

Original Communications.

Removal of a Lymphoma from the right side of the neck. By WILLIAM E. BESSEY, M.D., C.M.
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This tumour had existed for a period of about sixteen years, gradually increasing in size, and at times becoming considerably swollen, thus causing great inconvenience by the sensations of pain in head, ringing in ear, and aching in arm of that side, with a feeling of tightness about the throat. By its prominence it was an object of frequent remark, and the deformity it created, together with the apprehension of an increase in its size, led the patient to determine upon having it removed.



It occupied the superior portion of the right posterior triangular space, and projected into the superior carotid triangle lying upon the sterno-mastoid, and covering the chain of lymphatic glands, which run along the posterior border of this muscle, (it proving to be made up of three of these glands hypertrophied,) and was covered in by the fibres of the platysma-myoides spread out to an aponeurosis. Its long axis was in a line with the fibres of the sterno-mastoid, and was crossed above by the posterior auricular, and a superficial cervical branch. The external jugular vein lay in immediate contact with it underneath, being in a sort of niche on its under surface, its fundus dipping down well into the superior carotid triangle. Its length was about six inches, its breadth about four inches, and it was very moveable, by which means its relative position could be somewhat improved.

The patient was a stout-built florid Frenchman, about forty years of age, who had seen much active military service, and who, being fond of playing at sparring, may have received blows upon the glands of the neck, giving rise to inflammation in their structure and consequent enlargement.

Having chloroformed the patient, I made a free incision along the posterior aspect of the body, and, getting at it from behind, I proceeded to enucleate it slowly. The adhesions to the surrounding structure were very extensive, and the small blood vessels feeding it numerous. No vessel sufficiently large to require ligatures was met with. By proceeding cautiously, examining each mass of adhesions before severing and working with the fingers—in which I was kindly assisted by Dr. Hingston, I succeeded in



loosening it, step by step, from the neighbouring glands, the subjacent muscle, the external jugular vein over which it lay in direct contact, and finally succeeded in removing it from its adhesions in the superior carotid space without any injury or accident occurring to any important part or blood-vessel in the neighbourhood; thirty minutes were thus occupied in its removal without any untoward circumstance occurring to complicate the operation.

The parts having been approximated, simple water-dressings completed the treatment, and an excellent recovery followed in a fortnight, with, however, some slight numbness in right hand and arm, which is growing less. Patient is as well as ever, and is now attending actively to business engagements. For account of the pathology of the mass removed I must refer to my friend Dr. Wm. Osler, who kindly made some microscopic