

mony more and more becoming implicated in the deteriorating influence of the disease.

In this deplorable condition (in December, 1851), she went back to her family in the country, to await her final release from suffering, which, to all certainty, was not far distant.

Here is a cast accurately showing the condition of the parts previous to operation in January, 1849; and here is a second, graphically illustrating the changes which have been brought about, from the period of nine months after the operation, when the disease appeared in the cicatrix, with all the progressive changes up to the present time (January, 1851), an interval of fifteen months having elapsed. The painting of each has been most truthfully executed.

I have also preserved these microscopic drawings, taken of the primary and secondary tumours as they appeared. Here is one representing the appearances of the tumour that first showed itself beneath the chin. It exhibits a number of true cancer cells, scattered everywhere through a fibrous basis. Some separate cells are also seen detached.

This second drawing shows the arrangement of the encephaloid tumours which sprung up beneath the mastoid muscles. The structure seemed entirely composed of myriads of nucleated cancer-cells, and very closely resembled the secondary formation in the case of Sullivan; inasmuch as there were no caudate corpuscles in this specimen either, and the cells were held together by the finest areolar tissue.

*Case 3.*—Ellen Fitzpatrick, aged 65, consulted me in March, 1850, for a large bleeding wart, placed above and behind the right ear; it was attended for some time before with repeated hæmorrhages. She said it had been there for many years, never created any annoyance until about six weeks before seeking my advice. She referred the great change which had taken place in it to a bruise occasioned by a water pail that she had been in the habit of carrying on her shoulder. Shortly after this “the wart became very sore,” and soon the pain set in, of intense character, darting up along the side of the head, down towards the angle of the jaw, and represented by the sufferer as “indescribably severe.” On examining the part, a highly irritable and inflamed base surrounded the tumour, which was about the size of a shilling, uneven on its surface, and elevated about half an inch; it was hard to the touch, and bled upon the slightest pressure from an ulcerated line partly round it and through its structure.

I removed this tumour with great care, cutting far wide of the base, and as I thought most effectively. Two arteries sprung which required ligatures, and so free had been the excision that the edges of the wound