

before published, and for which the same operation was resorted to as in the previous case, and at which we were present on the 4th of August, 1857.

The patient's general health appeared to be good, although he was a thin, spare man, and had suffered much from bad health during a twelve years' sojourn in India as a soldier. The tumour had been growing for seven or eight months, slowly and gradually increasing in size, and for the last five months he had had numbness of the forearm from the elbow downwards.

A consultation was held by all the surgical staff of the hospital, who were unanimous that the only course to be pursued was to tie the subclavian artery on the outer border of the scalenus anticus muscle, and that it should be done as early as possible. This was accomplished at the date mentioned, and, from the difficulties of depth and other causes, occupied fifty-eight minutes. Pulsation ceased in the tumour, but the patient survived only three days, death resulting from inflammation and suppuration of the deep cellular tissue at the root of the neck, extending to the anterior mediastinum and pleura.

The notes of the case were taken by Mr. Chappell, the dresser of the patient.

George C—, aged forty, admitted on the 31st of July, 1857, with swelling in the right axilla, of fusiform shape, evidently axillary aneurism. He gave as the duration of the tumour a time varying from five to nine months. He had been a soldier in India in the artillery, drank freely, had had several attacks of fever and liver affections, for which he was cupped and bled extensively. For the last six months his occupation had been that of a hawker, during which time he frequently had recourse to opium to soothe the pain: two-pennyworth used to be his quantity, equal to two drachms of tincture of opium. The aneurism appeared to enlarge rapidly, so that immediate operation seemed necessitated.

On the 4th of August, the operation of tying the subclavian, outside the scalenus anticus, was performed by Mr. Stanley. On account of there being a large external jugular vein, the external incision was modified to avoid it. The artery was tied, and pulsation stopped. He had two or three hours' sleep during that night.

5th.—His pulse became irregular, and prostration severe.

6th.—Sudden pain on the left side, with dulness, announced pleurisy, which increased the prostration, and rendered the respiration laboured. Leeches and calomel and opium had some little effect upon it. The symptoms gradually increased, and death occurred at eight A.M. on August 7th.

At the autopsy were found, diffuse suppuration in the superficial and deep cellular tissue of the neck, extending into the anterior mediastinum; also about a pint and a half of curdy serum in the right pleural cavity; the arch of the aorta was dilated, with softening of its internal coat; the left axillary artery had an incipient aneurism, the size of a small nut.

GUY'S HOSPITAL.

EPITHELIOMA OF THE RIGHT LEG AND TIBIA; AMPUTATION; RECOVERY.

(Under the care of Mr. COCK.)

THE peculiarity of epithelioma is the unusual development of epithelial scales, which originate in the part affected, either in the skin or mucous membrane. After a while ulceration ensues, the epithelial infiltration goes on and extends to the deeper structures and tissues, and thus involves a large extent both of surface and of substance. Although this form of cancer is commonly met with in the lip, the scrotum, and the penis, we find it to occur in other parts of the body. We append the notes of two interesting cases of the disease: in the first it affected the right leg, involving the tibia; in the second, the os calcis and integument surrounding it. In both, the limbs were amputated, and recoveries ensued.

Thomas T—, aged forty-five, a hairdresser, residing at Deptford, was admitted on May 25th, 1858, under the care of Mr. Cock. He was a very pale and cachectic-looking man; but he states that his health has not been bad, and his habits have been temperate. Twenty-six years ago he noticed a swelling in the right knee, which continued to increase for some time, till at last he was unable to walk. This swelling then burst, and he was much relieved. The wound, however, never healed, and was sometimes worse than at others. About two years ago he fell down and struck the part; the wound then

rapidly became larger, the bone died, and at last he came to this hospital.

When admitted, the right leg presented over the surface of the tibia a large sprouting epithelial growth, involving nearly the whole bone; in the centre was a deep hollow, which excavated the bone, and at the bottom some dark carious and necrosed bone was visible.

On June 15th, 1858, Mr. Cock amputated the thigh at its lower third, and the man left the hospital cured.

Upon examining the limb, it was clear that both the tibia and the integument over it were involved in one mass of epithelial disease. The bone was for the most part dead, and infiltrated with the elements which characterize the epithelial cancer, or epithelioma. The sprouting cauliflower growths from the integument presented the same characteristics; but the cells in the bone were very well marked, and proved remarkably beautiful microscopical objects.

EPITHELIOMA OF THE OS CALCIS AND INTEGUMENT OVER IT; AMPUTATION OF THE FOOT; RECOVERY.

(Under the care of Mr. BRYANT.)

The notes of the following case were taken by Mr. Charlton, the dresser of the patient:—

Thomas L—, aged thirty-six, a schoolmaster, residing in the country, was admitted on June 30th, under the care of Mr. Bryant. He was a cachectic-looking man, although he stated that he had enjoyed good health. The patient said that twenty years ago his left foot was smashed between two wheels of a threshing-machine. The integuments were much lacerated, and the bones crushed. For six months he was under surgical treatment, and during that time some bone came away from the heel. For eighteen years he managed to walk about with the aid of a stick, and followed his employment; but six months ago a small wound on the heel, which had been closed since the accident, became irritable and began to enlarge, discharging an unhealthy secretion, and again a small piece of bone came away.

On admission, the ankle-joint was found to be ankylosed, and over the calcis and all round it there was an extensive ulcer, with protruding cauliflower granulations, of a hard character; the calcis was entirely excavated, and dead bone was clearly seen.

On July 13th Mr. Bryant amputated the foot, and the man rapidly recovered.

On examination of the part after removal, and making a clean section of the foot and calcis, a very beautiful specimen of epithelioma presented itself. The whole calcis was involved in the disease, and the corresponding integument over it. The bone in parts was carious and dead, and without its cancellated structure; very marked cells of the epithelial form were visible. It was difficult to say where the disease had originated, whether in the bone, and had advanced outwards, or in the integument, and had progressed inwards. The latter is the most probable, as primary epithelioma of the bone it not yet recognised.

CLINICAL RECORDS.

ENCEPHALOID CANCER OF THE TESTICLE AND KIDNEY IN A YOUNG CHILD.

A RARE case of encephaloid cancer of the testicle has come under the care of Mr. Coulson in St. Mary's Hospital. The subject of it was a child aged one year and ten months. No hereditaryness. The origin of the disease was referred to a fall eight months previously. Two months after the fall, the mother noticed a hard swelling in the scrotum, and consulted a surgeon. During the following two months the tumour increased, though continuing painless; and the child was taken to a second surgeon, who tapped the scrotum. This was followed by very free bleeding on the following day. Since then, the discharge had been sanguineous, there had been occasional pain, a florid excrescence protruded from the wound, and the inguinal glands became enlarged. Meantime he became pallid, but otherwise suffered little in general health or aspect. When admitted (Oct. 27th), the scrotum was much distended, and from the anterior surface protruded a diseased mass, opaquely white in parts, but greatly discoloured by dark coagula of blood and yellow fibrinous patches. The inguinal glands of either side were greatly enlarged and indurated, forming hard