

REPORT OF A CASE  
OF  
ENCEPHALOCELE OF EXTRAORDINARY  
DIMENSIONS;

DEATH ON THE FIFTH DAY AFTER BIRTH.

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ON the 24th of June, a medical friend at Hammersmith sent a child to the West of London Hospital for me to give an opinion concerning a large tumour springing from the side of the head. The child was born on the previous morning, and seemed to all intents and purposes in good health. It had a hare-lip and cleft-palate, and the left eye was wanting, or rather appeared to be encroached upon by a huge soft mass, of the size of the head. After careful examination I stated that I looked upon the case as one of encephalocele, and advised the parents not to do anything in the way of treatment. On the morning of the 27th the child died; and on the 28th an opportunity was afforded for making a post-mortem examination. Decomposition had set in rapidly; the child appeared well nourished, and of rather large size; the head was well proportioned, and the calvaria easily removed; the left half of the frontal bone, the whole of the left parietal, and portions of the petrous and mastoid divisions of the left temporal were wanting, apparently having been absorbed by the pressure of a tumour, of the size of the child's head, which seemed to spring from the brain, where the cranial bones were deficient. No traces of the left eyeball existed; but the nerves running through the sphenoidal fissure were discernible. The tumour itself was composed of softened brain tissue, and its floor was formed in part by the squamous portion of the left temporal bone, which was pushed forwards and outwards at right angles to the left malar bone. Over the cribriform portion of the ethmoid was a large cyst, filled with yellow transparent fluid. The thoracic and abdominal viscera were examined, and found perfectly healthy, except that the heart was of rather large size. Owing to the softened and partially decomposed state of the contents of the tumour, no microscopical examination was made; and I am not disposed to think that anything worthy of record would have been discovered, for the whole mass appeared to be simple cerebral tissue.



Considering the pitiable state of the child, it is wonderful that life was prolonged for five days. I shall be glad if this brief communication leads other gentlemen to publish records of similar cases; I believe the majority of such children are still-born.

George-street, Hanover-square, July, 1861.

A Mirror  
OF THE PRACTICE OF  
MEDICINE AND SURGERY  
IN THE  
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Prooemium.

MIDDLESEX HOSPITAL.

SCIRRHOUS CANCER OF THE MALE BREAST; EXCISION;  
RECOVERY.

(Under the care of Mr. MOORE.)

DISEASE of any kind rarely attacks the mammary gland in males, in consequence of its being merely rudimentary. When observed, however, it is usually in the form of scirrhus cancer. Velpeau has met with about a dozen examples, in a few of which the encephaloid variety was present. Colloid cancer has not been seen in the male breast. Mr. Birkett has observed a few cases of scirrhus, and he remarks, in his work on "Diseases of the Breast," that it is developed behind the mamilla, and does not appear to assume so active a character as in the female. Dr. Walshe describes two specimens of it in a well-marked form, in both of which the similarity of the disease to ordinary scirrhus of the female breast is very striking. He states that it commonly originates in the nipple or its immediate vicinity. In Mr. Moore's patient, it commenced at the outer side of the nipple; in Mr. Wormald's, in the nipple itself; and in Mr. Fergusson's, apparently in the mammary gland.

In the male or female, scirrhus is a malady usually attending advanced age; but instances sometimes occur in which it is seen in comparatively early life. Mr. Lyford met with one at twenty-three years of age; Dr. Walshe speaks of another at thirty, but in all the other cases of which he had cognizance of the age, it varied between fifty and seventy years. The three cases we now bring under observation were of the respective ages of forty-two, fifty-two, and thirty-five years.

Velpeau states that extirpation, or the destruction by caustic, of cancers of the mamma, offer more chances of success in men than in women. He narrates several instances in which the cure was permanent. When the axilla and the neck contain co-existing cancerous tumours, a recurrence may sooner or later be expected.

For the notes of the following case we are indebted to Mr. Fredk. H. Watts, late house-surgeon to the hospital.

George B—, aged forty-two, was admitted on Feb. 19th, 1861, suffering from a tumour of the left breast, which he had discovered about a year previously. He had up to this time always enjoyed excellent health, as also had most of the other members of his family, none of whom had suffered from cancer or phthisis. When he first perceived this tumour, it was about the size of a large pea, situated about half an inch to the outer side of the left nipple, and was movable and painless, except after manipulation or friction from his brace. It, however, slowly and steadily increased in size until three months before his admission, when he had advice, and used several applications with a view to its removal. His health at this time became indifferent, and he lost flesh rather rapidly.

When admitted he presented a tolerably healthy appearance: complexion florid; body rather thin, but muscular; cutaneous veins universally very distinct, and apparently large; appetite good. To the outer side of the left nipple is a tumour the size of a chestnut, hard, inelastic, slightly uneven on its surface, and involving to some extent the surrounding tissues by firm adhesions. The superjacent skin and outer part of the nipple are retracted and adherent to it. There is no special enlargement of the cutaneous veins in this region. In the left axilla is an enlarged and very indurated gland, and there is also a cord of thickened lymphatics to be felt at the lower margin of the pectoral muscle. The supraclavicular glands present no signs of disease. He has no pain in the glands in the axilla, and but little in the tumour of the breast, which is