

Cystic tumor of the breast in women of this country is of very rare occurrence. It is always benign, never returning when the disease is removed. Encephaloid, on the contrary, is a disease exceedingly prone to return either in the part, in the cicatrice, in the neighbouring lymphatic glands, or in some other part of the body, being in this respect exactly like scirrhus.

There are reasons for believing this tumour to be encephaloid in character; the patient at present refuses to have an operation performed.

ADENOID TUMOUR OF THE BREAST.

This woman, married, *æt.* 38, has had six children, the youngest being eleven years of age.—Almost two months ago swelling of the right breast was first noticed. Several little tumours can now be felt, they are of irregular size, quite small, very hard and firm. The nipple is perfectly sound and not retracted. The skin is not discoloured. The lower portion of the breast seems to be natural.—The swellings are situated apparently in the midst of the breast.

There is no evidence of any malignancy, the affection is that known as adenoid tumour of the mamma. It is a very common affliction in young girls soon after puberty, and not unfrequently connected with dysmenorrhœa. The pain which exists is generally of neuralgic character, liable to be aggravated at every return of menstruation. In such cases relief is usually obtained from the administration of anti-neuralgic remedies, particularly quinine and arsenic, and the application of ointments containing veratria. Sometimes the employment of leeches is of service, together with a lotion of acetate of lead and attention to the general health. When the tumour is very hard and the seat of severe pain, it is necessary to resort to excision. In this case an operation will be performed, merely the affected part being removed.

The patient was placed under chloroform, and the tumour removed. One artery was tied, and the wound closed by three interrupted sutures, with the aid of strips of adhesive plaster, in the intervals between the stitches. The dressing will consist of a mixture of from four to eight parts of common oil or glycerine to one part of carbolic acid, absorbed upon cotton or patent lint, and placed in direct contact with the surface, the whole being covered with a piece of oiled silk, or a piece of plaster made of three parts of gum shellac and one part of carbolic acid.—*Medical and Surgical Medical Reporter.*

From the Service of Prof. N. S. Davis, in the Medical Wards of Mercy Hospital, December 30, 1868.

REPORTED BY W. A. BARSTOW.

GENTLEMEN:—This young man came here from Waukegan, for the purpose of a careful examination of his case. He states that about one year ago he received an injury, by being struck by a wheel weighing about 50 lbs., which was thrown off the shaft while making some 350 revolutions per minute. The blow was received across the right shoulder, extending down below the scapula. At the time he felt no pain, and there was no soreness of the parts until about two weeks after, when he

says he felt a lameness and soreness in the side, midway between the 7th and 8th ribs.

The soreness continued to increase for three months, when there appeared an abscess, which was opened by his attending physician. This abscess has continued to discharge ever since; sometimes of a thicker quality. At present, the patient complains of a pain in the right hypochondriac region. You notice by percussion, that the hepatic dulness, is about normal. If the liver had furnished this abscess, it would necessarily be enlarged; but, as it is about normal, I would say at once that the liver is not involved. The pain was not such as to indicate pleurisy; and, as the patient has had no cough, nor difficulty in respiration, we can safely say it is not pneumonia.

I should think, when the wheel struck him, it produced sufficient inflammation near the head of the rib to result in suppuration, the pus following along between the pleura and rib, until it could find a point of escape. It has never healed, owing to the denuded state of the rib or portion of vertebra; most likely the former; nor will it heal until the necrosed or carious portion of the rib is removed, unless the pus changes its course.

The present symptoms are pain between the umbilicus and right hypochondriac region. There also seems to be an irregular contraction of the abdominal muscles. If you were to go directly down to the seat of pain, you would strike the upper part of the psoas muscle. There is already some swelling and tenderness in that part, increased by exercise.

The patient says that he feels so weak, and his back aches so badly towards night that he can hardly sit up. Says he never had any cough, no headache to speak of. By careful introduction, the probe can be passed under the edge of the rib to its inner surface, and backward towards the junction of the rib with the spine. Patient says the abscess was opened three times, the last time about the first of September. The Doctor first introducing a director into the fistula, and cutting in the direction of the rib backwards. After which, he burned it out with caustic.

In this case, I have no hesitation in regarding its origin as at the junction of the rib with the vertebra. Up to the present time, the patient has kept a very good degree of health; but he says that he has lost flesh within the past two weeks, or since the pain commenced in the abdomen. From the existence of this abdominal pain, it is highly probable that the pus is taking a new direction down the spine, along the course of the psoas muscle. The spasmodic action of the abdominal muscles is evidently due to the irritation of the anterior branches of the lower intercostal nerves.

The disease is evidently caries (either of the head of the rib or of one of the vertebrae, probably the former); and the pus will be more likely to gravitate downward, ultimately appearing in the form of an abscess just below Poupart's ligament, as the symptoms are such as to plainly indicate present irritation and fulness in the upper part of the psoas region.

There are two methods of treatment that might be adopted in this case:—1. The surgical excision of the rib, for the removal of the diseased bone. 2. The patient may be placed in a horizontal position, inclining a little towards the diseased side, and