

British Columbia.

Under control of the Medical Council of the Province of British Columbia.

DR. MCGUIGAN, Associate Editor for British Columbia.

LARGE BENIGN TUMOR.

To the Associate Editor for British Columbia.

DEAR SIR, I send the following account of the removal of a large tumor of the neck, which you may perhaps consider interesting enough for publication.

It is not often that benign tumors are allowed to reach any great size before removal. The following account may, therefore, prove of interest:

In May last, at the request of Dr. Sutton, of Nicola, I saw an Indian, afflicted with a large tumor on the side of the neck, with a view to a possible operation.

The Indian, Alexis, had a large, movable tumor, situated on the left side of the head and neck, occupying the whole of the anterior and posterior triangles and part of the cheek and jaw. It reached from the ear (which was partly stretched over it) to the clavicle, its diameter being 18 inches and its circumference 24 inches. It was elastic and lobulated. Many large veins ramified over its surface. The tumor caused no pain, and had been growing fifteen years. It presented the appearance of the common parotid tumor, though far larger than any it has been my lot to see. The tumor presented rather a formidable appearance. It presented slight pulsation and it was impossible to be certain as to its deep connections.

As the Indian was very anxious for the removal of the tumor, it was determined to attempt it.

On June 23rd, the operation was performed, with the assistance of Drs. Sutton, Furrer and Edgar, in the Indian school-house in the presence of the chief and a large number of Indians, male and female.

Everything possible under the circumstances was done to render the operation as aseptic as possible. The tumor was well washed and shaved,

and the patient having been anesthetized, an incision was made about 20 inches long, from the lobule of the ear to the middle of the clavicle, in the long diameter of the tumor, dividing the capsule.

After securing some large veins, the skin and capsule were torn forcibly with the fingers from the surface of the tumor on both sides, and an attempt was made with one hand to get under its lower edge and tear it from its bed.

For some minutes little progress was made: two enormous skin flaps had been separated off on each side, but it seemed impossible to get underneath the mass, and it appeared as if the tumor was adherent to the deeper structures.

The appearance of things was now rather threatening. The hemorrhage was of a decidedly alarming character, the exposed mass oozing blood over its whole surface, which it was utterly impossible to control, and every fresh attempt to tear away the base of tumor was followed by hemorrhage.

Fortunately I discovered that the capsule of the tumor had not been divided quite through at the first incision, and the hemorrhage was coming from the capsule, the outer layers having been stripped off, leaving an inner layer still adherent to the tumor.

The knife was quickly run over the line of the former incision, and the remainder of the capsule easily and quickly separated off. The left hand was now inserted under the base of the tumor, and by employing traction with the right, the mass was torn from its base and lifted out of the way, leaving exposed the whole side of the neck and part of the face. An artery about the size of the lingual was secured and tied, but there was no further hemorrhage to speak of: the great vessels