removed by injections. Neither of these attacks differed in any respect from those previously detailed.

The many facts I have witnessed strongly incline me to the belief, that this predisposition to excentric epilepsy is hereditary; and one case in particular afforded a very peculiar confirmation of this view. A lady, who eventually became my patient, had three children, all girls, none of them of the strongest. They were sorely tried in passing through the customary diseases, but never had any convulsive attack. After being a widow for a few years, she married again, and gave birth to a boy, who suffered long and severely from convulsions. On inquiry, I learnt, not only that the father had been similarly afflicted when he was a child, but that none of the wife's or her first husband's family had ever been subject to them. This was the more conspicuous, because I have generally remarked that girls are more predisposed than boys to epilepsy.

But perhaps the real value of the plan of treatment here advocated was more advantageously displayed in the following case than in those already reported. It made a deep impression upon me at the time, not only on account of the intolerable state of the intestinal secretions in a child of such tender age, but from the immediate and almost instantaneous relief afforded by the injection, which active aperients had failed to obtain. A young child, in whom dentition was complete, was attacked one evening with convulsions, the first he had experienced, and before I could reach the house had two severe fits. A plentiful enema was at once administered, which, in the course of a few minutes, brought away an enormous quantity of extremely offensive evacuation, so that the room was hardly bearable. No return. About two months subsequently, threatening symptoms of convulsion again made their appearance. Purgative medicines were given, by which the bowels were copiously relieved; but, from the persistence of the symptoms, it was deemed advisable to employ an enema, with the immediate effect of emptying the lower intestines of a very great quantity of slate-coloured and most unhealthy secretion. He was quite well the next day, and has continued so ever since.

(To be continued.)

REMOVAL OF A FIBROUS TUMOUR FROM THE LEFT NECK.

By EDWARD G. CROOKE, M.D., &c., Chorley.

MRS. R.—consulted me on July 26th, 1854, on account of a large tumour, extending from the lobule of the left ear to the mesial line of the neck.

The history of the case is as follows:—About nineteen years ago, she first perceived a red, hard lump, the size of a small marble, on the left side of the neck, nearly an inch below the angle of the jaw. The swelling was not at first painful; but gradually increased in size. She consulted several practitioners concerning it, by whom a variety of treatment was adopted—viz., leeching, blistering, poulticing, the application of deobstruent plasters, iodine, both in the form of tincture and ointment, &c. All remedies, however, were found inefficient: the tumour still grew. At the end of five years from its first appearance, the swelling had attained the size of a small orange; removal was attempted, but desisted from on account of the severe hæmorrhage.

At the present time, the tumour is of a large size; and, from pressure upon the larynx, cervical vessels, and nerves, is not only inconvenient from its actual bulk, but is itself the seat, and is productive of great pain. Its growth recently has been very rapid. The patient is a moderately stout woman, about five feet five inches high, with dark eyes and hair, bilious complexion. Her features are slightly drawn to the right side; the orbicularis palpebrarum is somewhat deficient in function; the tongue is furred; pulse 70; the appetite bad; bowels constipated; the urine dark and scanty, becoming muddy upon cooling; the catamenia are regular; there is no cough; the cardiac and respiratory sounds are normal. The tumour covers the ramus of the jaw and cheek to the extent of about one inch, rising considerably above the level of the neighbouring parts; it fills up the space between the jaw and the mastoid, covering the latter; it lies upon the sheath of the vessels and the sterno-mastoid, also upon the left side of the thyroid cartilage. It is ovoid in shape; the upper portion, the broader, has a diameter of about four inches, the lower being from half to three quarters of an inch smaller; the length is six and a half inches, or thereabouts. The left pinna is pushed

upwards and backwards, its lobule being an inch above the level of its fellow. The swelling is moveable, and does not appear to dip to any extent behind the ascending ramus of the jaw; its extremities are most fixed, especially the upper one; the surface presents an irregular, nodulated feel and appearance; some of the nodules are soft and fluctuating, others are hard and resisting; there is a vertical cicatrix about an inch and a half long in its centre; the skin over the upper part is thin, bluish in colour, and appears to be the site of incipient ulceration.

Diagnosis.—The symptoms clearly indicate the nature of the tumour to be fibrous, and that it is to a considerable extent independent of the neighbouring parts. As a fibrous tumour, no hope can be entertained of its absorption. The pain and inconvenience it produces—its late rapid growth—its ultimate destruction to the patient under these circumstances—together with a possible tendency to degeneration, even if its growth should cease—decide me to recommend early removal, which, in my opinion, offers a very fair prospect of success.

July 31st.—The patient having given her consent to the operation, I prescribed her a mercurial alterative, with solution of potass, and infusion of gentian, twice daily; and told her I should attempt the removal as soon as the general health was improved.

August 4th.—The bowels are comfortably opened; the tongue cleaner; the urine lighter in colour, and does not become muddy on cooling. As I did not expect any greater amendment until the source of mental anxiety was removed, I decided upon to-morrow as the day for the operation.

5th.—Half-past eleven, A.M.: Assisted by Mr. Haldan, surgeon, of Preston, and my friend, Mr. George Owen Rigby, we proceeded to place the patient under chloroform. Its inhalation being carried on in such a manner that the atmosphere was not excluded, but allowed to mix freely with the vapour, it was about fifteen minutes before complete anæsthesia was produced. I then made two elliptical incisions from the apex to the base of the tumour, including, in the middle, about two inches of integument; and partly by means of extrusion with the handle of the knife, and partly by very cautious use of the blade, the tumour was removed; very little hæmorrhage occurred. The sheath of the vessels, together with the facial nerve, were very plainly exposed; the flaps were brought together with five stitches a few vessels of trivial size having been tied, and cold-water dressings applied. There was no drawback to speedy convalescence. With the exception of about half an inch, the wound united by the first intention.

31st.—A scar of about six inches in length is visible; there is no facial paralysis or any untoward consequence from the operation; the headache and noises in the ear have ceased; the patient's general health has much improved. The tumour upon examination exhibited the following characteristics:—it is contained in a common dense fibrous sac, from which septa proceed, dividing it into different nodules, occupied by matter of various consistence. Some of these nodules contain an apparently amorphous semifluid blastema, held by fibres easily separated; others have the fibres more closely compressed, separated with difficulty, and united into a solid mass; others are very firm and dense: in these the fibres are united and fused together, presenting an homogeneous mass of an opaque white colour, to the eye resembling cartilage, easily cut into thin slices with a knife, but not divisible into fibres, comprising together the three varieties of fibrous tumours—viz., first, the dermoid; secondly, the sarcoma, or true fibroid; thirdly, the chondroid. Under the microscope, the fibres resemble those of true areolar tissue, are rendered transparent by acetic acid, gradually disappearing under its use for the most part; some nucleated ones, however, remaining. The blastema contains granules, oval elongated nucleated cells, with imperfect nucleoli.

Park-road, Chorley, 1854.

HYGIENE OF ASYLUMS FOR THE INSANE.—In the wards of insane establishments which are wet and dirty, no scrubbing or scalding will effect more than a temporary improvement, as the rooms become reservoirs for the perpetual exhalation of the volatile ammonia. But if dilute sulphuric acid be poured over the floors, in the proportion of one ounce of acid to twenty-four of water, and allowed to remain twenty-four hours, a white film (sulphate of ammonia) will form, which may be removed by washing, and will leave the room sweet. The principle is that of converting a volatile into a fixed salt, that may be easily got rid of.—MR. HUXLEY in the *Asylum Journal*.