Post-mortem Examination.—A large tumour, with an open wound having a red mass protruding from its most prominent part, occupied the situation of the right clavicle; it overlapped the shoulder-joint, reached nearly up to the chin and the middle of the left clavicle, and down to the nipple; it measured ten inches and a half by eight inches, and projected five inches and a half. Numerous veins ramified on its now ulcerated surface, also upon the right side of the thorax and abdomen. The fore part of the tumour was broken down and infiltrated with blood; the lower portion of the sterno-cleido mastoid was blended with and expanded over it, the pectoral muscles being pushed downwards. The external jugular vein passed into the tumour, but was not much enlarged, as also did the internal jugular and right subclavian vein. The subclavian artery lay in the back part; the carotid and innominate arteries were adherent, but did not enter the tumour, nor did the nerves. The superficialis colli nerve ramified on its upper part. The trachea was much pressed to the left side; its triangular shape and ordinary calibre being diminished. The whole of the right clavicle, except its outer end, was surrounded by the mass; a portion of the tumour passed down behind the first rib, beside the trachea, to the root of the right lung, and pressed on its bronchus. The whole tumour weighed six pounds two ounces and a half. Its structure was cribriform, and under the microscope exhibited small cells filled with granular matters, unaffected by acetic acid. The upper and inner part of the right lung was compressed, and a large patch of its lower lobe presented the appearance of atelectasis of children, which was removed by inflation. Right lung healthy; a few old pleuritic adhesions. Left kidney large and sound; the right merely rudimentary, with the supra-renal capsule weighing only half an ounce. Stomach much distended; other organs healthy.

Being on the subject of encephaloid tumours springing up in young subjects, we are reminded of another melancholy case, in which the patient was remarkable for regularity of features and softness of expression, every part of his countenance bearing the imprint of gracefulness and delicacy. It may be easily imagined that the observer must have been very painfully moved when ascertaining the fearful character of the affection, which could not but speedily destroy the young sufferer. It is perhaps worth noting that malignant disease pretty often becomes developed in subjects highly gifted with personal attraction; of this we have seen several examples; of course these may be, in some instances, but mere coincidences, but our remarks will gain some value if confirmed in other cases.

The patient was for a little while under the care of the late Mr. Bransby Cooper, who examined the tumour with great care, and came to the conclusion that its malignant nature altogether precluded any surgical interference. We subjoin a few details, as the case bears considerable analogy to Mr. Coulson's.

GUY'S HOSPITAL.

Encephaloid Tumour on the Side of the Neck; Fatal Results.

(Under the care of the late Mr. BRANSBY COOPER.)

CHARLES L—, aged thirteen years, a boy of fair complexion and interesting features, was admitted in January, 1853. The patient was born in London, his father is a porter at Covent-garden Market, and his brothers and sisters are in a tolerable state of health, but the parents live in a very narrow court opening on the south side of the Strand, the room, inhabited by a numerous family, being of wretched dimensions. Six months before admission, the boy noticed a tumour, about the size of a walnut, situated just over the centre of the right clavicle. The growth was not hard at the beginning, and grew very slowly for the five following months, when it attained the size noticed on admission. The patient did not, for the whole six months which preceded his reception into the hospital, suffer any pain in the growth; and the latter, though of large size, did not interfere with respiration, deglutition, or the tone of the voice.

On admission, a tumour was observed on the right side of the neck, lobulated, elastic, and of the size of a large, elongated Dutch cheese. It was bounded in front by the trachea and larynx, at the back by the spinous processes of the vertebrae, above by a line drawn from the chin to the lobe of the ear, and below by another imaginary line running from the upper part of the sternum to the second dorsal vertebra. The tumour rested on the clavicle, and the former must be raised to allow the latter to be felt. Large veins run up from the right side

of the chest, and coursed over the tumour, which latter formed a large mass projecting from the right side of the neck, reaching the shoulder, and covering the collar-bone. The base was perfectly immovable; the skin glided over the growth, which yielded on pressure a kind of fluctuation in various places. The stethoscope being applied did not reveal any bruit or murmur in the tumour.

Mr. Cooper, as we stated above, examined this tumour with great care, and after taking the opinion of his colleagues, pronounced it of a malignant character, and the boy was soon afterwards sent home.

A rather striking contrast was at that period offered by another young patient, a little older than this poor boy. The former also presented a large tumour on the side of the neck, which was judged by Mr. Cock, under whose care he had been placed, to be an enlargement of the cervical glands. The tumour was removed, and the patient did well; the two cases presenting some analogy as to the size of the tumours, the locality in which they had sprung up, and a most striking contrast as to their intimate nature.

The patient suffering from malignant disease returned to his parents, and was seen several times at his house by Mr. Avery, of Charing-cross Hospital. This gentleman afforded us the opportunity of watching the progress of the case, and it was melancholy to observe how rapidly the tumour increased in size, and how fearfully the disease was withering the patient's system. The growth soon extended under the axilla and on the parietes of the chest, and the poor boy died in a melancholy condition a few months after his discharge from Guy's Hospital. When the tumour was examined by Mr. Avery it presented the usual character of encephaloid cancer.

It is now clearly ascertained that the latter affection will attack very young subjects; of this we saw an instance a few days ago at St. George's Hospital, in the person of a little boy three years old, who decidedly presents the most pitiable aspect which we have ever seen.

ST. GEORGE'S HOSPITAL.

Encephaloid Growth from the Left Orbit in a Child Three Years old.

(Under the care of Mr. HENRY CHARLES JOHNSON.)

THE little sufferer was admitted Oct. 5th, 1853, and belongs to very poor parents; they have a great many children besides, who, however, are not suffering from any malignant disease. The right eye was lost two years before admission, probably from purulent ophthalmia. From the left eye a large fungus is protruding, which has quite destroyed the organ, and which, of a perfectly cylindrical form, is about the size of an infant's fist. The posterior half forms a congested, thick, and hard cutaneous ring; the anterior is soft, fungating, and bleeds very frequently. The tumour had taken only a twelvemonth to reach its present size, and looks exactly like a horny growth from the left orbit. The poor child is of course quite blind, and is kept in the house principally from charitable motives.

This patient has been placed in the ward which has lately been devoted to children, both for medical and surgical cases. This is an improvement of an important nature which, with the ward for uterine affections shortly to be opened, will materially and usefully increase the field of clinical teaching.

Mr. Johnson has another patient affected with a tumour by the side of the face, the nature of which admits of removal, and which is especially remarkable for its size and the length of time it has been allowed to grow.

Large Fibro-Cystic Tumour on the Right Side of the Face, of Thirty-two Years' Growth.

(Under the care of Mr. HENRY CHARLES JOHNSON.)

Sarah T—, aged fifty-three years, was admitted Oct. 19th, 1853. The patient is a tall, well-made woman, with regular features, who has always lived in the country. Thirty-two years before admission, a small tumour formed a little below the lobe of the ear; no pain was connected with it, and it was allowed to grow for a great number of years, during which its increase was very gradual. It had taken a more rapid development these last five or six years, and was found on admission to have reached an enormous size.

The tumour now presents a strongly-lobulated character, and is of the size of a foetus's head. It raises the lobe of the ear, and is bounded above by the zygoma, below by the margin of the inferior maxilla, anteriorly by the ala nasi, and posteriorly by the spine. On the upper part, the lobules yield a kind of fluctuation, but the lower part is pretty firm. The

whole mass is easily movable, but there has been for some years a shooting and darting pain in the tumour, though the general health is not in the least deteriorated.

As this tumour, though extremely bulky, did not present any of the usual characters of malignancy, Mr. Johnson determined on removing it, and on November 3rd, the patient was brought into the theatre, and placed under the influence of chloroform.

Two elliptical incisions, their concavities facing each other, were carried from the upper to the lower part of the tumour, so as to sacrifice a corresponding piece of skin, and the dissection was conducted on both sides of the tumour, towards the neck, with all the caution demanded by the important parts exposed to the knife. The growth proved, however, to be attached so superficially that the whole mass was removed without any vessel or nerve of importance being either endangered or divided. Yet it seemed to us, that when the patient was being removed her mouth was a little drawn to the left side, which circumstance might lead to the conclusion that the seventh pair had somewhat suffered on the right side. Mr. Johnson did not bring the edges of the wound together, so as to leave the part exposed to the air for a little while, to prevent hæmorrhage, and to experience no difficulty in arresting the latter if it were to occur.

On opening the tumour it was found to consist of resisting fibrous tissue, and a series of cysts, which Mr. Johnson considered had been formed by the crumbling down of portions of the original substance of the growth. The patient has up to this date progressed very favourably.

We drew attention, when reporting the cases of Mr. Coulson and the late Mr. Bransby Cooper, (see above,) to the fact that the most destructive variety of cancer (the encephaloid) will sometimes spring up in very young patients. With reference to this fact, we would contrast these cases with a patient, now under the care of Mr. Stanley, the former being a full-grown adult, seemingly in the enjoyment of excellent health, of robust make, and who at first sight would hardly be suspected of harbouring within him the germs of malignant disease.

ST. BARTHOLOMEW'S HOSPITAL.

Encephaloid Tumour in the Cervical Region; Operation.

(Under the care of Mr. STANLEY.)

THE patient is a porter at a grocery warehouse, tall, dark, of regular features, and of a healthy appearance; he is twenty-five years of age, and has never suffered any notable attack of illness. He presents, on the right side of the neck, a tumour, which at first sight looks very much like a hypertrophy of one-half of the thyroid gland. The growth is about the size of a large fist, and reaches to about an inch from the clavicle, almost to the spine posteriorly, and touching the lower margin of the jaw inferiorly. The tumour is resisting on pressure, painless, has been growing only six months, and is not easily movable on its base. Mr. Stanley considered that this latter circumstance was rather unfavourable as regarded operative proceedings, and that the rapidity of the growth might raise a suspicion of the malignant nature of the tumour. The patient was, however, very anxious to be freed from the inconvenience and deformity produced by the tumour, and was brought into the theatre on Saturday, Oct. 23rd, 1853, after the risks connected with the operation had been pointed out to him.

The dissection was of course of a very delicate kind, and it was found, as the base of the tumour was being reached, that its connexions below the sterno-mastoid muscles and towards the sheath of the vessels was of a rather intimate kind, herein vastly differing from the tumour removed by Mr. Johnson at St. George's Hospital (see above). The dissection was conducted with the greatest care, and the growth being examined, it was found to present very decided characters of encephaloid cancer. The patient has not had any unpleasant symptoms, and will probably do well, though great apprehensions may naturally be entertained, judging by analogy, that there will be a recurrence of the disease at no distant period. Still, though this recurrence is *likely*, it is not *certain*; and one would be inclined to say that the patient is now in a more favourable position than before, except it can be proved that an operation of this kind acts in some degree as an excitant of further malignant developments.

In viewing a case like the present, one is led to inquire whether the microscope is intended to be used as an aid in diagnosis, or merely as an instrument helping to give certain names to pathological specimens or preparations. We humbly submit that we prefer the advancement of actual therapeutics to the refinements of nomenclature founded upon cell struc-

ture, and would remind our readers of the use made of the instrument in question, some time ago, by Mr. Luke, at the London Hospital. Mr. Quekett was in attendance. He was given a grooved needle charged with the substance obtained from the tumour to be removed; pronounced it, after a careful microscopic examination, to be of a character fit for excision; and the operation was forthwith performed. On this head, we well recollect a circumstance which used to be frequently mentioned by the late Mr. Bransby Cooper. There being a doubt as to the nature of an abscess situated in the lumbar region—viz., whether it was connected with diseased vertebrae or not; the microscope and chemical analysis were brought to bear upon the question, and phosphate of lime having been discovered in the purulent matter, the diagnosis was placed upon an unerring basis.

The preceding reports on different kinds of tumours may fitly be followed by a case of Mr. Thomas Wakley, in which growths perfectly symmetrical sprung from the lobules of the ear. Such companion tumours, as it were, present much interest, and are beautiful examples of the close connexion existing between physiological and pathological phenomena. When in ulcers, skin disease, &c., one half of the body suffers more than another, it may be supposed that the exciting cause has been more powerful on the affected than on the corresponding side. But the law of symmetry is the most obvious when the exciting cause is wholly internal, and Mr. Wakley's case will be found the more extraordinary as the growths depended on an easily appreciable mechanical cause.

ROYAL FREE HOSPITAL.

Removal of Symmetrical Fibrous Tumours from the Lobules of the Ear.

(Performed by Mr. THOMAS WAKLEY.)

ON November 1, 1853, Mr. Thomas Wakley removed from the lobules of the ears of a young woman two well-marked fibrous tumours. The patient stated that about four years before the operation, she had her ears pierced by a jeweller, and gold rings placed in the punctured lobules. In a few days the ears became so swollen and painful that it was found advisable to remove the rings. Under ordinary treatment the pain subsided and the swelling diminished, but the parts soon became hard and unyielding, and continued to grow until the disfigurement was such that the patient applied to the hospital for the removal of the growths. The tumours, which were as large as nuts, were easily dissected away, and Mr. Wakley left sufficient integument to form good-sized lobules to her ears.

The wounds healed by the first intention; and the tumours having been submitted to Dr. Glover as to their minute structure, he pronounced them to be of the true fibrous character, with adipose matter interposed in several places.

This case exactly corresponds with a preparation in the museum of St. Bartholomew's Hospital, obtained from a patient operated upon by Mr. Holderton. Both cases beautifully illustrate the symmetrical fibrous formation, and were produced by the same exciting cause—viz., the above-stated remnant of the barbarism of the earlier ages. In reference to the precise nature of these growths, Mr. Paget, in his recent work on Tumours, p. 148, says:—

“There may be perhaps some doubt whether the growth be a proper tumour or a cheloid growth of the cicatrix tissue formed in the track of the wound, but it has the distinct aspect of fibrous tumours.”

Reviews and Notices of Books.

Elements of Psychological Medicine: an Introduction to the Practical Study of Insanity. By DANIEL NOBLE, M.D., F.R.C.S., &c. London: John Churchill. 1853.

WE know of no department of medicine in which so little provision for instruction exists as in that of mental disease; yet there is certainly none which it is more necessary that the medical practitioner should zealously cultivate. We have often expressed our opinion that the medical profession, as a body, suffers in public estimation, and that its members suffer individually from this circumstance, and the consequent representation of the profession by a small number of hereditary lunacy-physicians. Were we to seek for a proof that psychological medicine can look for little advancement from this class, we might point to the book before us, and ask how long we