

was principally under the charge of Mr. Holmes Cootes, though Dr. Burrows occasionally saw the case with Mr. Cootes. The patient was admitted on the 18th of July, suffering from an attack of erysipelas of the right side of the face and head. This in time got well. The right upper eyelid suppurated, and was opened by one of the resident surgeons. A large amount of pus escaped, but the opening did not heal. The eyeball was prominent, and the sight a good deal impaired. About five weeks after admission, while bathing the eye, she pulled out two large sloughs of areolar tissue, which evidently came from the back of the orbit. After this the prominence of the eyeball became less, and the sight improved. A fortnight after, another small slough came away, and soon after the eye regained its natural prominence. On her first admission, Dr. Burrows imagined from the condition of the eyes, that she might be suffering from disease of the heart, but examination proved that such was not the case. The case, according to Mr. Cootes, was acute inflammation of the intra-orbital areolar tissue, proceeding to suppuration, and the detachment of sloughs, the sequel of the erysipelas.

Schirrus of the Male Breast.

Owing to the rudimentary nature of the mammary gland in the male, it is seldom the seat of schirrus or disease of any kind. Still it is evident that at times it may become the seat of cancerous disease. Many eminent authors mention cases, of the true character of which there can be no doubt. Mr. Birkett of Guy's Hospital, who has written a work "On Diseases of the Breast," mentions several cases, and states that its progress is not so rapid as in the female. The first and only case of this kind that I have seen in Montreal, was in a patient of the late Dr. Crawford's, in the Montreal General Hospital, some seven years ago. The breast was removed by Dr. Craik, then the House Surgeon. The recovery was rapid, and when I last saw the patient, some four years after the operation, there had been no return of the disease. When in London, last summer, I saw two cases of the disease. The first was under the care of Mr. Wormald at St. Bartholemew's Hospital, who strongly advised the removal of the breast, to which the patient would not consent. The second was under the care of Mr. Ferguson at King's College Hospital. The patient was about thirty-five years of age and a clerk. He was strong, with a clear complexion. Seven months previous to admission a tumour was noticed in his left breast, which gradually increased, till it attained the size of half an orange. Some ointment had been applied to it by a "Cancer Doctor," which had the effect of ulcerating the skin and was followed by the protrusion of a fungoid excrecence at the nipple. The glands in the axilla were all healthy, with one single exception, and this was of considerable size, and was situated on the anterior margin. Its removal by operation having been recommended, Mr. Ferguson proceeded to operate on the 20th of July. The entire mass was taken away by an elliptical incision, which was continued to the enlarged gland in the axilla, which was cut out with a quantity of surrounding areolar tissue. The wound though very extensive did exceedingly well, and the patient made a good recovery. On examination the tumour proved to be true schirrus, "as true a case of schirrus," said Mr. Ferguson, "as I ever saw." There was no evidence of the patient ever having