spots, somewhat varying in size. The left ovary was healthy, but the right rather large, and containing several cavities which would have admitted a pea; these had well-defined boundaries, and were filled with a yellowish-white, cheesy substance, like softened tubercle. There was clearly no communication between these cavities and the pelvic abscess, which latter was found to have originated in the cellular tissue, between the rectum and uterus. This abscess had thence burst into the peritonæal sac, and excited repeated attacks of peritonitis.

The question which arose when the patient was writhing under acute symptoms, the pain lying principally in the right iliac fossa, referred chiefly to the seat of the evidently severe inflammation and possible suppuration. It is very natural that suspicion should at once have been turned towards the ovary, and a glance at the patient's history will show that the symptoms manifested could with some propriety be ascribed to acute inflammation and suppuration of an ovarian cyst. The unfavourable state into which the patient fell a little time after the partial evacuation of the abscess, wrapped the seat of the latter in great obscurity, and the actual condition of parts could hardly be conjectured with any satisfactory degree of probability. The post-mortem examination revealed the existence of an abscess of a comparatively common kind, but which affecting a patient of the female sex, placed in very peculiar circumstances, was well calculated to direct attention to the generative organs as being in all probability the seat of the mischief. That the exciting cause of this accumulation of matter was connected with the sudden change which occurred in the patient's way of life is extremely likely; and such a case as this will afford an additional proof of the truth of the opinion that the discovery of the exciting causes of diseases of all kinds must ever remain obscure. In spite of the minute inquiries of the practitioner by the bed-side, he *never* is made acquainted with *all* the circumstances of a great many cases, and sometimes remains ignorant of facts which would have rendered the diagnosis comparatively easy. The state of the right ovary should not be overlooked; that organ had evidently been very active, and though the exact nature of the cavities found in it could hardly be ascertained, it is likely that they were the result of the natural but over-excited functions of the part.

CHARING-CROSS HOSPITAL.

Cancer of the Breast; Removal; Death, three years after the operation, from Malignant Disease of the Liver.

(Under the care of Mr. AVERY.)

WE have had frequent opportunity of reporting cases where extirpation of cancerous tumours was resorted to, and have ventured to express the opinion, that the surgeon who gives his patient the enjoyment of a few years exemption from suffering and misery by removing a malignant growth is to be commended, though the evil hour may be merely put off for awhile, and the patient be again seized with the disease. The following cases, one having been under the care of Mr. Avery, the other treated by Mr. Hancock, will exemplify, in a very satisfactory manner, the usual termination of malignant affections, and lend support to the practice of freeing patients from the early manifestations of the disease, although the diathesis cannot be destroyed, and must give rise, in an indefinite period, to cancerous growths, either upon the surface or in some of the viscera.

It appears that the patient applied, about three years ago, to Mr. Avery, with a tumour of the breast. She was then about forty-five years of age, and the tumour had been growing for the last two years. On examination, the abnormal growth, full as large as a fist, contained in a thin, firm, membranous capsule, exhibited in its centre a hard, fibrous structure, surrounded by a more elastic, homogeneous, encephaloid mass. The skin was adherent to the tumour in certain parts, and two or three enlarged, and somewhat indurated glands, could be felt in, and were removed from, the axilla. The patient's health had not materially suffered yet; the pain was not very intense, and as favourable prospects might be entertained, Mr. Avery determined on acceding to the patient's wish of having the breast removed.

The operation was performed in the usual manner, the wound healed very rapidly, and the patient was discharged (1847) in very good condition. Her health remained satisfactory for the following three years; she stated, however, when re-admitted, that she had had very frequent severe rheumatic pains in the chest and various parts of the body. In the month of July, 1850, she again applied at Charing-cross

Hospital for admission, suffering from intense pain in the chest and hip. She was admitted, and, whilst in the house, was seized with epileptic fits, and it is supposed that a fracture of the thigh, which was soon afterwards accidentally discovered, took place during the paroxysm. She gradually sunk under this combination of afflictions.

The post-mortem examination was conducted by Mr. Jessop, house-surgeon to the hospital. No alteration of any importance was found in any part of the frame excepting the liver and cranium. No signs of disease were discovered in the tissues connected with the amputated breast, and the axilla was quite free from any cancerous transformation. The liver was the seat of decided cancerous manifestations, in the shape of tubercles of a scirrhus hardness, with which the organ was studded. These growths varied in size from a nut to a small orange; they were of a light yellowish colour, situated both on the surface and in the substance of the liver, and, as stated above, were remarkably hard. In the middle fossa of the base of the skull, the meninges had become thickened and agglutinated, together with the neighbouring portion of brain, and formed a soft, pultaceous mass, about the size of half a walnut, surrounded by pretty healthy cerebral matter, the bone of the skull itself being sound. The thigh-bone was carefully examined, and presented an oblique fracture immediately below the trochanter major. The fractured extremities lay bathed in purulent matter; the periosteum had peeled off, but there was no appearance of cancerous deposit or other disease in the osseous structure. We now proceed to the consideration of the second case.

Cancer of the Penis; Removal; Death two years afterwards; several Viscera affected with Cancerous Disease.

(Under the care of Mr. HANCOCK.)

THE patient was a man sixty-two years of age; he first applied to Mr. Hancock in 1848, complaining of an ulcerated penis. On examination, that organ was found affected with cancer in the ulcerative stage, and a great portion of the same had already perished. The patient stated that he had never had syphilis, and that the present complaint began with a wart on the glans, which had ulcerated and spread to the extent now seen, in the space of a few months. The glands of the groin were found free from disease; the patient had never had phimosis, and Mr. Hancock resolved to give his patient the only chance now left by forthwith removing the penis. The operation was performed in the usual way; the wound healed pretty rapidly, and the patient was discharged quite well.

Two years afterwards, he applied again at the hospital, complaining of gastric derangement, pain and uneasiness in the hepatic region and scrobiculus cordis; he was admitted under the care of Dr. Chowne, in June, 1850. He remained some time in the hospital, but in spite of appropriate treatment, he grew much worse, and died four months after admission.

The post-mortem examination was conducted by Mr. Jessop, the house-surgeon to the hospital. The viscera which were found affected with the cancerous disease, were the liver and lungs; the former was somewhat enlarged, of a pale colour, and studded throughout with hard cancerous tubercles, varying in size from a horsebean to that of a small pea; by sections made across the liver it was found that these abnormal growths (which projected about two lines above the surface) pervaded the substance of the organ to such an extent as to form nearly half its bulk. The lungs were studded with tubercles of a similar character, principally towards the apices, and the mediastina likewise contained a great many of these growths.

Now, it might be asked, what would have been the condition of these two patients had no operative interference taken place? Mr. Avery's patient, who was suffering from a scirrhus breast, would have had to submit to the various stages of inflammation and ulceration, which would have rendered life burdensome and miserable; and supposing even that she had dragged on a wretched existence for about the same period as she actually lived, or even more, it cannot be doubted for a moment but that her state was far more bearable after the operation than if Mr. Avery had refused to remove the breast. We are aware that cases have been known where patients have lived several years with frightful cancerous ulcerations upon them, but these (if even such a life could be brought forward in favour of non-interference) are rather the exception than the rule; and an operation in the early stage could hardly be condemned, except it could be proved that it was likely to accelerate, or had in some cases really hastened, the fatal termination. How often are hospital surgeons and their pupils

shocked at distressing ulcerations presented by unfortunate patients of the humbler classes, who, after having been subjected to numberless applications by their *friends*, and *quacks*, apply for relief when the disease is beyond human power.

Mr. Hancock's patient was likewise far better off during the time which elapsed between the removal of the cancerous penis and his death, than he would have been had no operation been performed. Our readers may recollect a case of cancer of the same organ, in a patient under the care of Mr. Paget, at St. Bartholomew's Hospital. (*THE LANCET*, Aug. 31, 1850, p. 265.) Here the disease was so far advanced that Mr. Paget very justly declined to operate, and the remainder of the poor man's life, though it perhaps will be but short, will be far more wretched than if the disease had been eradicated early, and the patient had died at the same period which will now close his career. We are aware that it is objected that such operations throw discredit upon surgery, but the apprehended blame might be forestalled by making patients acquainted, as distinctly as circumstances will admit, with the real nature of the case; and when they will be told that, besides a comparatively painless life to be obtained by an operation, there is ever so small a chance of that life being somewhat prolonged, or even a shadow of hope that the disease may not reappear at all, they will certainly submit to operation with the utmost willingness, and hold the surgeon free from any reproach or blame. In the consideration of these cases it should be particularly noticed, especially as regards the history of cancerous diseases in general, that the parts originally affected with the cancerous disease, in both these cases, remained totally free from any recurrence of the carcinomatous affection. We have observed in other hospitals cases which will go far to strengthen this position, and shall bring them before our readers at the earliest opportunity.

KING'S COLLEGE HOSPITAL.

Latent Meningitis.

(Under the care of Mr. PARTRIDGE.)

It is agreed on all hands that symptomatology forms a very important branch of medical investigation, and no small amount of perspicacity and reasoning powers are required carefully to observe symptoms, weigh their value, and deduce from them the probable organic or functional derangement which we are called upon to treat. By reading systematic works on the practice of physic, and by frequently seeing the deductions of the medical adviser, founded on symptoms, realized either in the dead-house or by manifestations in the patient, one cannot fail to be impressed with the fact, that much has really been done in the art of observing symptoms, and drawing inferences from them. As a recent instance of diagnostic penetration, we might mention a passage of Mr. Bransby Cooper's introductory lecture, (*THE LANCET*, October 12th, 1850, p. 416,) in which Dr. Addison's acumen in diagnosis is mentioned.

The chest is certainly of the three cavities the one which, in our days, may be said to be investigated with the greatest accuracy, the abdomen next, and the brain last. We need not dwell upon the fact, that the rhythmical movements of the thorax are very favourable to auscultation, that the facility of palpation is of much advantage when examining the abdomen, and that the brain is not so easy of access as either of the two other cavities. With cerebral affections the physician is therefore obliged to trust principally to signs, and we are induced to bring forward the present case, lately under the care of Mr. Partridge, to impress upon our readers how it may happen that symptoms be not trusty indices of the changes which a vital organ may have undergone. It is one of those cases, the consideration of which will worthily occupy the thinking practitioner for a few moments, and convince him that the examination of patients *can never be too minute*.

The following history is principally taken from Mr. Hewett's notes. The patient, aged about forty-two, and a mason by trade, was admitted, under the care of Mr. Partridge, August 10th, 1850. His habits had been intemperate, he had a dissipated appearance, and came to London to seek employment. A scaly eruption (partly tuberculated, and partly dipped with red scales) was covering the left side of the forehead, and his whole body was covered with lepra, which had assumed a somewhat pinkish hue. This cutaneous manifestation was at first looked upon as of syphilitic origin, and the patient, being questioned as to the primary symptoms, stated that he never had had any ulcerations on the generative organs, but had, some years ago, suffered from gonorrhœa. The fact of chancres not having been noticed by the patient is not a sufficient proof of their never having existed, for M. Ricord has shown

that such ulcerations may exist, either in the canal of the urethra, or in some other concealed portions of the frame, without being noticed. Thus, the present eruption might still be of a syphilitic character, though the patient saw no chancres. But it should be likewise remembered, that some authors on syphilis believe that secondary eruptions may follow gonorrhœa, which doctrine is certainly not so well supported by facts and reasoning as M. Ricord's opinion, which is, that gonorrhœa is never followed by secondary symptoms. Still, it might be asked, whether an eruption, when of a specific origin, has not some peculiar characters which might make it at once recognised? Most surgeons of experience, and Ricord himself, are inclined to answer in the negative; and though the copper-colour, the absence of fever, &c., have certainly some weight, the history of the case, and the existence or non-existence of other syphilitic symptoms, must be our chief guides.

In looking at the present case in this manner, the origin of the eruption might be looked upon as quite benign. The patient's eyes, which were rather prominent, had both suffered: the right was disorganized by a blow from a child many years previously; and the sight of the left was defective, the lens having a general hazy character, not sufficiently marked, however, to constitute cataract. The only other ailment the patient complained of was a swelling over the metatarso-phalangeal articulation of the left great toe, with an inflamed bursa in the same locality. The pulse was *slow and weak*, and the digestive organs in a pretty good condition. The patient made no complaint about his head; he was quite sensible and rational, and anxious to be relieved both as regarded the eruption and his defective vision.

Mr. Partridge ordered the warm bath and an aperient draught, and soon afterwards, with a view of counteracting the patient's growing debility, prescribed ammonia and bark, with good nutritious diet. The man continued under this treatment without any apparent change for three days, when shortly before ten o'clock on the evening of the fourth, he was seized with an epileptic fit, which lasted with slight intervals until about one in the morning. Mr. Wood, the house-surgeon, gave him a strong purgative, directed cold to be applied to the head, and a stimulating enema to be administered. The latter acted well, and during an interval of the fits the patient stated that he was not subject to the seizures. About two the same morning the fits increased in violence; leeches were applied on both temples, but without much effect, as the fits continued without intermission, and the man died at half-past eight in the morning. During the night the urine was examined, and found to be very acid, but not albuminous.

The necropsy took place eight hours after death. On opening the head, a general thickening of the pia mater was observed, as well as a deposit of lymph over the anterior convolutions of the cerebrum. On the surface of the left hemisphere there was a thick grey deposit of cartilaginous hardness glueing together (though not strongly) the layers of the arachnoid membrane. On making a section of the cerebral substance, this deposit was found to affect both the grey and white matter, the colour of the grey substance being lost in the mass, and the white matter in the interior of the convolutions was softer than natural, and easily giving way to slight pressure. There was much effusion into the ventricles, spinal canal, and sub-arachnoid space, and the left optic tract was smaller than the right.

Here, then, the pia mater was thickened, the anterior convolutions were covered with lymph, and there was a hard deposit on the left hemisphere, which dipped pretty deep into the substance of the organ, and glued the layers of the arachnoid. These pathological alterations can hardly have been contemporaneous, and the hardness was probably of longer standing than the exudation of lymph. The latter seems, in fact, to have resulted from the sudden inflammation of the pia mater, which may have been chronically affected, and brought to an acute state by some exciting cause. No sign or symptom pointed to these various changes when the patient was admitted, his pulse being *slow and weak*; nor is it in the least likely that the affection of either eye was connected with the cerebral changes, but the eyes being prominent might have some reference to the abnormal state of parts within the skull. At all events, the convulsive seizures had much similarity with true epilepsy, and it might be conjectured that those persons who are subject to fits may sometimes be labouring under a latent inflammation of the cerebro-spinal pia mater, which, in the absence of direct stimuli from without, has no effect upon the cerebral manifestations, but that the fits occur when the latent inflammation is heightened by an