural."

Now, gentlemen, I have only to observe, with regard to this case, that were it not for the existence of disease in other bones, were the principal tumor the only one, I should have thought it my duty to have advised him to submit to amputation at the hip joint, and have consulted with Sir Astley Cooper as to the propriety and probable success of the measure. But under present circumstances, this is quite out of the question, for it would be unjustifiable to expose him to the danger of this severe operation, increased, as it would be, in all probability, by considerable hæmorrhage from the vessels of the tumor, with the same disease going on in other parts of the body. We should expose him to the dangers of the operation to no purpose. Sir Astley Cooper used to cut down upon exostoses, and strip off their membranous covering, with the effect of producing caries of the adventitious growth, an operation which is not applicable in this case, from the immense extent of the tumor. There is nothing, therefore, left us to do but to relieve the sufferings of the patient, by the remedies which appear most appropriate.

Ileus Cured by Injection of Air.—A dragoon was seized with violent colic and symptoms of intense enteritis. An antiphlogistic treatment was employed without any benefit. The bowels soon became obstinately constipated, and he vomited stercoraceous matter; some mechanical obstacle was now supposed to exist. A quantity of air was thrown up the anus, and, as soon as the intestines became well distended, a copious evacuation of solid fœces took place. This was was soon followed by other stools; the vomiting now ceased, and the man quickly recovered.—*Med. Zeit.*, No. 35.