

**MEDULLARY SARCOMA.**—Mr. H. G. Croly exhibited a specimen of medullary sarcoma of the testicle. The patient from whom the specimen was taken was a man 40 years of age, and was admitted within the past fortnight into the City of Dublin Hospital. The right testicle was of very considerable size, and as far as could be ascertained from the history of the case had been six months growing. According to the statement of the patient, he had received no injury whatever. The tumour presented the usual appearance of these malignant growths of the testis—flattened sides, deceptive fluctuating feel, and was enormously heavy in proportion to its size. There was no thickening of the spermatic cord, and as far as he (Mr. Croly) could discover, no enlargement of the glands, either in the lumbar region, groin, or pelvis. In order to make himself satisfied as to the nature of the tumour, finding it fluctuating, he punctured it, and drew off 2 oz. of hydrocele fluid. As that did not make any difference in the size of the tumour, he then plunged a trocar into the substance of it, and nothing came out but blood. Before the tumour was cut into, it presented the kidney-shaped appearance, and on making a section it resembled brain. It was a well-marked example of *fungus hematodes*, or what was known at the present day as “medullary sarcoma.” Dr. Barker, the curator of the museum, had kindly made a microscopical examination of the specimen, and he stated that it was a well-marked example of cerebriform cancer. It was magnified with a power of 500 diameters. Mr. Croly also showed another specimen, for the purpose of illustrating the fact that the disease occasionally attacked both testicles. The second specimen was removed from the body of a young man under his care in hospital.—*Medical Press.*

**APPLICATIONS IN URTICARIA.**—Prof. Hardy recommends the following lotion to be applied several times a day in order to allay the itching in Urticaria:—Chloroform ten, and oil of sweet almonds thirty parts. In obstinate cases he prescribes corrosive sublimate  $\frac{1}{15}$ th to  $\frac{1}{4}$ th of a part, alcohol ten parts, and distilled water ninety parts. He gives also internally alkaline medicines, and if these do not prove efficacious he resorts to arsenic.—(*Union Medical*)

**ENCHONDROMA.**—Mr. W. I. Wheeler exhibited the third or ring finger of a girl which he had removed on Thursday week. The cast which he also exhibited showed the condition of the finger on the admission of the patient. The patient was 17 years of age, and about nine years since a door slammed on the finger, and two years afterwards a tumour began to grow—that was the tumour which implicated the second and third phalanges. Another tumour—at the first phalanx—commenced to grow a few months afterwards, and these tumours gradually increased until they attained their present size. The larger tumour is about the size of a walnut, and the smaller one about the size of a hazelnut. The patient complained of considerable pain, and was unable to use her hand, and consequently—although the tumours were on her right hand—her left hand and arm were very much more developed. On examining the tumours they proved to be enchondromatous, and were elastic to the touch, and on cutting into the larger one it had rather a crisp feel, and the skin expanded for the purpose of its accommodation, but the skin was by no means contaminated by the tumour itself. He asked the curator of the museum, Dr. Barker, to examine these tumours microscopically, and he had stated that the large one was a specimen of simple enchondroma, full of cartilage-like irregular cells, with communicating thread-like connections. It appeared to him (Mr. Wheeler) to have been developed from connective tissue. It was not attached to the bone. There was no plate of bone connected with it. The small tumour commenced in the medullary cavity of the bone, and was of two forms—the hyaloid, and, he might say, mucoid forms of enchondroma, and showed large oval cells and also branched or stellate cells.—*Medical Press.*

**INJECTION OF AIR INTO THE BOWEL FOR THE RELIEF OF STRANGULATED HERNIA.**—Dr. Moritz Egger reports the following case in the *Med.-Chir. Centralblatt*, No. 4, 1876: He was called last July to see a female, seventy-nine years old, who was found in bed, suffering from intense abdominal pain, and with knees drawn up. She stated that, up to the present illness,