

ingly easy one, the tumor being enucleated after the first incision. The wound was closed with silver sutures, and with the exception of the formation of a small abscess in its locality, nothing untoward occurred.

The specimen was chiefly interesting on account of its microscopical characters, it being a very well marked example of the myxoma of Virchow. The characteristic anastomosis of the cells was very satisfactorily seen. It was evident that the pellet of fat over the buccinator muscle had been transformed into this myxomatous tissue, and was the origin of the tumor.

BONY UNION OF FRACTURE OF CERVIX FEMORIS.

Another specimen by Dr. Sands was of much greater interest, illustrating as it did the fact of a bony union in a fracture occurring in the cervix femoris. While visiting the Bloomingdale Asylum a year ago, his attention was drawn by Dr. Brown to a lady patient aged sixty three, long an inmate of the institution, who was more or less lame. Having been previously free from lameness, she, on one occasion, about a year before, fell from a chair, striking upon the trochanter of the right side. She was placed in bed, and considered by the gentleman who saw her (Dr. Brown's assistant) as probably suffering only from contusion. As the lameness had continued from that time, Dr. Sands was asked to look at the case. After examination he became satisfied that there had been a fracture at the neck of the thigh bone, as the result of the fall. He was lead to this opinion by the presence of eversion of the foot, but more especially by marked shortening of the limb (about an inch or more), and by continued lameness, with absence of all other signs of injury. He expressed surprise that she should recover so well from it. She died lately, and Dr. Brown had been kind enough to procure the specimen and send it to him.

The specimen consisted of the upper portion of the shaft of the femur, including the head, neck and trochanters. It was very evident that the appearances of the part were abnormal, even before section, and that such were not due to disease but to injury. The head and neck of the bone were shown to have undergone a remarkable change in relative position, the former having dropped down about an inch. On further examination it was also evident that an injury had taken place through the neck of the bone. On the anterior aspect of the neck, about midway between the edge of the auricular cartilage and the anterior intertrochanteric line, a prominent ridge of bone was seen, which, on examining the section, indicated the line of fracture as it took place in that situation. Behind the cervix appeared absent, the posterior intertrochanteric line being almost in contact with the femur, just where it joins the neck. The two portions of the neck were united at a very obtuse angle, and in such a way as to explain the eversion of the limb below.

The line of fracture was certainly within the ligament in front, and he was of the opinion that it was within the same behind. The line of fracture was peculiar. Beginning behind, a line ran inwards and forwards to about the middle of the neck of the bone. It then ran backwards and upwards to the anterior surface of the neck, making two lines which formed an acute with each other.

That portion connected with the trochanter presented a sharp ridge, which caused the fracture to be impacted.

On close inspection it was found that bony union was not complete throughout the whole extent of the line of fracture, there being an evident solution of continuity along the posterior line of fracture, which sloped forwards and inwards from the posterior surface of the cervix. On the other hand there was no interruption whatever along the anterior line of fracture. There the bony union was complete, and it was doubtless due to this fact that the patient had such good use of the limb subsequent to the injury.

In conclusion, he remarked that he always made it a rule never to get crepitus in a case of suspicious impacted fracture of the cervix. He was satisfied to make a diagnosis on the ground of the existence of lameness of a persistent character, with eversion of the foot and shortening. He believed that if the relation of the parts when impacted was forcibly disturbed by unwise attempts to get the crepitus, all hopes of union must be at an end, while only such cases did unite which were in the first instance impacted, and in the first instance not meddled with.

Dr. Post was very glad to hear the caution of Dr. Sands in regard to disturbing an impacted fracture of the hip. He had seen many cases where all the signs of fracture were present, yet without crepitus, the latter condition appearing spontaneously as the result of interstitial absorption. In this connection he mentioned a case of impacted fracture in a patient of his at the N. Y. Hospital, in which all the signs save crepitus were present. He declined to use any effort to get crepitus, and the patient was doing well. When Dr. Post's service was changed, one of his colleagues taking charge of the case determined to make a clean diagnosis, which he did by forcibly separating the fragments.

Dr. Sayre referred to a case of impacted fracture, supposed to have united by bone, which he had presented to the Society some three years ago. The patient had injured his hip, a diagnosis of impacted fracture at the neck of the femur was made, and he was left alone. His recovery took place, and he was able to walk about for several years. On account of this recovery there was a presumed error in the diagnosis. In the course of events, the man died and the specimen was procured. At first, Dr. Sayre thought it was one of bony union, and it certainly appeared so. Dr. K. Smith, of Brooklyn, doubted it, however, and advised him to boil the specimen. This he did, with the result of establishing a slight mobility between the fragments. It was shown, however, that the union had been sufficiently firm during life to enable the patient to use it in walking. In Dr. Sands' specimen he did not think that there was any question as to a bony union.

EPITHELIAL CANCER OF NOSE.

Dr. Rogers presented a fine specimen of epithelial cancer, which he removed from the side of the nose of a man who was 60 years of age. It had first made its appearance fifteen years ago, but commenced to grow rapidly only within the past two years. The integument removed from the nose was replaced by some taken from the cheek.