

stomach and legs; inability to lie on his left side, producing a sensation of choking. He at this time also had frequent and severe fits of dyspnœa, almost amounting to suffocation; he had alternate chills and flushings; he was still able to sit at the door although very weak, and was up till within two days of his death. Many of the symptoms mentioned, continued to recur with the addition of œdema of the hands and arms, and dysphagia. On the day previous to death, he was seized with symptoms of choking, with congestion of the face and neck; and the dyspnœa was so great, that the Surgeon who was called in wanted to perform tracheotomy, which the parents would not consent to. He continued to get worse, and died at 7½, A.M., on the 19th September, without a convulsive movement, carphology however existing a few hours before death.

*Autopsy* on 20th, 33 hours after death, assisted by my friends Drs. Pel-tier and Fenwick.

*External Appearances.*—Colour of skin almost that of marble, perfectly blanched and smooth; rigor mortis slight in degree; tumour in neck very much sunken, and apparently diminished in bulk; extremities only emaciated.

*Tumour.*—On making an incision several inches long through the skin in the long axis of the tumour, it was found that it was not adherent to it, throughout any part of its circumference. It, the tumour, was moveable, but was firmly bound down to the deep cervical fascia. It was formed from an apparently enlarged gland, with others also enlarged attached to it like bundles of grapes, and extending upwards under the lower jaw, forwards and inwards towards the mesial line of the neck, one lobule pressing rather firmly against the middle of the trachea.

others extended backwards, and the bulk of them downwards towards the base of the neck and within the clavicle. On carefully dissecting away the greater part of this diseased mass, the attachments posteriorly and below were found very persistent, and required some effort to remove with care. The subclavian vein was pushed forwards, and the inferior part of the tumour lay immediately over the sac of the pleura. The sheath of the common carotid was pressed upon; and on dissecting the base of this tumour, the phrenic nerve seemed to emerge from almost the substance of a part of the tumour itself. The mass as a whole weighed about two lbs. On making a section through the centre of the tumour, it was with some difficulty that the scalpel could be made to cut, so hard and fibro-cartilaginous was its nature; the glandular appearance did not exist, but was replaced by what resembled true scirrhus, both in texture and consistence and in general appearance. The smaller appendages to this mass were not quite so hard on section, but no tuberculous substance was seen; nor in fact did a single gland that was examined present any serofulous characters.

The *Microscope* here proved a great auxiliary in clearing up the true character of this tumour. Portions from the large scirrhus mass, presented a well marked fibrous structure, the fibres partaking of rectilinear arrangement; between these appeared round cells and molecular granules, some of the former nucleated and some fusiform, not distinctly caudate, but possessing one or more nuclei, with an occasional nucleolus. The fibres were in parts interlaced with one another in one portion under examination, with small nucleated cells in the meshes. There was a little juicy exudation from the section of