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