

and cystic, and cystic and adipose. Advancing in metamorphosis, it may be converted into a solid production.

Dr. Wm. Budd, I find, has lately advocated that cancers even, are at first of a local character, and not the effect of a constitutional disease. If removed, therefore in this incipient stage, before the system becomes contaminated and the cancerous cachexia is established, they would be far less liable to return, or leave seeds of future growth elsewhere. But all surgeons, even those believing them to be hereditary or constitutional, have long since agreed upon the propriety of early extirpation. But whatever may be their true pathology, it would lead me into a discussion of unjustifiable length, to pursue it further at present. To distinguish readily which are malignant or otherwise, is often a difficult and important question. And as patients are naturally disposed to put off the evil day, with the hope that one time will do as well as another, there is much danger of its being deferred too long. Slowly and insidiously those which are prone to degenerate, may render the operation either worse than futile—the original malady recurring with renewed and lethcan vigor—or, though successful, far more formidable, to both patient and surgeon. Even if of a harmless nature, its approximation to important vessels, its complications, and perhaps its stronger adhesions, may render the delay the more hazardous. There are some, however, so benign, that if their size be unimportant, their removal may be left optional with the patient, as nothing worse than deformity need be apprehended. Where so much, therefore, depends on the variety, stage, situation, size, and progress, it may be said with Fergusson, “Operations for the removal of tumors may be amongst the most simple, or the most difficult and dangerous which the surgeon is ever called on to perform. The smallest possible amount of skill or manual dexterity may suffice in one instance, whilst in another, anatomical knowledge, facility in the use of instruments, judgment to plan, and courage to execute all the steps of the operation, are indispensably necessary.” We should, therefore, feel it more forcibly incumbent upon us, foreseeing the eminent peril of delay in some cases, to duly warn the patient of the consequences. The hap-hazard charlatan methods, so applauded by ignorant nostrum worshippers and so often finding deluded victims in the country, of attempting to drive them indiscriminately away, thereby prolonging the agonies of a patient, as well as enhancing his dangers a thousand fold, cannot be too strongly discountenanced by the scientific surgeon.

This introduction may, in many respects, seem completely out of place, and foreign to the individual case which follows, but the history of that case so impressed me at the time, that the above train of ideas, heterogeneous though they seem, were forced upon me.

My patient, Alice Taylor, a very pretty and interesting little girl, of