lines, and it seemed to be quite clear, that if she were allowed to go to the full time of utero-gestation, there would be a great risk of serious impediment to labour, in consequence of the state of the parts. Rupture of the perinaeum, if not some more serious lesion, might be anticipated under the circumstances.

Her case was carefully considered by the staff of the hospital, including Dr. Priestley, the physician-accoucheur, and it was determined to remove all the diseased mass under the influence of chloroform. This was accordingly put into practice on the 28th of November, by Mr. Shaw, who, with the aid of a scalpel and a pair of curved scissors, effectually dissected away and cut off the various parts of the tumour, and all the smaller warts. This was done without any sacrifice of the integuments, for the whole were found to be superficial, having only involved the epithelial layer of the dermis. The anus and vagina were thus freed, and the outlet of the latter, although still a little constricted, resumed nearly its natural dimensions. As might be expected, there was free bleeding during the operation, but it was readily controlled afterwards by a piece of lint steeped in a solution of the perchloride of iron.

Dec. 14th.—No constitutional disturbance followed the operation, and a good recovery was made by the patient. The affected parts are sound, except a few warts which were left, as Mr. Shaw was desirous not to protract the operation, or cause her to lose any more blood. She has been out of her bed now for upwards of a week.

ST. GEORGE'S HOSPITAL.

ENCEPHALOID TUMOURS ON BOTH SIDES OF THE NECK; OBLITERATION OF THE LEFT INTERNAL JUGULAR VEIN; FATAL RESULT.

(Under the care of Mr. CUTLER.)

JOHN T—, aged thirty-six, admitted October, 1860. He had a large swelling on both sides of the neck, under the jaw, which proved to be medullary cancer. He died from the effects of this on the 5th of November.

Autopsy, thirty-one hours after death.—On dissection, the swelling of the neck was found to depend upon a series of globular tumours, apparently generated in the cervical glands, of the soft malignant (encephaloid) variety, filling all the upper part of the neck, resting on the cervical vertebrae behind on both sides, and nearly meeting in front across the middle line. The skin was not adherent. On the right side, the carotid artery, pneumogastric nerve, and internal jugular vein passed completely through the tumour. The vessels were widely separated, but were quite pervious. The nerve did not present any obvious appearance of injury. On the other side, the vessels also passed through the tumour, and were less widely separated; but the vein was completely impervious at its upper part. The tumour presented a whitish uniform section, and contained an abundant creamy juice, in which multitudes of large nucleated cells of various forms, many of them containing oil-globules, were seen. On the left side, large masses lay over the angle of the jaw, and others were found passing behind the hamular process, and pressing on the floor of the mouth. The parts about the left tonsil seemed sloughy, though the tonsil itself was natural. The pharynx and larynx were healthy. The sterno-mastoid muscle on each side was lost in the tumour. The veins at the root of the neck were distended with blood. The right side of the heart was loaded with decolorized blood. There were old pleuritic adhesions. The heart, lungs, and abdominal viscera were healthy.

GUY'S HOSPITAL.

EPITHELIAL CANCER OF THE TONGUE, SUCCESSFULLY EXCISED.

(Under the care of Mr. THOMAS BRYANT.)

A MAN, aged fifty-five years, of healthy constitution and regular habits, was admitted on November 15th, 1860. He had had a tubercle in his tongue on the right side near its apex for twelve years, which had gradually enlarged. Three weeks before his application to Mr. Bryant, it had begun to ulcerate, and, as this rapidly extended, he sought advice. When seen, a large, ragged, irregular surface, of the size of a florin, presented itself, with well-defined hardness all round it. There was no secondary enlargement of the glands.

On November 21st, Mr. Bryant excised the mass, having previously fixed the tongue by passing a double ligature through

its base, which was held by an assistant. The incisions were made anterior to the ligature. But one vessel required tying. No hæmorrhage of any consequence followed, and the man left the hospital convalescent.

CLINICAL RECORDS.

BURSTING OF AN UNSUSPECTED CEREBRAL ABSCESS THROUGH THE NOSE IN A CASE OF PHTHISIS.

It is well known to pathologists that with phthisis pulmonalis there is sometimes associated disease either of the membranes or the substance of the brain, from deposits of tubercular matter. The symptoms vary a good deal, are oftentimes very sudden, and may even carry off the patient in a few days. The cerebral mischief is generally unsuspected, because no signs are evinced by the patient of its existence. A case in point has just terminated at St. Bartholomew's Hospital, but differing somewhat from any of the cases spoken of by Louis, Andral, Cotton, and others:—

JOHN W. H—, a man aged thirty-two years, was admitted on the 23rd of August last, under Dr. Farre's care, for phthisis. He had also had an attack of pleurisy of the right side of the chest six weeks before admission. He improved as much as could be expected in the second stage of the disease, but remained pale and anæmic. He was nevertheless sufficiently well to be discharged on the 17th of November, very much improved in his general health. He, however, was not to leave until the next day, when he was seized with symptoms resembling a mild fit, such as spasmodic contractions of the fingers, rigidity of the mouth and lips (the latter of which were bitten), and some amount of unconsciousness. These lasted for about twenty-four hours, when a sudden discharge of a large quantity of pure pus took place from the nose, and he died. He was shortly after taken away by his friends, and no post-mortem examination was obtained. During the period of his stay in the hospital, no manifestation of cerebral mischief was ever shown; and there can be no doubt, as Dr. Farre believes, that a tuberculous abscess had formed at the anterior part of the base of the brain, which burst into the frontal sinuses. Such an unusual occurrence in phthisis invests the case with a considerable amount of interest and importance, and it proves to what extent cerebral disease may remain dormant, without impairment of the general functions of the individual.

SUPERNUMERARY FIRST RIB.

MECKEL observes, in his Manual of Anatomy, that a supernumerary rib usually forms below the twelfth, and not above the first, in which case the number and the arrangement of the upper ribs and the cervical vertebrae are the same as usual, while there is one dorsal vertebra too many, or at least the inferior ribs are only a little more developed. Sometimes, he again observes, this supernumerary rib is found above the first; in this case it generally arises from the anterior root of the transverse process of the seventh cervical vertebra, which is unusually developed and not united to the rest of the bone; the first rib is then generally longer and thinner than usual.

This singular excess of development is to be seen in Mary O—, aged twenty-one years, at the present time a patient in the Charing-cross Hospital, under Dr. Willshire's care. She is under treatment for general anæmia, and attention was drawn to a pulsation felt in the space corresponding to the subclavian triangle, first observed about six months ago, and which proves to be, so far as can be made out by examination, a supernumerary rib arising above the first, as we have just described from Meckel. The patient states that the lump felt, corresponding to the rib, was small at first, and she thinks it must have increased in size; the truth of this, however, there is no means of positively determining; but it has all the apparent physical characters of a rib, and is crossed by a large pulsating trunk, which is most probably the subclavian artery. The pulsation there felt is to some extent explained by the nature of her present illness, for which she is taking a preparation of iron. The rib can be distinctly traced into the spine; and if the diagnosis of its true nature be correct, its origin would correspond with the situation of the transverse process of the seventh cervical vertebra. There is no pain nor tenderness. The left side of the neck is normal, and there is no other indication of excessive development about the body.