

the case an elastic, perfectly transparent tumor, and in the course of twelve days he had perceived the consistence of this tumor modify without appreciable cause, its hardness become extreme, its transparency disappear. Although at first induced to consider it hæmatocele, the same motives that had determined my opinion had prevented him from continuing of the same mind, and from that time he had remained convinced of the cancerous nature of the disease. Under these circumstances there could not be between us any divergence on the mode of intervention to be selected. Castration was decided upon and proposed to the parents, who accepted it immediately, although warned of the chance of a return. The operation took place in the presence of MM. Cozic-Pénanguer and Orlé. In this short space of time, the tumor, without doubt under the influence of the manipulations which the frequent examinations had given rise to, had notably increased in size, in breadth as well as length; in the last measurement the increase had extended to the neighborhood of the external inguinal ring. The glands remaining all the time unaffected, I commenced the operation according to the practice and teaching of M. Gosselin, in making an exploratory puncture with a trocar. This puncture gave issue to a few drops of blood, which, joined to the impossibility of moving the point of the instrument, gave a new confirmation to the diagnosis which had early been arrived at—necessity for castration imperative, and I proceeded to the accomplishment of it in the following fashion: A racket-shaped incision was made on the anterior surface of the tumor—simple at the superior part; it bifurcated below, in such a manner as to circumscribe a certain extent of integuments, that I purposed dissecting back. I took care to prolong this incision backwards, to avoid the formation of a pouch in which the products of suppuration might stagnate. The skin thus divided, I isolated the tumor from the integuments, then from the septum of the dartos, taking care according to the advice of Chassaignac to graze closely the tumor, to avoid this partition which may enclose vessels of considerable size. The hemorrhage was trifling, a few small cutaneous vessels poured out a small quantity of blood, to which were applied torsion forceps. The operation was terminated by a ligature of the cord, which was cut below; I tied equally the vessels which continued to spout after the removal of

the forceps. Two twisted points of suture were placed in the upper part of incision. I stuffed the wound with charpie, after having taken care to bring the ligature threads to the most dependant part. Charpie and compresses steeped in cold water completed the dressing, that I kept in position by means of a spica bandage, for fear that the child with the indocility of his age might derange the dressings and irritate the wound. Examined two hours after operation, the tumor weighed one hundred and fifty grammes (over four ounces and a-half). It presented the form of a regular ovoid, its largest extremity directed downwards. Its consistence was equally hard, its surface smooth without knobs. At the superior and anterior parts, there existed a little tumor, superadded to the principal one; this tumor is softer, partly transparent, and an incision gave exit to a small quantity of serous fluid. Examination made it apparent that this outpouring had its origin in the tunica vaginalis, which was nearly healthy. As regards the epididymus, it had disappeared in the morbid mass. The spermatic cord is healthy, and may be followed to a certain extent to the superior and posterior part of the tumor. Under a section, the constituent tissue of the tumor presents a smooth aspect, shining on reflection a bluish white. This appearance was not absolutely uniform: the shining parts, like mother-of-pearl, display themselves under the form of rounded plates or scales of variable dimensions, isolated from each other by bundles of fibrils. Scratching does not occasion a juice to exude. The specimen was sent to Dr. Vergely, assistant professor at the School of Medicine, who was kind enough to undertake the microscopical examination and to send me his report, which I copy verbatim: "The mass of the tumor is formed of cartilaginous tissue. The cartilaginous cells, of which only some possess a capsule, and which for the most part are large, irregular, furnished with prolongations with one or several nuclei, are united by groups corresponding to the lobules of the surface of the section. Between these masses and isolating them, we meet abundant fibrous tissue; even on a point of the tumor, this tissue is nearly the sole, and with difficulty you perceive in the interstices of fibres, a few cells. The arrangement that I have described justifies the anatomical diagnosis of fibro-chondroma." The results of the operation were favorable. Immediate