C A S E
OF A
LARGE GLANDULAR TUMOR
IN THE NECK,

REMOVED BY
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Read April 16, 1822.

WILLIAM Dennis, aged 6 years, was admitted into St. Bartholomew's Hospital, Nov. 5th, 1821. Fifteen months before, a small tumor, like a slightly enlarged gland, was remarked in the middle of the neck on the right side. This remained nearly stationary until last August, when it increased rapidly, and at the time of his admission, it occupied the whole of the right side of the neck, extending from the ear to the clavicle, and laterally from the edge of the trapezius to the trachea, projecting in a proportionate degree beyond the natural contour of the neck. It had a lobulated feel, the integuments being free over it, and at first view it appeared moveable; but when firmly grasped it was evidently firmly connected at its basis. It was not painful, and did not impede either the motion of

the head or respiration. The boy was apparently in good health. On Nov. 10th, the tumor was removed. Two semilunar incisions were made from the ear to the clavicle, including a portion of skin between them. The integuments and the mastoid muscle, which extended over the anterior portion, were dissected off. The tumor, which was divided into many portions, was drawn out, and a large mass was removed without much difficulty, by cutting through the firm membranous septa, which were interposed between the lobes. There still, however, remained a considerable portion in connection with the large blood-vessels, extending from behind the clavicle to the mastoid process. The whole of this was removed, care being taken to draw out each portion from its situation, and to divide the septa with the edge of the knife turned towards the tumor. One portion of the tumor passed behind the internal jugular vein, and another was in contact with the pleura. During the operation there was very little hæmorrhage, and it was only necessary to tie one small artery. The situation and magnitude of the tumor rendered it impossible to avoid wounding nerves of importance. The nervus accessorius, and some branches of the cervical plexus were divided.

For some time the wound did not go on satisfactorily. Erysipelas supervened on the third day, and extended over the face. On the tenth day, difficulty of breathing and a very disordered state

of bowels took place, which yielded to purging and the application of blisters. The wound healed, and the child was dismissed from the hospital in about five weeks from the operation ; but there was still some cough and difficulty of breathing, and he had considerable perspirations at night. He was removed into the country for the benefit of the air. Soon after his return home, whilst still in a very debilitated state, he was attacked with measles, which disease induced such an affection of his lungs as to destroy him. The following is the account of the examination after death, which was conducted by Mr. Richard Best, of Newberry.—“ The left lobe of the lungs was completely destroyed, no vestiges remaining ; there were four or five ounces of pus occupying the space. The right lobe was in a state of inflammation, particularly on its surface, the vessels being enlarged, which may be attributed to the increased organic duty it had to perform. There were partial adhesions of the pleura, and also of its reflected portion deeply seated ; three or four glands were discovered enlarged, not considerably ; the mesenteric glands had not taken on any part of the disease. Near the situation of the original tumor, one or two of the cervical glands had begun to enlarge.”

Newberry,
March 20, 1822.