

five years, immediately preceding her death, in her seventy-second year. His father is living and healthy, aged eighty-six years.

The patient himself is of average intelligence, and enjoys excellent health. Nothing in the personal or family history otherwise bears upon the case.

### OSTEO-CHONDROMA OF THE HAND.\*

BY EDMUND E. KING, M.D., L.R.C.P. LOND.,

Surgeon to St. Michael's Hospital; Physician to House of Providence and Home for Incurables.

*Mr. President and Gentlemen,*—The case to which I wish to draw your attention this evening is one that, while it cannot be looked upon as exceedingly rare, is not by any means common. It is the first case of the kind I have seen outside the anatomical museums. Its size will certainly allow it to stand amongst the best specimens we have of the enchondroma or osteo-chondroma (for both names are used) of the hand. If the tumour be named from the preponderance of one tissue, and from its point of origin, we would say enchondroma; but should we take into consideration the bony development, and the manner in which this development takes place, at isolated spots throughout the tumour and at the borders, just as in normal bone formation, then osteo-chondroma or ossifying chondroma is proper. This is the term which I adopt.

David B., age 22, single.

*Family history.* Good. No growths of similar kind have ever been known in the family.

*Previous history.* Good. No illness except measles in early childhood.

*History of present condition.* When about six years of age, small nodules were noticed on his fingers and on the back of the hand, his mother says in the location of the present larger ones; these were not painful nor sensitive, movement of the hand and fingers were not affected. His mother also says that he was in the habit of crying when this hand was washed; but, from childhood's experience, we should not lay too much stress on this. When about seven years of age, his hand was stepped on by a grown person, which is the

nearest approach to injury that I can find in his history. The growth was slow and gradual, although some tumours grew more rapidly than others. The growth on the second finger has been frequently bruised by a hammer blow, without causing pain; it would bleed freely, but the hæmorrhage was easily controlled. The tumour on the second metacarpal bone was the one of most rapid growth, but during the last two years it seemed to decrease in size.



*Present condition.* The fourth finger and thumb are free from growths. The first finger has one, on the inner side of third phalanx, about one inch wide, an inch and a half long, and raised nearly three quarters of an inch from surface of the bone. The terminal phalanges of second and third fingers are free; the rest are all implicated. The second, third, and fourth metacarpal bones are seats of growth, that on the second metacarpal being the largest, while the os magnum and unciform bones of the carpus are affected. The first and fourth fingers have good movement, but extension is not complete in the fourth, owing to the tumour on the fourth metacarpal affecting the tendon of the extensor muscles. The extensor movement of second and third fingers is entirely gone. There is no impairment of the flexor muscles, and the patient has strength enough in the terminal phalanges of the second and third fingers to hold a pailful of water.

On May 7th, I operated—assisted by Drs. W. Lehmann, W. H. B. Aikins, and John Caven—removing the second and third fingers, metacarpal bones, and part of the os magnum and unciform bones. I made a dorsal incision, and dissected back a flap, disarticulating the lateral metacarpal articulations, cut through the wrist bones with a chisel; then, dissecting close to the bone on the palmar surface, made the second flap without wounding the palmar arch. I also removed

\*Read before the Toronto Clinical Society.