with an explanation of the treatment which they must receive in order to be maintained in health. Considering how much may be accomplished by these bodies of ours if they be properly attended to and rightly used, it seems to be a most desirable thing that the possessor of the body should know something about its mechanism; not only because such knowledge affords him much material for suggestive thought—not only because it is excellent mental training to endeavour to understand the why and the wherefore of the bodily actions, but also because he may greatly profit from a knowledge of the conditions of health. A thorough adoption of hygienic measures—in other words, of measures which are necessary to preserve individuals in the highest state of health—cannot be hoped for until a knowledge of fundamental physiological principles finds its way into every family. This country has taken the lead in the attempt to diffuse a sound knowledge of physiological facts and principles among the people, and we may fairly anticipate that this will contribute not a little to enable her to maintain her high rank amongst nations; for every step which is calculated to improve the physiological state of the individual must inevitably contribute to make the nation successful in the general struggle for existence.

A CASE OF MELANOTIC TUMOUR DEVELOPED NEAR A CONGENITAL MOLE.*

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THE patient, from whom this specimen was removed, was a man, aged 64, who was the subject from birth of a black mole, about the size of a pea, situated on the right cheek, an inch from the angle of the mouth. He remained quite well until a year before his admission into St. Thomas's Hospital, in October last, when he noticed what he described as a "pimple," situated on, or at least very close to, the mole already spoken of. "The pimple" steadily increased in size, and made rapid progress during the last two months. He had never suffered any pain in the tumour, and, excepting for its unsightly appearance and the local inconvenience, he would not have sought advice. For the following notes of the case, I am indebted to the dresser, Mr. E. Scott.

On admission, a fungating mass, about the size of a small orange, was observed on the right cheek (see fig. 1). The skin at the base of the

Fig. 1.

tumour was thin, and had a purplish appearance. The growth was soft to the touch, and was freely movable, apparently not involving the mucous membrane of the mouth, nor occupying any portion of that cavity. The open surface was scabbed over, and, on removing the scabs, a dark livid mass was exposed, from which a thin, sanious, inoffensive fluid exuded. On raising the tumour, the congenital mole was seen on its lower surface, apparently isolated from the rest of the growth. There had never been any severe hæmorrhage from the part. Several glands in the submaxillary region were enlarged, and evidently were deeply adherent. There was no family history of tumour, nor of cancer in any form, and there were no other similar growths visible about the patient.

On October 23rd, I removed the tumour by an incision around the base, dissecting it carefully away; and, after leaving a perfectly healthy raw surface, the edges of the wound were brought together with hare-lip pins. An attempt was made to take away the enlarged glands; but, in enucleating them with the fingers, the capsules burst, allowing a dark brown semi-solid fluid to escape, and, as they were firmly attached deeply, their complete extirpation was scarcely possible, having regard to the important neighbouring structures which would thereby be necessarily involved. As it was, the facial artery was opened and had to be ligatured.

The subsequent history of the case is told in a few words. There was some oozing in the neck soon after the operation, but pressure alone sufficed to arrest it. The hare-lip pins were removed from the face on the third day, and, on the fifth day, the wound had healed by first intention (see fig. 2, from a photograph taken ten days after the operation).

Fig. 2.

The wound in the neck, too, which had been dressed with a weak solution of permanganate of potash, was almost closed, there being little, if any, discharge from it. He left the hospital in about three weeks, quite well.

I may add that I have recently received a letter from the patient's wife, who gives a completely satisfactory account of her husband. He continues his work as a labourer, and there is no evidence of return of the tumour either in the cheek, or, more strangely, in the neck. A section of the tumour presents, to the naked eye, numerous characteristic points. It has generally a nodulated form, and is studded with black spots, the colour varying from light brown to a decided black. Large dark, as well as perfectly white, patches are also observed, with various intermediate shades of pigmental infiltration. The growth is firm in some places, and readily breaks down under pressure in others.

A microscopic examination ($\times 250$) shows the tumour to be made up of a number of delicate cells, chiefly of a spindle shape, containing a varying amount of dark granules, some cells being quite colourless, others having a jet black hue. Here and there, scattered throughout the tumour, but more especially observed at the circumference, there are masses of round cells, containing more or less of the same brownish material. On examination under a higher power ($\times 400$), some cells, containing one or two distinct dark-coloured nuclei, are seen. (Fig. 3.)

Fig. 3.

The chief points of interest in this case seem to be the following. 1. The fact, already noticed by pathologists, that melanotic tumours have a remarkable tendency to be developed either in, or in the immediate neighbourhood of, a congenital mole. I have reason to think that in this case, for it was carefully examined, the tumour was connected with the mole. 2. The curious circumstance, that the congenital mole should remain quiescent, and give no inconvenience whatever for over three-score years; and, lastly, the remarkably healthy condition of the patient, both locally and constitutionally at the present time; for, as some of the tumour was undoubtedly left in the neck, it is surprising that there should be, after ten months, no sign of the recurrence of the growth in this region. How long this satisfactory state of the part is to continue, of course remains to be proved. But the case is one which I venture to think is not altogether devoid of interest, nor wholly unworthy of being brought under the notice of the members of the British Medical Association.

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