

ped the anterior fontanelle. The accompanying plate is a photograph of the fetus. In addition, there was a well marked spina-bifida, the tumour being about the size of a pigeon's egg. Immediately after the expulsion of the fetus, I removed the remaining adherent portions of the placenta. I may here mention, that the great mass of the placenta was expelled on the birth of the child, and that the remaining portions were very small. The hæmorrhage was very trifling, and Mrs. — recovery was rapid. She stated to me that she noticed foetal movements, well marked, up to the time of the second escape of the liquor æanii.

REMARKS.

I regret very much that owing to various circumstances I was only enabled to take a photograph, hence must be attributed the vagueness of the description. The fetus was decidedly an anomaly. Judging from its head, liver, spleen, and the appearance of nails on its fingers and toes, it would have been considered an eight month fetus, while from the size and shape of the pelvis, the appearance of the external organs of generation it was totally impossible to determine to what sex it belonged, and the size of the thorax would lead one to infer that they were those of a fetus five months old. We had here, then, a fetus with a head, extremities, and abdominal contents, of a size nearly the same that we find in infants who have arrived at the full term of utero-gestation, whilst the pelvis, heart and lungs were those of a five months fetus. The weight of the whole, including the placenta, was not more than six pounds. I have very little doubt, judging from the history of the case, that the exomphalus and the arrest of development was due to inflammation of the amnion. But it certainly does seem strange that fetal life should have existed for so long a time after the attack. The case was one of a partial placenta prævia, and I believe that the rupture of the membranes on the 9th of March, and that the subsequent and final discharge of the liquor æanii on the 22nd prevented the occurrence of that hæmorrhage which is so alarming in cases of this kind. I confess that I was totally ignorant of the nature of the presentation proper, while in attendance, and should it have been

a breech instead of a head presentation, I fear should have been equally as puzzled under the circumstances to have made a correct diagnosis in such a case.

CASE OF UNUSUALLY LARGE LOOSE CARTILAGE IN THE KNEE-JOINT.

TREATED ON THE ANTISEPTIC SYSTEM, UNDER THE CARE OF MR. LISTER.

By ARCHIBALD E. MALLOCH, M. B.,
HOUSE SURGEON,

Reported to The Glasgow Medical Journal, and also to The Dominion Medical Journal.

W. E., Aged 20, was admitted into the Royal Infirmary on the 28th June, 1868, complaining of slight lameness, of a "lump which moves" in his right knee, and at times of slight pain in the joint, especially when carrying any heavy article. A loose cartilage about the size of a half-crown piece, was felt and moved freely about in the joint. The previous history of the case is interesting, as pointing apparently to its origin from the fringed processes of the synovial membrane. He dates the beginning of his complaint eight months back, when he strained his knee in the following way: While unloading and supporting a partially emptied coal truck, he attempted to spring backwards to escape the falling coal, but fell, as his right foot had been caught between two heavy pieces of coal. After lying on the ground for a few minutes, suffering acute pain in the joint, he got up and limped for a short distance, when he was met by a fellow labourer, who assisted him into a house, from which he was carried home. He remained in bed for some days, suffering at first considerable pain in the joint, which was much swelled though the skin was not red. At the end of two weeks he began to walk with the aid of a stick, and in six weeks resumed his work, though lame and with the joint swelled. Three weeks after the accident while rubbing his knee with a lotion which he had got from a doctor, he felt a "small hard lump," about the size of a marble, above, and to one side of his knee-cap, which he could move to a slight extent from side to side. This "hard lump" increased gradually in size, and got proportionally freer in its motion, and could