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THE
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Surgical and Pathological



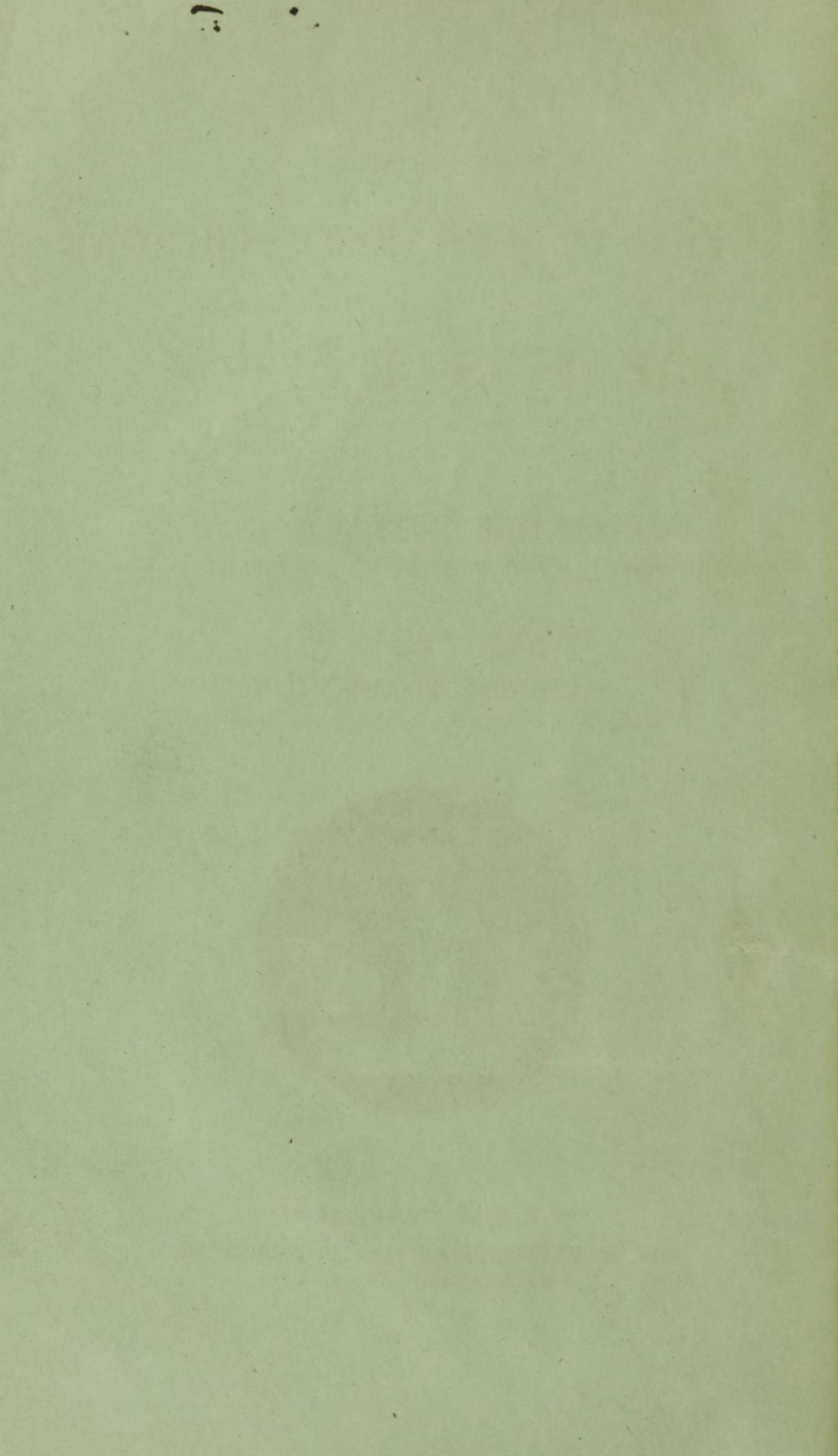
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NO. 43, SIXTH AVENUE.

1858.



St. Vincent's

CATALOGUE

OF THE

SURGICAL AND PATHOLOGICAL

MUSEUM

OF

VALENTINE MOTT, M.D., LL.D.,

EMERITUS PROFESSOR OF SURGERY IN THE UNIVERSITY OF THE CITY OF NEW YORK, ETC.,

AND OF HIS SON,

ALEXANDER B. MOTT, M.D.,

SURGEON OF ST. VINCENT'S AND THE JEWS' HOSPITALS.



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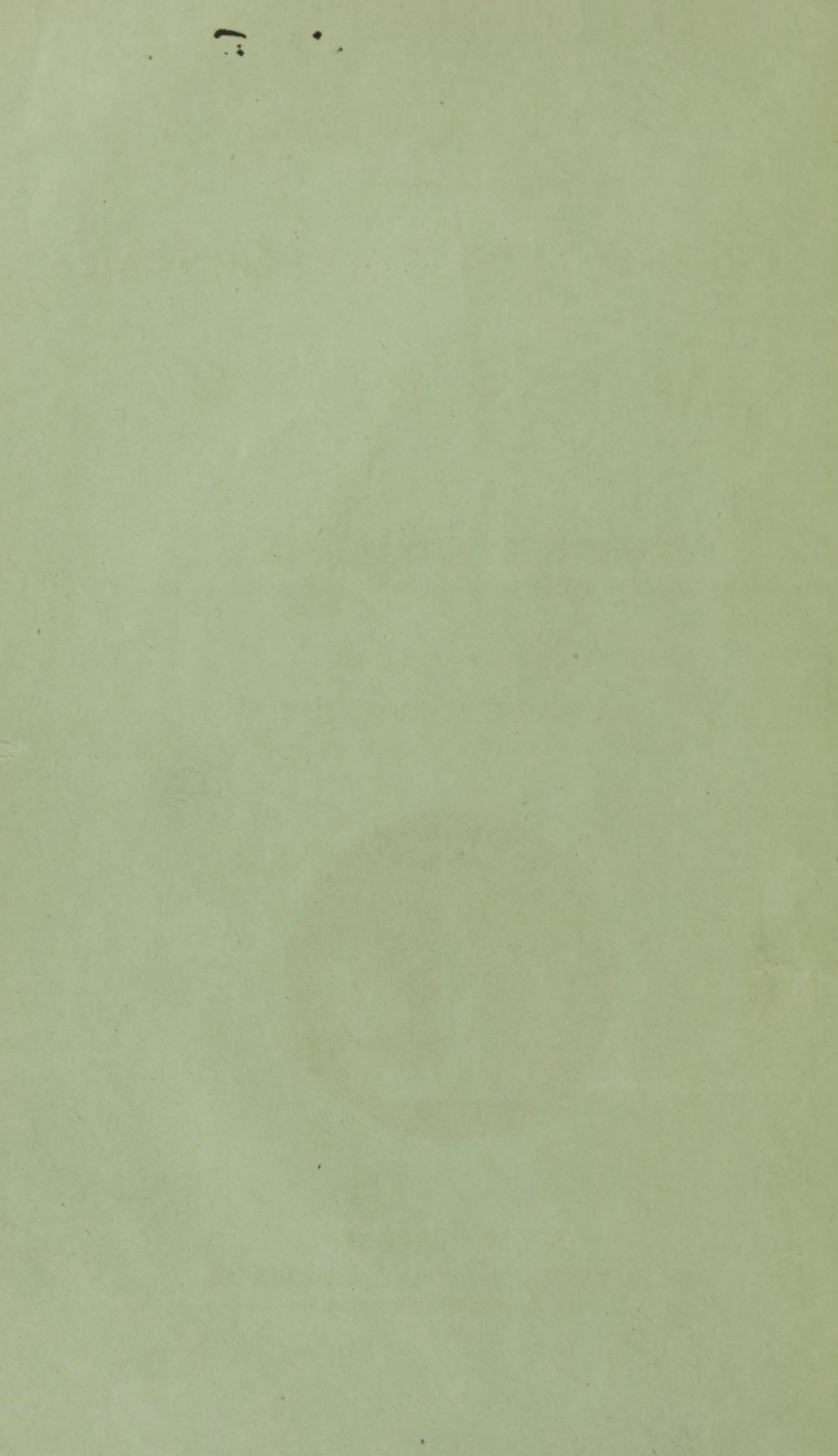
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NEW YORK:

Wm. M. TAYLOR, BOOK AND JOB PRINTER,

No. 40 SIXTH AVENUE.

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Dr. Van Buren

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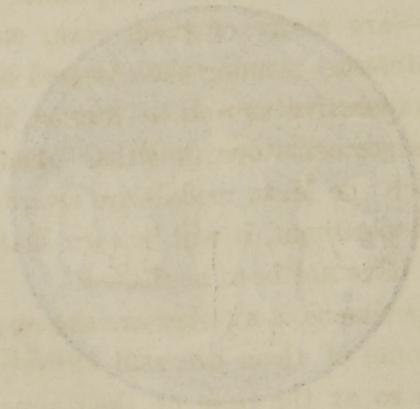
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P R E F A C E .

THIS collection is composed mostly of pathological specimens, and these are chiefly the result of surgical operations. It is believed to be the largest that any American surgeon has had occasion to form ; more than fifty years of active professional life, in the most populous city in this country, having been spent in its accumulation. It comprises over a thousand specimens, and among them there is very little redundancy. Almost every one was made by my own hands ; some of them as long ago, as when I was a student in London in 1807.

Though the collection is mostly surgical, the anatomical part will be found worthy of notice. The dry preparations, showing irregular distribution of the arteries—congenital, as well as the result of ligature—are many of them rare, and from their nature, of much interest. Among the diseased bones are some fine specimens, comparative as well as human, illustrative of necrosis, caries, and osteomatous growths. And as the prize dissections for which the Mott medals are awarded, are annually added to this department, it will be seen that the interests of normal anatomy have not been neglected.

Of the surgical specimens, a number are the result of formidable operations. Some of them are still entirely unique, and more of them were so at the time of their removal. To the record of the most important cases, I have added the outlines of the operation, as well as something of the previous history and of the subsequent result. Where more extended accounts have been published, mention is also made of them.

To facilitate reference, an attempt has been made to arrange the specimens according to the diseases they represent, but the

progressive manner in which such collections are accumulated, presents serious obstacles to a systematic classification. The different groups, however, will generally be found to possess certain features in common.

It was presumed that some explanation of the specimens would be of service to the students attending the university, and would thus facilitate the objects of the Museum; and though the labor of preparing and arranging this catalogue has been much more than that of an equal number of pages of ordinary matter, yet, in addition to the cares of daily practice, it has been cheerfully incurred, under the belief that it might tend in a measure to the advancement of surgical art.

I have often wished I knew more of the views and reflections of my preceptor, Sir Astley Cooper, during the latter period of his life, and I will venture to hope that the opinions occasionally expressed in the following pages may prove of more interest to the graduates of the university, and perhaps to the profession at large, than a mere enumeration of dry technicalities would have done.

The arrangement of the specimens in the different compartments was made by my son, Dr. Alexander B. Mott. The specimens in the three Compartments XX., XXI., and XXII., belong to him, and are the result of his operations. A few are mementos of his brother, the late Dr. Valentine Mott, Jr.

DEPAU ROW, BLEECKER STREET,
April 1, 1858.

CATALOGUE.

Though the numbers of the Specimens do not occur in continuous order, any one of them may be readily found, by observing the number of the Compartment or Case in which it is included.

COMPARTMENT I.

- 526 Scirrhus Tumor.
- 614 Nipple, Puckered; from scirrhous of the mamma; ulceration commencing in the nipple.
- 617 Nipple, Puckered and Retracted.
- 616 Carcinoma of Mamma; ulceration commencing on the end of the nipple.
- 612 Nipple, Puckered; produced by scirrhous.
- 543 Nipple, Puckered and Retracted; from a carcinomatous mamma. Removed by operation.
- 623 Nipple, Puckered; from a scirrhus mamma.
- 810 Scirrhous of Left Male Breast. Removed by operation, 1848. No return, 1857.
- 463 Nipple, Puckered and Retracted; from a scirrhus mamma.
- 687 Scirrhus Mamma, with puckered nipple.
- 466 Nipple very much Retracted; from scirrhous of mamma.
- 666 Scirrhous of Mamma.
- 457 Scirrhous of Mamma in a state of Ulceration; the nipple being destroyed. Removed by operation. The disease returned.
- 868 Scirrhus Mamma. Removed by operation. No return of disease.
- 642 Scirrhus Liver—portion of the organ.
- 784 Carcinoma of Lip, involving the angle of the mouth. Removed from Mr. McD., of Georgia. The hiatus was repaired by a cheiloplastic operation, 1846.
- 465 Nipple, Retracted, with a portion of scirrhous of mamma.
- 544 Nipple, in its healthy state.
- 834 Carcinoma, Ulcerated; from the side and top of the nose. The wound healed, but the disease returned.
- 812 Carcinoma of Lip.
- 811 Carcinoma of Lower Lip.
- 908 Carcinoma of the Lower Lip of an Irishman.

- 535 Carcinoma of the Mamma in a state of ulceration, with a fungus protruding. Removed by operation. The disease returned.
- 783 Mammary Gland, exhibiting scirrhus degeneration in a peculiar form. Removed in 1846.
- 454 Scirrhus of Mamma, containing a cyst.
- 402 Ulcerated Carcinoma of the female breast. Removed by operation.
"These ulcerated schirri will *sometimes* heal after the operation, but the disease *always* returns: I never saw one that did not."
- 781 Scirrhus Mamma, with cauliflower growth from the nipple.
- 733 Scirrhus Mamma.
- 486 Scirrhus of Axillary Gland. Removed by operation.
- 611 One of the Socii Parotidis in a scirrhus state.
Removed, with a portion of the masseter muscle, from a lady from Orange county.
- 453 Carcinoma Penis, removed by amputation.
The disease commenced in the glans and invaded the prepuce secondarily. After amputation the wound healed well. No further knowledge of the case.
- 615 Carcinoma of the Rectum, removed by exsection after division of sphincter muscle on each side.
From a lady. No return of the disease. One of three cases operated on successfully.
- 430 Scirrhus of Mamma, mixed with encephaloid deposit.
- 814 Keloides, removed from the mamma of a young girl.
The disease returned in the cicatrix, and in the points of suture.
- 734 Scirrhus Mamma.
- 735 Scirrhus Mamma.
- 843 Scirrhus Mamma, of the right side.
Removed from Mrs. L., 23d street. The axillary glands, already degenerated, were partly removed. The disease returned in the lungs, and caused death, by orthopnoea, in about two months.
- 966 Cancer of the Head, of Mr. Ramsey, of Ithaca.
- 831 Carcinomatous Tumor, involving left breast of Mrs. C——, Brooklyn.
- 495 Scirrhous of the Mamma, in a state of ulceration. Removed from a female by operation.
- 742 Scirrhus Mamma.
- 775 Carcinoma of Mamma.
- 992 Carcinoma of the Left Breast, of Mrs. H., from Canada West.

She came to New York for me to operate upon her, if necessary, but by the influence of friends, fell into the hands of a quack, who made an extensive ulcer, four inches in length, of the carcinomatous character, which he could not heal. About six months from the time of her arrival in the city, I was requested to visit her. She was about sixty years old, of a somewhat corpulent and phlegmatic temperament, and, notwithstanding all the appliances of homœopathy, was laboring under a most severe and harassing cough. The axillary enlargement, which was considerable before the fiery treatment was commenced, had been greatly aggravated by the caustic application.

I informed her that an operation would not cure her, but that it was never-

theless proper to remove the entire morbid mass, as in my opinion she would be benefited thereby—that the wound probably would not entirely heal, and that if it did, it would not remain so. I told her we should first endeavor to relieve her cough a little, and build up her general health. After deliberating upon it, and consulting with her family, she requested me to perform the operation.

The particular object in preserving this specimen is, to record the interesting fact, that during the operation I cut a piece entirely out of the axillary vein. This is the only time that I have ever wounded the trunk of that vessel in all my numerous operations upon this region of the body. The hemorrhage was considerable until the vein was compressed below the wound. The sides of the wound were then pinched up with dissecting forceps by my son, Dr. A. B. Mott, and I tied a ligature upon the vein, after which the operation was proceeded with and completed. This ligature came away in due time as kindly as the others, though I felt great solicitude for my patient until its separation.

Perhaps my anxiety was greater from recollecting to have seen, when a pupil in Guy's Hospital in London, Sir Astley Cooper wound the femoral vein in the operation of tying the femoral artery. He pinched up the wound in this manner, with forceps, and had a ligature applied, but in a day or two venous hemorrhage came on, and the man died.

My patient returned home about two months and a half after the operation; the entire wound having healed, from the axilla to a very small point at the lower angle, which I advised to be kept open, as the discharge was perfectly healthy, and the surrounding parts soft and natural.

776 Scirrhus Mamma, with effacement of the nipple.

COMPARTMENT I. (BELOW.)

A VARIETY OF CASTS OF CLUB FEET AND OTHER DEFORMITIES.

COMPARTMENT II.

- Scirrhus Mamma.
- 475 Scirrhus Tumor; from the female mamma. Removed by operation.
- 675 Scirrhus Tumor of Breast. Removed by operation.
- 484 Nipple, Retracted and Corrugated; from a scirrhus mamma. Removed by operation.
- 485 Nipple, Puckered and Retracted; from a scirrhus mamma. Removed by operation.
- 474 Scirrhus Tumor; presenting a good specimen of the internal structure of the disease.
- 529 Cancer of the Rectum; in a state of ulceration.
Removed by operation, from a lady from Ohio, aged 31. After the division of the sphincter and on each side, the whole rectum was removed for two inches above the sphincter. The patient recovered entirely, and I have not heard of any return of the disease. The power of retaining her feces was eventually completely restored.
- 740 Scirrhus Mamma.
- 787 Anomalous Tumor.
- 799 Scirrhosis of Mamma, with cysts containing serum.

- 412 **Cancer of the Penis.** Carcinomatous hardening and ulceration commencing in the prepuce, and afterward invading the glans. Removed by operation. No return.
- 739 **Tumor, Hard, Fibrous, and Circumscribed, resembling schirrus.**
Removed from the breast of Miss B—, Washington Place, 1844. It was imbedded in the fat around the gland, and totally unconnected with it. No return of the disease—1857.
- 576 **Tumor, of Scirrhus, or Peculiar Fibrous Character.**
Removed from the upper part of the breast of an otherwise perfectly healthy girl, aged 16. It was caused by a blow received when 12 years old; was very large, well defined, painful without handling, and also somewhat tender to the touch. Not the "irritable tumour" of Cooper. Removed by the knife. No return of the disease.
- 424 **Scirrhus of Mamma, with a small cyst (hydatid?) in its substance.**
Removed by operation.
- 912 **Encephaloid Disease, or soft cancer, of the mamma.**
- 958 **Scirrhus Mamma.**
- 578 **Scirrhus of Mamma.**
- 845 **Ulcerated Carcinoma of right mamma, in a young married woman of 25.**
An unusual case at this age. It was removed, and she died a few months after, from return of the disease in the right lung.
- 755 **Encephaloid Disease, involving the right male breast.**
Removed from Mr. S., January, 1846. The mass of disease contained several cysts, which, when cut into, discharged an inky fluid, leaving a dark stain on the linen—melanotic infiltration. No return, 1857.
- 717 **Fungus Hæmatodes of the female mamma.**
Miss Lay's case. It had attained its growth in the course of a few months. At the time of the operation she was losing a pint of blood daily from the fungus. The operation was accompanied by very little hemorrhage, and the patient survived about a year.
An eminent surgeon in a neighboring city had punctured this breast with a lancet, from a belief that it contained a fluid. This deceptive sensation of fluctuation is a constant occurrence in malignant tumors, and not all men, nor even those of the longest experience, can always discriminate them. I am yet, after a practice, of over fifty years, frequently unable to determine. The surgeon who says *he can*, either is not honest, or has not had much experience.
(The rapidity of the growth of this enormous fungus is remarkable. In six weeks from the time of the puncture, it attained the huge dimensions delineated in the sketch. See drawing in my portfolio.)
- 762 **Encephaloid Cancer of Mamma, in a maiden lady. Fifth Street.**
January, 1846.
- 768 **Encephaloid Disease of left mamma.**
Removed from Mrs. L., of Connecticut, in the sixth month of pregnancy. She made a good recovery from the operation, but died within two years.
- 840 **Carcinoma of Left Mamma.**
Miss T., of Broadway, aged 45. The disease returned in the skin surrounding the cicatrix, and rapidly extended to the glands of the axilla. She died within the year.

- 772 Sero-cystic Disease of Right Mamma, complicated with encephaloid disease. Mrs. H., of Kipp's Bay.
- 876 Scirrhus Mamma of a female, from Ulster county.
It is the largest one, removed during life, in the collection. The incision was nine inches in length, and the tumor weighed over two pounds. The disease returned, after the operation; within a year.
- 757 Scirrhous of Breast; from Mrs. —.
- 722 Scirrhous of Mamma, with serous cyst.
Removed May, 1845. The wound healed well. No further knowledge of the case.
- 792 Fibrous Tumor of Mamma.
- 532 Scirrhous of the Mamma, from a negress. Removed by operation.
- 478 Scirrhous of the Male Breast, of the left side.
Removed from Mr. M., an elderly bachelor, in 1842. The tumor was characterized by extreme hardness, lancinating pains, and great retraction and puckering of the nipple—the features of true scirrhous.
Up to August, 1846, there was no return of the disease. Some eight or ten years after the operation, however, he was seized with hæmoptysis, which recurred from time to time, and ended in pulmonary consumption. There was never any return of the trouble in the bosom.
- 600 Scirrhous of the Pancreas, which simulated organic disease of the pylorus, and was treated as such.
- 777 Scirrhus Mamma, with retraction of the nipple.
- 490 Encephaloid Disease of Mamma, removed by operation.
- 665 Scirrhous of Mamma.

COMPARTMENT II. (BELOW).

A VARIETY OF SPECIMENS OF COMPARATIVE OSTEOLOGY.

COMPARTMENT III.

- 681 Umbilical Cord, showing three knots at birth.
- 954 Abortion, of three months.
- 888 Fœtus, premature—an abortion.
- 955 Ovum, of six weeks.
- 455 Ovum (human), of about eight weeks; membranes entire.
- 878 Head of a Hydrocephalous Fœtus, showing harelip.
- 558 Dissection of a Fœtus, showing the testis and capsula renalis of the right side, in situ.
- 416 Deformed Fœtus.
- 763 Imperforate Hymen, taken from a negro subject.
- 418 Fœtus with Club Feet.
- 577 Vesico Vaginal Fistula, the consequence of the retention of the child's head in contact with the soft parts, for thirty-six hours, without application of the forceps.

Case of Mrs. B. She was forty years of age, and this was her first child. The fistulous opening was the size of half a dollar. She died in the course of a year or two from irritation and hectic.

This case came under my notice in 1828. At that time no operation was even thought of. The size of the opening, however, its proximity to the pubes, and the thinness and hardness of the margins, would probably have made the present operation unsuccessful.

- 572 Hypertrophy of Labia Majora, removed by operation from a woman considerably advanced in life, on account of soreness from contact of urine. She recovered entirely.

COMPARTMENT III. (BELOW).

THE CRANIUM OF AN ENORMOUS OX.

COMPARTMENT IV.

- 952 Uterus with a portion of Placenta morbidly adherent.

This woman, about 35 years of age, was the mother of two or three children. She had miscarried, at different periods of gestation, several times, and always with the loss of an unusual quantity of blood. This accident occurred at four months. For four days afterward every thing went on well, with less loss of blood than on former occasions.

On the fourth day, feeling very well, she arose from bed to attend to her household duties. When upon her feet, a profuse hemorrhage took place, which compelled her instantly to resume the recumbent position. Her physician, on being immediately summoned, found her so much exhausted that her dissolution was expected every moment. By means, however, of the tampon and ice; and the liberal use of brandy, ammonia, and other stimulants; together with bottles of hot water to the feet, and volatiles to the nose and temples, after several hours, she began to rally.

He was positive that the whole ovum had been discharged, and that the placenta was attached to it entire; yet, as soon as her perilous situation would permit, he ventured to explore the os uteri, when to his surprise he found a soft something protruding from it, which he supposed to be the uterus inverted. The tampon fresh from iced water was immediately replaced. Besides stimulants and volatiles he used astringents also internally, such as sub. acet. plumb., and opium; and applied a bandage firmly. She rallied a little at times, and then fell off—for the hemorrhage was continuing, notwithstanding the tampon.

The day following the occurrence of the bleeding, I was requested to see her. She was pulseless; extremely anxious; and very restless; wishing to be moved every few minutes, and when moved, retching very severely; extremely exsanguined; and appeared as if she must expire in a few minutes. On being told that the blood continued to flow by the sides of the tampon, I advised it to be removed, for an instant, that a piece of ice might precede it to the os uteri; the tampon to be secured with compresses and a T bandage; and the patient to have tinct. opii and tinct. ergot. in the brandy and water, even though her stomach was very irritable, from the frightful hemorrhage. Her physician returned in two hours, not expecting to find her living. There was, however, a slight return of pulsation at times in the radial artery, though in other respects she was in the same alarming condition.

Desirous to ascertain what her physician called the inverted uterus, I ventured, though at the great risk of her life, to remove the tampon, and while it and the ice, were being renewed, made an exploration. The

moment I touched it, I was enabled to assure the doctor that it was the placenta, or a polypus; for, in fact, an inversion of the uterus at that period of utero-gestation, was, in my opinion, impossible.

The protruding part in the os uteri was about the size of half a small hen's egg. I told the doctor it was our duty to endeavor to remove this, as it kept open the os uteri, and was the cause of the hemorrhage. I passed my forefinger around the protruding mass, and detached it, and then requested him to take it away from the vagina, which he did. The tampon was then immediately replaced, and the other means continued. By this step the discharge of blood was to some extent lessened; but she gradually continued to sink, and died in the course of the following six hours. The portion removed was evidently placenta, in appearance and structure.

In the post mortem, nothing could exceed the exsanguined state of the body. Every thing about the abdomen and pelvis appeared perfectly natural; but just within the neck of the uterus on the left, was found a portion of the placenta adhering, to all appearance morbidly. This was beyond the reach of the finger *intra vaginam*. The whole interior of the uterus, in other respects, was normal. The os uteri had contracted a great deal from the time of the removal of the placenta that was within it.

This case not only teaches the importance of the lesson, to examine the foetus, the placenta, and the membranes after an abortion, but also, if much flooding follows, to examine the os uteri and see if there be a portion of placenta retained in it; and, if so, always to remove it by the fingers or forceps. It should be removed at once, unless the patient is in articulo mortis.

731 Eiloides of Dr. Warren. Warren on Tumors, p. 48.

Removed from over the parotid gland of a negro about 20 years of age, (1843). It has since returned and has been again removed. Vide No. 773.

827 Kidney, containing Calculi.

632 Extra-uterine Fœtation, removed by gastrotomy from the cavity of the peritonæum, 2 years and 11 months after conception.

The woman resided in Gold Street. The incision extended from the xiphoid cartilage to the pubes. The foetus was enclosed in a cyst attached to the right broad ligament. She died from the shock within twenty-four hours.

711 Spina Bifida, fatal from rupture.

796 Spina Bifida, with deformity of the lower extremities. Removed from a female infant, who died suddenly, at the age of six weeks.

418 Fœtus, Injected.

Viscera in situ.

853 Lipoma; from the axilla.

805 Cyst, removed from over the cervical vertebræ, in a case of spina bifida, in a child nine days old.

It communicated with the cavity of the spinal membranes, by an opening the size of a crow's quill. The cut edges were united by three interrupted sutures. The child recovered without a bad symptom, and was seen a year afterward in excellent health. The cyst is turned inside out.

627 Rupture of the Uterus during parturition; from violence used in turning or extracting the child's body.

The head was found, on post mortem examination, *extra uterum*, among the intestines.

448 Uterus, showing consequences of hysteritis following retention of the placenta, after labor. The cavity of a large abscess is seen,

- which had formed in the substance of the uterus, immediately beneath the attachment of the placenta, and had discharged externally into the cavity of the pelvis.
- 660 Uterus, from which grew two sarcomatous tumors, continuous apparently with its parenchymatous structure.
- 728 Fibrous Polypus of the Uterus.
Removed by torsion from Mrs. —, East Broadway. It was attached by a peduncle to the inside of the neck of the womb.
- 425 Uterus.
From Miss R——. To the fundus of it was attached an enormous "sarcomatous" tumor, weighing over 100 lbs. Vide Nos. 407 and 676.
- 676 Portion of the large sarcomatous tumor of the above uterus. Vide No. 425.
- 472 Ovarian Tumors.
- 468 Uterus containing a Tumor, consisting of bone-like material. A number of sarcomatous tumors are connected with it externally in the cavity of the peritonœum.
- 471 Ovarian Tumors and Cyst, of immense size, from Mrs. C., aged 70 years.
She had been tapped several times with much relief, and finally died from old age and exhaustion.
- 881 Internal Surface of the Uterus in a vascular condition during the latter stage of pregnancy.

COMPARTMENT IV. (BELOW).

BEAUTIFUL SPECIMENS OF DISEASED BONES FROM THE HORSE.

COMPARTMENT V.

- 593 Fungoid Disease of Testicle. Removed by operation.
- 489 Fungus Disease of Testis, as described by Mr. Lawrence. Removed by operation.
I have never seen this disease return after the removal of the testis.
- 564 Fungoid Tumor of Testicle. (Lawrence).
- 650 Scrofulous Disease of Testis.
- 648 Fungoid Disease of Testicle.
- 433 Tuberculous Disease of Testis, (scrofulous). Removed by operation.
- 414 Fungous Disease of Testis. (Lawrence).
- 592 Strumous Testis.
- 798 Encephaloid Disease of Testis,
Removed from a tailor in Mott Street. The disease returned in a few months in the lumbar and inguinal glands, and he died.
- 741 Testicle, (healthy).
Removed from Dr. L. L. at his request, as a cure for onanism. After recovery from the operation he resumed the habit, but not to the same extent as before.

- 554 Testis, removed by operation, for incurable "fungoid disease" of Lawrence, or "granular swelling" of Cooper.
- 807 Encephaloid Testicle.
- 476 Fungous Testis, (Lawrence), ulcerated.
- 514 Varicocele. The testicle and spermatic cord of the left side, with veins of the cord very much enlarged.
Removed from Mr. J., of Schenectady. The testicle was very much atrophied, and his general health impaired by neuralgic suffering from the pressure of the enlarged veins upon the testis; it was, therefore, deemed proper to extirpate the whole disease with the testicle. He had been mostly confined to his bed for a year before the operation. Afterward he regained his health entirely.
- 682 Tubuli Testis, unravelled.
- 951 Strumous Testis, showing tuberculous disease beautifully developed. Removed by operation. The patient recovered.
- 429 Encephaloid Disease of Testis, with points of ossific deposit throughout the tumor, and also on the tunica vaginalis. Removed by operation from an elderly man. The disease did not return.
- 657 Encephaloid Testis.
- 837 Cerebriform Disease of Left Testis.
Removed from Capt. L., of Georgia. Weight about 4 lbs. It apparently originated from a bruise received by riding on horseback some years before. The cord was healthy. The wound healed, and the patient returned home in good health.
- 797 Encephaloid Disease of Testis.
- 718 Encephaloid Disease of Testis.
From Mr. J——, of West Indies, etat. 60. He died in about a week from phlebitis, with purulent deposits throughout the body.
- 601 Scrofulous Disease of Testis, with a cyst in its posterior and upper part, containing water (encysted hydrocele). Extirpated.
- 875 Cerebriform Disease of Testicle.
Removed from Capt. L., (a bachelor). Saw him frequently for several years after, in good health.
- 759 Carcinoma of the Face, involving the bones.
- 469 Sclerocele of the Parotid, of an enormous size, in a state of ulceration.
He was perishing from the pressure of the tumor on the trachea and oesophagus. Both common carotid arteries were tied with an interval of only fifteen minutes. The patient, however, was not materially relieved, but became comatose, and died within twenty-four hours. See oil paintings, representing the disease, in my portfolio; also Velpeau's Operative Surgery, Amer. Ed.
- 880 Spontaneous Mortification of the Foot, caused by ossific deposit in the arteries of the leg. Removed from a cadaver by Dr. V. Mott, Jr.
- 758 Encephaloid Disease of the leg and knee.
The case of Mr. —, of Long Island. Amputation was performed at the thigh, and he recovered well from the operation. There was no return of the disease, though death took place within a year, from dropsy.

COMPARTMENT V. (BELOW).

SKULLS OF HORSES, BEARS, WOLVES, SHARKS, TURTLES, ETC., ETC.

COMPARTMENT VI.

- 497 Testis, encephaloid disease of. Removed by operation.
- 679 Encephaloid Disease of Testis.
Removed from a man 50 years of age, of vitiated habit, though without evidence of constitutional disease. The wound healed perfectly. Within a year he returned with elastic tumors in the abdomen and loins, which gradually increased in size, and finally produced death, with hectic fever. No affection of the glands in the groin or return of disease in the scrotum.
- 648 Testicle, fungoid disease of.
- 580 Encephaloid Disease of Testicle.
Removed from a middle-aged man, of vitiated constitution. No disease of the cord; the wound healed kindly, and there was no return of the disease within two years.
- 950 Both Testes removed, at the same time, for scirrhus in a man 38 years old, from Orange County, N. Y.
The injury which led to this disastrous result arose from getting over a fence, between one and two years before the operation was performed. He was a shoemaker by trade, and was very much broken down by ulceration of both the organs. After the operation he rapidly regained his health.
- 830 Carcinomatous Tumor.
Removed from the groin of Mr. —, of N. C. It was in a state of ulceration, and involved the femoral vessels, and was only removed in part.
- 887 Scirrhus Testis, showing tunica vaginalis.
- 410 Scirrhus of Testis. Removed by operation.
- 415 Scirrhus of Testis; a genuine specimen. Removed by operation.
- 473 Scirrhus Testis. Removed by operation.
- 766 Kidney, encephaloid disease of. From a patient of Dr. Proudfoot.
- 764 Tarsus, of a young woman from the country. The leg was amputated by Dr. Carnochan for scrofulous disease.
- 628 Spontaneous Gangrene of the Foot.
Mr. C., a luxurious liver, 60 years of age. Without any known exciting cause the "blue spot" appeared on the inside of one of the smaller toes. During the progress of the disease, about four weeks after its commencement, the leg was amputated just above the ankle-joint. The stump showed no disposition to heal, and, in the course of a week, mortification re-appeared upon it, and progressed rapidly. He sank within a fortnight after the operation. Pott's treatment (opium and camphor) was tried very fully, with quinine, wine, porter, and the most generous diet, but without effect. The operation was performed at his request.
- 515 Scrofulous Disease involving the carpo-metacarpal articulation. Amputation.
- 678 Horse-shoe Kidney.
- 760 Encephaloid Tumor of the Thigh, attached to the femur of the right side, just below the trochanter minor.

Case of the Rev. Mr. P. The thigh was amputated very high up, after tying the femoral artery in the groin. He died from the shock of the operation in fifteen hours. Nov., 1845.

This worthy young man brought with him from the State of Maine, a distinguished surgeon, regularly educated, who was a firm believer in mesmerism, and who informed me that he had amputated under its influence without pain to the patient.

At the request of my patient, the doctor mesmerized him morning and evening for about ten days, but said he could not get him under its full influence, and so would try no longer. He went home a day or two after the operation was performed.

These manipulations, no doubt, disturbed the normal condition of his nervous system, and made it less able to sustain the shock of the amputation.

470 **Kidney**; of enormous size, and extensive morbid transformation.

During life, the patient was thought to have ascites, and he was tapped. Peritonitis followed, and death resulted in a few days.

On post-mortem examination a calculus, the size of a musket-ball, was found in the kidney, the sac of which had evidently contained the fluid drawn off; its subsequent infiltration into the peritoneal cavity being the cause of the fatal inflammation.

546 **Osteo-sarcoma**, of fore-arm and hand.

The disease occurred in a man of vitiated habit, between 40 and 50 years of age. It was found to have commenced in the lower and anterior extremity of the radius, and afterward to have involved the carpus. The fore-arm was amputated by the circular operation, and the wound healed kindly. Nothing further is known of the case.

547 Duplicate section of 546.

761 **Fracture of Humerus**, compound complicated. Amputation at the shoulder-joint.

548 **Fracture of the Ankle-joint**, compound, with dislocation; in a young man of good constitution, about 25 years of age; from external violence.

Immediate amputation was determined on, but the patient would not submit. In the course of forty-eight hours gangrene made its appearance in the toes, and, on the third day, the leg was amputated. The man eventually recovered.

860 **Compound Luxation of the ankle-joint** (tibia inwards), with fracture of fibula.

Case of Dr. Mansfield, of Manhattanville. The posterior tibial artery being lacerated, it was deemed wiser, under the circumstances, to amputate immediately below the knee; which was done, and the patient recovered.

COMPARTMENT VI. (BELOW).

A VARIETY OF DISEASED BONES OF ANIMALS.

COMPARTMENT VII.

1023 Abscess in the Liver, communicating with the right lung.

930 Polypus Nasi.

1025 Abscess in the Liver.

- 1026 Hepatization of Lung, with ulceration.
- 1024 Female Mamma, with corrugation of the skin, and retraction of the nipple.
- 618 Ununited Ossa Brachii. Ends, (sawed off,) from two cases. Recovery with bony union in both.
- 820 Ulcerated Nævus. Removed from the nates of a child.
- 530 Aneurism by Anastomosis, in a state of ulceration. Removed by the knife, from the neck of a young infant.
- 550 Necrosis of the Femur. It followed a double fracture in a strumous habit, in consequence of bad treatment.
Amputation at the hip-joint was performed, and the patient recovered. Two or three years afterward he died of acute dysentery. See published case in Hay's Journal and Velpeaus' Oper. Surg., Amer. edition.
- 1017 Abortion, of about the third month.
- 1021 Section of a Tumor.
- 1022 Fibrinous Deposit, extensive. Upon the inner surface of the aorta, and throughout the pericardium internally.
- 918 Ovarian Tumor, with fungoid excrescences.
- 625 Ramollissement of mucous membrane of the stomach. The young woman died from psoas abscess, of enormous extent.
- 447 Rupture of the Stomach.
Produced by a cart wheel passing over the body. The peritoneal and muscular coats are torn through, leaving the mucous coat entire. The spleen also was ruptured. Death occurred in a few hours.
- 521 Cancer of the Stomach in the ulcerated stage, involving the whole organ. Bony points in the walls of the stomach.
Taken from a negro woman, a native African, between 50 and 60 years of age. There was much pain, regurgitation of food and vomiting of sooty matter. She died in a state of extreme emaciation.
This is the first morbid specimen obtained by me after my return from Europe, in 1809.
- 1019 Coagulum from an aneurismal sac.
- 1020 Amputation of the Thigh, for necrosis and extensive caries of the femur.
- 838 Part of a Foot, curiously deformed, removed from Dr. —, of Pennsylvania.
He walked very well afterward on the remainder of the foot, by means of an artificial addition fitted to the stump. The other foot was a *varus*, which was also operated upon.
- 716 Transposition of Viscera. Body of No. 715. Vide New York Jour. Med.
- 551 Carcinoma of the Pylorus, in a state of ulceration, attended by enormous dilatation of the stomach.
The patient, a male between 50 and 60 years of age, suffered great pain and vomited much glairy fluid, but no sooty material. The stomach, which held twelve pints, was not involved in the disease. Death took place from atrophy, in consequence of the pyloric obstruction.

- 1018 Ulceration of the Caput Coli, extensive, involving the valve and reaching into the ilium.
 1016 Ulceration of Lung, extensive.
 1053 Hydro Sarcocele of Pott, or hydro sclerocele of Ramsden. Removed by operation.

COMPARTMENT VII. (BELOW).

SPECIMENS OF COMPARATIVE OSTEOLOGY.

COMPARTMENT VIII.

THIS CASE CONTAINS MALE AND FEMALE ADULT SKELETONS.

COMPARTMENT IX.

DRY PREPARATIONS.

- 53 Inferior Maxilla of middle age.
 54 Inferior Maxilla of old age.
 314 Inferior Maxilla of a middle aged female.
 281 Inferior Maxilla from battle-field of Waterloo.
 58 Inferior Maxilla.
 400 Inferior Maxilla of an American Indian.
 56 Inferior Maxilla.
 402 Os Occipitis, a portion of it, very thick.
 401 Lower Jaw, showing age.
 59 Inferior Maxilla.
 64 Inferior Maxilla of childhood, showing the permanent teeth in the jaw.
 408 Cervical Vertebrae, from a person who died of an injury of this portion of the spine.
 338 Cranium and bone of the penis of the ferret.
 398 Superior and Inferior Maxilla, of a youth, showing some of the second set of teeth fully protruded, while in other parts the first set remain perfect, but about to be encroached on by the second.
 244 Anchylosis of cervical vertebræ.
 43 Caries of bodies of vertebræ.
 406 Portions of Cranial Bones, collected by me, at Delphi, Greece.
 57 Inferior Maxilla.
 67 Knee-joint, ligamentous preparation of it.
 50 Anchylosis of the bodies of the six lower cervical vertebræ.
 86 Portion of specimen No. 85.
 407 Anchylosis of dorsal vertebræ.

COMPARTMENT X.

DRY PREPARATIONS.

- 202 Arterial and Venous Preparation of left superior extremity.
- 199 Arterial Preparation of the thorax and left superior extremity, showing the high division of the brachial artery.
- 30 Fracture of Femur, with ligaments of knee-joint preserved.
- 13 Portion of Femur.
- 21 Fracture of the Patella.
- 208 Arterial Preparation of the right arm of a young subject.
- 212 Arteries and Nerves at the bend of the right arm.
- 288 Two Ossa Temporalia, from Cheronœa, Greece.
- 222 Mesenteric Gland in a state of calcareous degeneration.
- 196 Arterial Preparation of the lower extremity of a child.
- 197 Arterial Preparation of the thorax and right superior extremity.
- 213 Arteries and Nerves of Fore-arm and Hand, prepared by Mr. Frey before he graduated.
- 204 Arterial and Venous Preparation of left extremity of the same subject.
- 205 The same of an Adult.
- 203 Arterial Preparation of the right superior extremity of a young subject.
- 41 Portion of the Fore-arm and Hand of an Egyptian mummy.
- 209 Arterial and Venous Preparation of the bend of the left arm.
- 210 Right Carpus and Hand, arterial and venous preparation of it.
- 295 Femur, Tibia, and Fibula Anchylosed, and bones of foot (perfect) prepared.
- 268 Skeleton of Fœtus.
- 92 Kidney, injected.
- 263 Tibia, compound fracture, and dislocation of it inwards, and fracture of fibula, low down.
- 221 Spontaneous Mortification of the lower extremity. Amputation. Recovery. N. Y. Hospital.
- 425 Hand and Fore-arm, injected.
- 428 The Genital Organs of a male child; congenital malformation and wrong position of them.
- 423 The Obturator Artery, originating from the epigastric—a beautiful specimen.
- 424 Vessels at the Elbow, arterial and venous injection, to show the surgical anatomy of them.
- 415 Spontaneous Mortification of the right arm of a lady in Brooklyn. She was about 35 years old, the mother of several children; rather delicate; no known cause for it. The first thing noticed was unusual coldness of the hand. The mortification gradually advanced to about the middle of the arm, where it stopped, and in great measure separated from the living, healthy surface above.

At her urgent solicitation, but without my recommendation, I amputated the arm, as the foetor from it was intolerable to her. The brachial artery was solid, and did not require a ligature. Several smaller branches were tied. Four or five days after, upon opening the stump, mortification was apparent in it. She died in a few days from exhaustion.

- 416 From a Mummy, taken by me, from a catacomb at Saccharra, Egypt.
 410 Mummy, from Saccharra, Egypt, obtained on the spot by me.
 411 Compound Fracture of the leg—horrid.
 412 Amputation at the Shoulder-joint. The woman fell into the fire in a state of intoxication, and roasted the arm.
 413 Spontaneous Mortification.
 414 Roasted Arm. From intoxication. Amputation of it.
 461 Spontaneous Mortification of Foot. Both feet were in a state of complete dry gangrene. See case referred to in specimen No. 845—wet preparation.
 462 Spontaneous Mortification. The other foot of the same patient. See 461.
 426 Fracture of the Patella, showing the separation of the upper from the lower portion.

COMPARTMENT XI.

DRY PREPARATIONS.

- 302 Os Innominatum and upper part of femur of right side.
 61 Anchylosis of the Tarsus. Between the three cuneiform and the scaphoid bones.
 35 Os Innominatum and Femur, from fatal case of hip-joint disease.
 47 Astragalus, from a case of compound luxation of ankle. Recovery.
 48 Scapulo-humeral, and scapulo-clavicular articulations—ligamentous preparation of them.
 49 Astragalus, from compound dislocation of the ankle. Recovery.
 40 Fibula, fractured at its lower portion.
 90 Astragalus, which was so nearly separated, in a case of compound dislocation of the ankle, as to justify its entire removal. The operation was followed by complete recovery.
 287 Half of Superior Maxilla, malar and sphenoid bones; from battle-field of Waterloo.
 14 Head of Tibia. From disease of knee-joint.
 315 Head of Tibia with Patella. From disease of knee-joint.
 307 Exostosis of Femur.
 310 Bones of the Foot, complete (wired).
 271 Os Occipitis.
 272 Os Occipitis.
 383 Amputated Femur, with atrophy.

- 388 Compound Fracture of the Femur, extensive. Primary amputation was resorted to.
- 405 Supposed Fracture of the neck of the femur. Presented by Dr. Ludlow. Very doubtful. Some appearance, perhaps, of an impacted fracture at one point only. The angle of the head and neck with the shaft of the bone is the most remarkable feature about it.—A. B. M.
- 449 Exostosis of the back bone of a fish.
- 311 Fœtal Pelvis, and femurs attached, showing with what facility congenital dislocations may be effected in utero.
- 37 Portion of Femur.
- 81 Upper Portion of the Sternum affected with syphilitic disease.
- 42 Os Innominatum of a child, showing its division in early life into the three portions.
- 195 Preparation, showing arteries of the leg and foot.
- 51 Fibula.
- 37 Portion of Femur.

COMPARTMENT XII.

- 36 The Olecranon and coronoid process of the ulna; caries and exostosis.
- 26 Inferior Extremity of the Femur, exhibiting together with the last three specimens the consequences of inflammation.
- 12 Tibia and Fibula, showing the results of inflammation of periosteum and substance of bone—viz: absorption and irregular deposition of osseous tissue.
- 18 Fibula.
- 303 Upper Part of Femur, minus its head.
- 85 Necrosis of the Tibia near its head, following compound fracture. Amputation at the thigh became necessary.
- 11 Tibia and Fibula, from a rachitic subject.
- 240 Humerus, Radius, and Ulna, diseased.
- 285 Two Ossa Astragali, from Waterloo.
- 80 Lower End of Femur—caries.
- 385 Curvature of the Tibia, from mollities ossium in early life.
- 28 Tibia and Humerus.
- 5 Caries of the Tibia.
- 313 Lower End of Fibula and Femur—ostitis.
- 17 Fibula, showing consequences of periostitis.
- 389 Tibia, strumous caries of it.
- 375 Sacrum and Left Innominatum—ankylosis.
- 363 Left Os Innominatum, ankylosed to the sacrum—female.
- 297 Iliac of right and left side.
- 429 Head and Shaft of the Femur, strumous caries of the head.

- 251 Bones of Leg and Foot, from a case of talipes varus.
 392 Head of the Os Bracchii. A portion of it—strumous caries.
 10 Tibia, fractured and badly united.
 304 Re-amputation of the Femur.
 234 Cranium, with very thin parietes.
 31 Humerus, exostosis of it.
 316 Ramus of the Pubes, fractured.
 32 Humerus, diseased.
 16 Tibia, necrosis of it; the necrosed portion remains in the form of a sequestrum. There is ankylosis of the knee-joint.
 19 Lower End of the Femur, from a case of diseased knee-joint.
 376 Tibia, with extensive caries and ankylosis to the fibula throughout the lower third.
 298 Bones of Arm, Fore-arm, and Hand, complete (wired).
 253 Fibula, diseased.
 25 Tibia.
 176 Tibia, from the field of Waterloo.
 20 Lower End of the Femur, from a case of diseased knee-joint.
 68 Part of the Femur, probably from a case of fracture and subsequent amputation.
 431 Elbow-joint, partial ankylosis of it.
 433 Part of the Lower Jaw, showing how a portion of the bone may be removed, the base being preserved intact.
 434 Tibia and Fibula, osseous union, through the medium of the interosseous ligament.
 435 Os Bracchii, entire destruction of the head by strumous caries.

COMPARTMENT XIII.

- 317 Half-calvarium, with the temporal arteries injected.
 365 Tibia and Fibula, affected by osteitis; the latter most extensively.
 269 Femurs; two, and the upper end of a third.
 382 Lower Half of the Femur; enlargement—probably a necrosis.
 22 Tibia and Fibula, showing results of inflammation.
 366 Tibia and Fibula, with long ankylosis of the fibula to the tibia at each of its extremities. The osteitis is more extensive than in 22.
 356 Head of a Turtle and two scapulæ.
 367 Caries of the Tibia—syphilitic.
 6 Tibia, caries of it.
 246 Tibia and Fibula, diseased.
 247 Tibia and Fibula, diseased.
 384 Tibia and Fibula, extensive necrosis of them.
 391 Tibia and Fibula—showing exostoses beautifully frosted.

- 27 Tibia and Fibula, with superficial exostoses.
 379 Lower Half of the Femur in an adult—necrosis.
 378 Fracture of the Femur, oblique, about the middle.
 29 Femur, showing consequences of periostitis.
 242 Femur, diseased.
 380 Fracture of the Femur near the knee-joint.
 377 Fracture of the Femur about the lower third.
 7 Fracture of the Femur, with comminuted fracture of the head of the tibia, involving the joint. Amputation of the thigh.
 364 Os Femoris, with enormous exostosis.
 23 Tibia and Fibula, anchylosed at their lower extremity.
 24 Tibia and Fibula.
 4 Femur, exostosis of it.
 381 Lower Half of the Femur, showing extensive ostitis.

COMPARTMENT XIV.

- 200 Left Superior Extremity, arterial and venous preparation of it.
 201 Left Shoulder, arterial preparation of it.
 2 Clavicle, Scapula, and Humerus, ligamentous preparation.
 245 Scapula with fracture of the neck. Clavicle also fractured.
 192 Lower Extremity, arterial preparation of it.
 207 Right Arm, Fore-arm, and Hand, in which there is a deficiency of the superficial palmar arch. An arterial and venous preparation.

COMPARTMENT XV.

- 193 Thorax and Arm. A dried preparation, exhibiting the arteries, veins, and nerves, with the thoracic duct.
 221 $\frac{1}{2}$ Lower Extremities of the same subject. An arterial preparation.
 93 Left Elbow-joint, showing the arteries around it.
 206 Left Superior Extremity, arterial preparation of it.
 217 Penis, injected.
 187 Lower Extremity, Penis, and Bladder. A dried arterial preparation.
 94 Knee-joint, showing the arteries.
 79 Larynx, Trachea, and Oesophagus, with arch of the aorta. Anomalous origin of the right subclavian—the innominata being absent.
 188 Lower Extremity, dried arterial preparation of it.
 189 Half of the Pelvis, showing the anomalous origin of the obturator artery, from the external iliac, in common with the epigastric. A dried and injected preparation.
 194 The Popliteal Artery in a dried preparation.

- 440 Lower Extremity, injected. Preserved only because the obturator artery arises from the epigastric.
- 442 Superior Extremity. Arterial preparation.
- 443 Arteries and Nerves of the Arm. A handsome preparation by a pupil—Mr. Cromwell. Presented by him, 1856-7.

COMPARTMENT XVI.

SPECIMENS OF COMPARATIVE OSTEOLOGY.

COMPARTMENT XVII.

- 972 Intestinum Ileum, showing ulceration of the mucous lining. From Professor Pattison.
- 818 Epidermis of the Hand. Separated by gangrene. From case No. 803.
- 928 Scirrhus Tumor from the right lumbar region of a female at clinique. It is of fifteen years' growth.
- 573 Sarcomatous Tumor laid open, showing a small cyst. It was attached to a large tumor of the same character growing from the uterus. See No. 660.
- 975 Malignant Disease of the tissues, fatty, and other, of the socket of the eye.

It was in a young woman about 18 years of age, in all other respects a picture of health. When she first presented herself to my notice, the eye was exophthalmic, though the lids would close over the cornea. The ball of the organ with its tissues and humors appeared sound, but the pupil was dilated and the sight lost. The soft deceptive feel of fluctuation around the globe, enabled me at once to pronounce it encephaloid disease.

The health and beauty of the patient led to a resort to mild measures at first. She was accordingly put upon the iodide of potassium, and requested to come again after a few weeks.

Upon seeing her the second time, my earnest desire to benefit her by medical treatment, quite induced me to think it really had not increased. Nevertheless, in defiance of alteratives, it did continue to grow.

I then tied the common carotid of that side, and the tumor, after a few weeks, evidently had diminished considerably, and continued to do so for several months. But it afterward increased again, and so much that the crystalline lens became opaque, with considerable tumefaction of the temporal region.

The carotid of the other side was then tied—with evident advantage, for the ball again lessened and her sufferings were assuaged.

After two or three months, however, the ball had become so much increased, with so much augmentation of the suffering in it and in her head, that she became very desirous to have it removed. I consented to do this, with the hope that it might lessen her sufferings, and it did so to a considerable degree.

The disease did not return in the socket, but after a few months she died hectic. Though it had been promised, no *sectio cadaveris* could be obtained.

- 833 Enchondroma. Removed with the nail, from the last phalanx of the

thumb (right) of the Rev. Mr. —, a Roman Catholic priest, from Nova Scotia.

This little tumor incapacitated him from performing his religious duties. It was not intimately connected with the bone, and in the operation was scaled, as it were, from off the surface of the phalanx, apparently involving the periosteum alone.

Externally it presented the appearance and elastic fluctuating feel usually attributed to malignant tumors, the skin covering it being attenuated, red, and shining. The wound healed entirely before he returned home.

502 Tumor resembling erectile tissue in structure.

Removed successfully from the upper part of the sternum of a young lady. It arose from the prick of a pin; was elastic to the feel, and ulcerated and threw out a bleeding fungus. It never returned.

751 Adipocerc. A portion of the gastrocnemii muscles, converted into it.

432 Ulceration of the Bladder, accompanied by chronic inflammation of the mucous membrane, at the fundus of the organ.

949 Scirrhus Tumor.

979 Ulcerated Bladder and Enlarged Prostate.

From Mr. Van B—, aged 67. The mucous coat is everywhere ulcerated, and exhibits a beautifully reticulated appearance. The lateral lobes of the prostate are considerably enlarged. The third lobe also appears prominent.

The disease began with slight retention of urine. From good health, when attacked, he became by degrees hectic, and the pus from the bladder eventually increased to an enormous amount.

If much urine was allowed to collect in the bladder, he suffered considerable pain, which went off immediately upon introducing the catheter. He had most pain, however, when the urine was off and the pus began to flow through the instrument.

Injections of nitrate of silver into the bladder did not appear to be more painful than the injection of warm water, but they did not diminish the pus. He appeared to me to get most comfort from a suppository of opium and belladonna, or the starch injection and laudanum, with attention to the use of the catheter at stated periods.

The bladder is considerably thickened anteriorly and at the fundus. The *bas-fond* and whole posterior part is in several places ulcerated, through all the coats. In the cellular tissue, connecting the bladder with the rectum, considerable sacs of matter are found in different places.

Post mortem made and specimen prepared and dissected by Dr. Alex. B. Mott.

988 Arteritis—extensive.

989 Disease of the Eye-ball, malignant, involving all the tissues. The same deposits about the optic nerve, on the sella Turcica.

629 Osteocephaloma of the Femur.

The disease occurred in a young man 21 years of age; the son of Mr. M—, of Rye, Westchester County. It was between one and two years in coming on, and caused very little pain, except at night, but interfered with walking. From its incipient condition, when the muscles were relaxed, it resembled an osteoma in feel. He was somewhat cachectic.

The tumor was cut down upon, with the understanding, that if it proved osteomatous, it should be removed, but if malignant, the limb must be amputated. On reaching it the aspect of the tumor was so striking, that amputation was performed on the spot, just below the trochanter minor (1841). He recovered, and is now (1846) in good health.

991 Coats of Arteries, dissected for demonstration.

963 Intestinum Ilium, a portion of it two or three inches from the termination in the coecum, doubled upon itself and firmly adherent, by which complete obstruction to the contents of the small intestines took place.

This is from the person of a young woman, about 19 years of age, called the *princess* from her beauty. She lived on her private account with an eminent professional man of this city.

Enjoying excellent health, and great endurance, she was accustomed near the cessation of her catamenial periods, to completely arrest them by vaginal injections of cold water. This practice, and exposure to wet feet, brought on severe hysteritis and peritonitis, for which she was very properly and actively treated by Dr. F—, with two or three full bleedings, leeches, blisters, enemata, etc. The doctor stated that at times the inflammation seemed to be arrested, but afterward it would kindle up again.

On the fourth or fifth day of the disease, when I saw her, she had violent hiccough—vomiting every thing taken into the stomach; feelings of faintness on being moved, and great tumefaction of the abdomen from flatus, though with little tenderness. Pulse about 130, small and soft.

In this state, I thought she would not bear any further depletion. Our only hope, and it was a very slender one, was to affect her gums as quickly as possible with mercury. For this object, she took a pill of three grains of calomel, with half a grain of opium, every two hours, which was soon increased to five of calomel and then ten, with such corresponding increase of the opium as her nervous system would bear. Extensive frictions of mercurial ointment were also made to the arms and thighs, and, in addition, the blistered surfaces upon the abdomen were dressed with it, and then covered with an emollient poultice.

After two or three days, a slight appearance of mercurial action took place in the gums, with some alleviation of the hiccough and tympany. It was, however, for but a few hours. Our efforts to increase the action of the mercury on her system were further continued, but were fruitless.

For nearly a week she lingered in this way, with an endurance and tenacity of life, which are rarely seen, at times reviving, and then sinking, as if she would expire. At length, however, poor nature was exhausted, and she expired.

The post mortem made about twelve hours after her death, by Dr. A. B. Mott, revealed the whole story, and confirmed my diagnosis, that there was superadded to the inflammation either an invagination, or a kink or twist, of some portion of small intestine, by which complete obstruction was produced.

A more extensive inflammation of the peritoneum is seldom seen. It involved the body of the uterus, the peritoneal covering of all the pelvic viscera, and the intestinal peritoneum of the large and small intestines—being most violent, however, on the latter. The parietes of the abdomen were also affected, though much less. The small intestines throughout were closely glued together by fibrinous exudations. Above the duplication or kink they were also greatly distended with flatus. Below this, in the large intestines, there was no flatus nor any fecal matter. There was a small quantity of brownish serum in the posterior part of the abdomen.

In reflecting upon this case, I have sometimes regretted that I did not give her the *argentum vivum*, in two ounce doses, until a pound or more had been swallowed. From the nature of the twist of the ilium, it strikes me that it might have forced it straight, but then again, as I have said, the inflammation had already become so extensive, that I fear it would have destroyed her. In one case, I gave more than two pounds, but it did not overcome the difficulty.

- 927 Tumor, with the appearance of scirrhus, from the breast of Miss —.
- 409 Mesenteric Gland, enlarged. From a female child, aged 6 years, who died of tabes mesenterica.
- 969 Fungous Testis, with an enormous sac.
- 444 Male Organs of an adult. Wax model of congenital malformation of them.

The scrotum is divided in the mesial line, each side containing a testicle. At first glance, these appear like the labia majora of the female. Within the upper angles of these labia is an opening large enough to admit the little finger, which is the urethra, and leads to the bladder. Above this opening is an apology for a penis.

- 902 Congenital Fracture of the tibia, ends ununited. From a girl 11 years of age. The ends of the bone were brought together with silver-wire, but unsuccessfully.
- 802 Spontaneous Gangrene of the lower extremity.
- 803 Gangrene of the Hand. From a boy, who injured his elbow-joint severely by a fall from a tree. The limb became gangrenous, probably from obliteration of the main-arterial trunk by the injury. It was amputated near the shoulder-joint.
- 971 Fibrous Tumor, congenital. From the side of a child about 16 months old.

It was on the right side, about on a level with the nipple and midway between it and the spine. It had grown from a small point—beginning hard, and, to a slight degree, moveable, and was not accompanied with any pain to the touch.

From its situation, I believed it was bound down by the muscles, and, on dividing the skin, it was found to be covered by a portion of the pectoralis major and a large part of the latissimus dorsi. After separating it from its connections, a portion of the serratus magnus anticus was exposed.

As the tumor lay upon the ribs, one extremity seemed to be particularly adherent. At this point a ligamentous band was found to pass in between the ribs. When this was divided, the tumor became detached. This band was the size of a large goose quill, and appeared to originate from the periosteum of the upper border of a rib.

On laying open the tumor, it was found of great firmness throughout, and to the eye distinctly fibrous. The microscope also revealed the fact that it consisted only of yellowish fibres.

The child was from Newark. Chloroform was administered. No unpleasant symptoms followed, and the child recovered.

- 987 Pachydermatocele, or congenital cutaneous tumor. From a little girl, about 8 years of age, in all other respects in excellent health. This tumor resembles several others preserved in the Museum, to all of which I have assigned this name.

The tumor appeared at birth, and increased with her age. It never was painful, being only an inconvenience, from involving the upper eye-lid and falling over the eye; thus impeding sight. It was situated on the left side of the os frontis, spreading not only over the superciliary ridge and upper eye-lid, but also upward, so as to cover about half of the lateral part of the scalp. It had an elastic, but firm feel like "brawn"—and was not in the slightest degree painful.

The quantity of blood lost in this operation was very considerable; not from

any remarkable vascularity of the tumor itself, but from the great number of vessels going into its substance, and their extraordinary size. There was nothing, however, of the character of erectile tissue about it. All the cases of this kind had the same peculiarity in the size and number of arteries going to the morbid mass. She recovered.

See drawing in my portfolio.

- 974 **Glandular Tumor, lymphatic.** From the neck of a lady in Twenty-sixth Street.

This tumor was of a dense unyielding feel, and not tender to the touch, had been forming for several years, and now impeded both respiration and deglutition. In fairly denuding it of its investments—a point of great surgical importance everywhere in the removal of tumors, and in no other part so necessary as in the neck—a large vein, running over the tumor and close upon it, was cut into. No blood was in it when cut, and it was only found to be a large vein by tracing it upward and downward, after it was filled with blood.

At first, I thought it was the facial, where that vessel terminates in the deep jugular, at which point it, the facial, is very often large. Upon closer inspection, however, it proved to be the trunk of the deep jugular, near this point. Two ligatures were immediately passed under the vein, one above and the other below the wound, and tied. The subsequent separation of the tumor showed that it was fairly behind the deep jugular, and only in certain positions of the head did it allow any blood to pass through that vessel.

This is the third instance in which I have tied the deep jugular, where the patients have subsequently recovered.

In the fourth case, while extirpating a large tumor in the neck, I was compelled to pass a ligature around the deep jugular, less than an inch distant from the base of the skull. No marked effect followed the ligature. The wound suppurated, and the ligature came off in due course. The patient sunk, however, on the third week from hectic irritation, though the wound was still suppurating kindly.

- 545 **Osteo-cephaloma of the Humerus, occurring in a child 9 years of age,** the daughter of J. C. M., of Vesey Street.

The disease commenced in the periosteum, under the middle of the deltoid muscle, constituting the "*periosteal exostosis*" of Sir Astley Cooper. It was unaccompanied by pain. Amputation at the shoulder-joint was proposed, but the parents would not consent. Ulceration took place in the tumor; hectic supervened and death resulted. After death the limb was amputated, and the shoulder-joint found perfectly healthy. The ulcer in the tumor threw out a fungus, which did not readily bleed, but was attended by the usual fetid ichorous discharge.

- 980 **Breast of Mrs. W., of Edinburgh.** Scirrhus, with encephaloid disease beginning in another part.

About one year previous she was operated upon by Dr. John Pattison, in London, with caustics. She was under his treatment for eight months, and suffered the most cruel torture. From her account, I think her case had been greatly aggravated by the diseased mass not being entirely removed. The cicatrix was hard and irregular, and as it was indispensable for the proper treatment of the case, to remove the whole of this, the edges of the incision came together with a little tension. They were well retained, however, by stitches and plaster, and the wound did well.

This operation was performed in 1856.

- 984 **Necrosis of the Femur of Col. B., of Georgia.** Amputation of the thigh, by the double-flap operation, was performed by me in 1850. He recovered.

993 **Bone Aneurism of the Os Calcis of Mr. R., of Green Street.**

He was about 35 years of age, and of a flabby, vitiated habit. Some two years before, he had had a hemiplegic seizure of that side. The tumor was on the inside of the os calcis; about the size of a black walnut, and had a distinct aneurismal pulsation. When he came to me, it was a vitiated ulcer—a surgeon having made an incision into it, from which, he said, a profuse hemorrhage had followed.

His history and appearance led to the belief that it was the beginning of malignant disease, and I did not hesitate to tell him so, and that he must not expect much, if any, benefit from treatment. I directed, however, an alterative course of the bichloride and sarsaparilla, with yellow-wash and oil-silk to the part.

At the end of three weeks, no material change for the better having taken place, I directed the empl. lytharg. comp. to be applied over the tumor and ulcer. This I did to gain time in order to have its nature more fully developed. When he next called, two or three weeks after, on raising the plaster, to my surprise, I found the ulcer perfectly healed. There was now but little enlargement, yet it had a decided aneurismal pulsation.

Being convinced that it was osteo-aneurism, I proposed that he should lose his foot. This not being consented to, the femoral artery was tied in Scarpa's space. No defect of circulation to the limb followed, and the ligature came away spontaneously at about the usual period. Very little change took place in the tumor after the operation, except the loss of its pulsation, which did not subsequently return.

After the ligature came away, the wound in the thigh, from being nearly healed, began to assume an ill-conditioned appearance, with a small and frequent pulse, loss of appetite, coma and delirium, and brown sordes upon his tongue. These symptoms continued to increase until he sank into a state of profound typhus.

A short time before his death, the tumor ulcerated and discharged a brown offensive material, like that from the ulceration in the wound of the thigh. A day or two before death, there was also a small discharge of gummy blood from the thigh.

The post mortem was obtained with great difficulty. It was made by Dr. A. B. Mott. The osteo-aneurism proved to be confined to the os calcis. There was extensive phlebitis and arteritis above and below the wound in the thigh, and an ulcerated opening into the femoral vein opposite the place of ligature of the artery.

986 **Aneurisms in an old man. A very rare specimen.**

This is the most remarkable case for extent and number of aneurisms I have ever met with. They are found in the ascending aorta—in the innominate—in the right subclavian, without the scaleni muscles, and in the descending aorta, within the thorax. This latter occasioned extensive caries of several of the ribs. It ultimately burst and proved fatal.

The inner coat of the arteries is a most beautiful illustration of degeneration.

985 **Anchylolysis of the Elbow-joint.**

In this case carcinomatous ulceration of the integuments about the joint took place, which led to amputation of the arm. The patient recovered.

The preparation was sent to me from South Carolina. Dr. S—dt was the operator.

982 **Amputation at the Shoulder joint of Mrs. —, from Elizabeth Port, New Jersey.**

A malignant tumor, of the encephaloid character, had been previously taken from the arm. At that time the surrounding tissues all appeared to be sound, and the wound healed. In less than a year, however, the disease returned in the arm, and spread rapidly upward and downward. The arm

was now amputated at the shoulder, and she recovered without any unpleasant symptoms.

Six months afterward she exhibited symptoms of disorganization of the lumbar spinal marrow, and these increased, until paralysis of motion and sensation was fully established, and after several months of suffering she died. No inspection was permitted. I have no doubt, however, that the same malignant disease existed in the spinal marrow.

- 396 French Preparation, showing the nerves of the eye, the different ramifications of the fifth pair, and some of the branches of the portio dura.
- 355 Hair from a case of plica Polonica.
- 117 Cranium, from Huaco, South America.
- 121 Cranium.
- 125 Cranium, from Quilca, South America.
- 146 Cranium of a female Choctaw.
- 343 Skull without right temporal bone.

COMPARTMENT XVII. (BELOW).

CASTS OF VARIOUS DEFORMITIES.

COMPARTMENT XVIII.

- 507 Knee-joint of a negro, ulceration of the cartilages. In consequence of strumous synovitis. Amputation.
- 421 Section of the Knee-joint. Amputation for white swelling; showing deposit of tuberculous matter in the cancellated structure—tubercular disease of the bones.
- 422 Duplicate of 421.
- 603 & 604 Spina Ventosa of the lower part of the femur.

Case of Mr. J. P.—. The disease was originally attributed to a fall, and was one year in attaining its present size. It was unattended by pain, and was not sensitive to the touch. Its bony shell could be readily indented by pressure with the finger, but would afterward resume its rounded form. It gave rise to no constitutional symptoms, and recovery after amputation was rapid and perfect. The operation was performed in 1834. He died in 1847, from hydrothorax.

- 760 Encephaloid Tumor of the Thigh. Case of Rev. Mr. Prince. Duplicate. The other half in Compartment VI.
- 850 Necrosis of the Cricoid Cartilage, in a young man of 21, giving rise to symptoms of chronic laryngitis; fatal.

This is a specimen of that form of disease which, according to Porter of Dublin, is the true *phthisis laryngea*, and for which the only palliative remedy is early tracheotomy, by which the parts are set at rest and the only chance of relief secured.

In this case, the prominent symptoms were agonizing difficulty in inspiration, attended with a marked and well expressed sense of obstruction in the larynx. Laryngotomy was performed during one of the paroxysms. The

relief was only partial, and death followed within forty-eight hours. After death it was found that the opening in the cricothyroid membrane was too near the seat of the obstruction to afford full relief, and that tracheotomy would probably have been followed by a better result.

705 **Portion of the Larynx** of Mrs. S., upon whom the operation of laryngotomy was performed, on the spur of the moment, by means of a lancet and quill. She had laryngitis. The operation caused temporary relief, but she finally died.

898 **Laryngitis**, with an abscess behind the posterior walls of the larynx, produced by caries of the cricoid cartilage.

This specimen is from Miss B. Three days prior to death laryngotomy was performed. The post mortem was made by Dr. V. Mott, Jr. This is the disease described by Porter of Dublin.

426 **Absence of Epiglottis**, discovered by accident after death.

The absence of the cartilage is complete, and, as there is no cicatrix visible, it is probable that the defect is congenital. There was no suspicion of its existence before death. Presented by Dr. D—, of Staten Island.

456 **Foreign Body in the Trachea.**

Tamarind stone in a boy, aged 10 years. Death took place before aid could be procured. Tracheotomy would probably have saved life.

534 **Nutshells in the Bronchii** of a boy 4 years of age.

In this case it was concluded, from the character of the respiration, that the foreign bodies were in the bronchial tubes, too low down to be reached by tracheotomy. The dyspnoea was constant and unaccompanied by stridor. The operation, however, was undertaken by Dr. S., without success, and death followed.

When the foreign body is in the larynx or trachea, the dyspnoea is paroxysmal and stridulous.

822 **Fibrinous Exudation**, passed at stool by a woman laboring under enteritis.

651 **Fibrinous Exudation** on the internal surface of the larynx, and covering the chordæ vocales. From a fatal case of croup.

905 **Pharynx**, affected with malignant disease.

449 **Osteo Sarcoma of Inferior Maxilla**, removed by operation at the articulation.

Case of Judge J., of S. C., a gentleman 70 years of age, in feeble health, and somewhat cachetic.

To increase his strength, he had been sent into the country for some weeks previous to the operation; he improved very slowly, however, and became exceedingly impatient for the operation, which was accordingly performed, and in a manner wholly satisfactory to the operator. Although no ligature was put upon the carotid before the operation, the hemorrhage was moderate and easily commanded.

The patient, however, insisted upon sitting, during and after the operation; and before the wound was dressed, without any struggle other than a slight rattling in the throat, *suddenly died*. His death was apparently caused by the shock to the nervous system. There was some slight convulsive action of the muscles of the throat, but none sufficient to warrant the opinion that suffocation followed the contraction of the muscles attached to the os hyoides, by which the tongue is retracted—an accident which is said to have resulted from their detachment from the symphysis menti (Warren on Tumors, p. 115).

The chain saw was used in this operation, and acted admirably well. See Hay's Journal, Jan., 1846, p. 128.

673 **Portion of the Lower Jaw, diseased at the angle.** From Dr. Cook's patient at Hoboken.

725 **Osteo Sarcoma.** Inferior maxilla of Baker. Removed successfully at the articulation.

A young gentleman of New York, aged 25, of sanguine temperament, robust form, and strictly regular habits. About eight months previously he was attacked with a swelling in the middle part of the lower jaw, attended with occasional slight pain. About four months afterward, when he applied to me, I found the tumor possessing a degree of hardness, with that kind of elasticity or pressure so peculiar to osteo-sarcomatous growths. Upon inspection it was found to extend from the cuspid tooth, in front backward along the bone and up the ramus as far as could be felt, and circumstances led to the belief that it quite reached the articulation.

At this, the first interview, I apprized him of its nature, and of the ultimate necessity of a surgical operation for its removal. To try what benefit might possibly be derived from medical treatment, I directed several leeches to be applied once a week within the month and an alterative course of iodide of potassium and syrup of sarsaparilla, with decoction of our indigenous yellow dock root and mild light diet, but the disease instead of diminishing continued steadily to augment.

Nov. 23, 1844. I performed the operation. Being satisfied that it would be necessary to remove the jaw at the articulation, the primitive carotid was tied as a preparatory measure. An incision was then made from a point a little in front of the meatus auditorius downward behind the posterior angle of the jaw and along the lower front of the tumor, thence upward upon the chin to a point three quarters of an inch from the border of the lip opposite the second incisor—effecting an opening into the mouth. To determine that the bone was sound, the soft parts were detached a short distance on the chin. The second incisor was then extracted and a small opening made through the soft parts opposite with a sharp pointed curved bistoury, through which a chain saw was conveyed by means of an eyed probe, and the bone then sawed through from below upward.

The flap of integuments was next dissected upward and backward from the tumor and the divided extremities of the bone seized with forceps and carefully dissected from the subjacent parts, sometimes cutting from above and sometimes from below, in order that the vessels when cut should be accessible to the ligature. The lower part of the masseter was found so thickened and degenerated that it was necessary to divide it very high up.

Another external incision was then made over the condyle through the parotid downward to the first, and the parotid with a portion of the masseter was detached from the condyle, so as to expose the coronoid process, which latter was followed up and the temporal muscle completely detached. The diseased mass, now much more mobile, was then reflected toward the ear, the articulation opened, and the condyloid extremity separated, cutting close to it to avoid the internal maxillary artery.

All the arteries cut, bled with a continuous stream. When secured, the flap was turned down, and a cloth, wet with warm water, applied to invite bleeding from any that might have been overlooked. After waiting an hour, the wound was dressed with sutures, plasters, lint, and a compress and bandage.

The patient bore the operation remarkably well, reaction soon came on, the edges of the wound agglutinated by the first intention, and the ligatures came away without secondary hemorrhage.

723 **Osteo Cephaloma of superior maxilla.**

Removed in 1843, with three of the incisor teeth, from the daughter of Mr.

F., of Bond Street, aged 4 years. The wound healed kindly with very little deformity, and the child remains still in good health, 1846.

945 Portion of Inferior Maxilla, affected with a form of fungoid disease.
Removed from Miss M., aged 19, from Pennsylvania.

620 Osteo Sarcoma of the upper jaw. Removed. Successful result.

647 Osteo Sarcoma of the lower jaw. Removed by operation.

487 Osteo Cephaloma of the inferior maxilla.

Removed by operation with a portion of the body of the bone. The wound healed kindly, and success was apparently perfect. Nothing has since been heard from the patient.

882 Necrosis of the left ramus and a portion of the body of the inferior maxilla of a child, involving the articulation.

It proceeded from tooth-ache. The bone became detached, and was removed within the mouth, by Dr. V. Mott, Jr., without any incision externally.

571 Fungus Hæmatodes of posterior angle of the right side of the lower jaw. Extirpated.

Before removing this enormous mass, the right carotid artery was tied. After the operation the wound healed to a great extent, and looked kindly, but pulmonary disease supervened about four months afterward, and he died hectic. The head was injected, and a dry preparation made, which shows the collateral circulation.

McGanigle's case. See Hospital Register, vol. 2, and Velpeau, Oper. Surg., also drawing of the tumor in my portfolio, and Specimen 177.

738 An Epulis of the gum.

754 Osteo Sarcoma of the body of the lower jaw, involving the alveolar processes only, and extending from the second incisor to second molar of the left side.

Removed from Mrs. V—, Jan., 1846—a rim of healthy bone being left at the lower edge of the jaw, as first recommended by Delpech and Barton.

542 Osteo Sarcoma of the upper jaw. Removed by operation.

688 Osteo Sarcoma of the upper jaw. Removed from Miss —, of Rhode Island. She recovered permanently, and is still living—the mother of a family.

694 Upper Jaw, a diseased portion of it. Removed by operation.

624 Osteo Sarcoma of the upper jaw.

501 Osteo Sarcoma of the inferior maxilla, removed by operation, Nov. 19, 1821, from Catharine Bucklew, aged 17.

This was my first case of exsection of a portion of the lower jaw. It is the case on which are based those claims for priority in the operation for osteo sarcoma, which are conceded by Liston in his Pract. Surg., London, 1846, p. 319.

The tumor commenced with pain and swelling behind the angle of the jaw, which continued for three or four weeks, and then left, but without resolution. During its progress most of the teeth of that side fell out, though previously she had never had a decayed tooth. When she came under my care, the tumor extended from the root of the coronoid process to the bicuspid, rose nearly an inch above the level of the other teeth, spreading considerably wider than the alveola, and was smooth, firm, and somewhat elastic. An incision on each side of it with a scalpel readily enabled me to remove it to the level of the jaw-bone. The removed portion contained many spiculæ, osseous, and cartilaginous, and also imbedded in its sub-

stance one of the molar teeth perfectly sound. About three weeks after another small portion, about the size of a nutmeg, which was rapidly growing, was removed. She then went to the country, and remained comfortable for several months.

November 10th, the tumor had reappeared and grown to such extent as to involve all the right side of the inferior maxillary bone, and was rapidly increasing. The teeth of the upper-jaw formed an abrasion and furrow in it, attended with constant discharge, which, though offensive, did not appear to be acrid. Outward it produced great convexity of the cheek; upward it reached to the os male; downward it came nearly in contact with the thyroid cartilage, and inward it extended beyond the mesial line, pushing the tongue and uvula to the left side and having the velum of the right side attached to it in its whole course. Deglutition was very difficult, and speech considerably interfered with, but there was no pain in any part of the tumor.

The steps in the operation were essentially the same as have been recounted in 449 and 725. The common carotid was tied as a preparatory measure the day previous. I had intended to complete the operation at this time, but she was so overcome by the nervous shock of this part of it, that I deemed it expedient to defer the exsection. The next day at the same hour she had sufficiently recovered, and the bone was laid bare, and divided between the second incisor and cuspidatus below, and through the coronoid and condyloid processes above. Recovery was perfect, and in 1830 she was in good health.

The *curvilinear incision* in the operation on the lower-jaw, to which my distinguished friend, Prof. Velpeau, justly attaches so much importance, was used in this case, and I have invariably used it in all my operations since. Its claims are coeval with those of the operation itself.

See Velpeau, Oper. Surg., Vol. II., p. 904, also N. Y. Medical and Phys. Journal, Vol. II., and Preparation, No. 488.

685 **Osteo Sarcoma of the Lower Jaw.** Removed by operation at its articulation.

From a man about 60 years of age, who came to the city from a distance. The cheek was extensively ulcerated externally. Some time after the operation he died hectic.

541 **Encephaloid Disease from antrum maxillare.**

713 **Osteo Sarcoma of the lower jaw, removed at the articulation.**
Prince's case. See Am. Journ. Med. Science.

559 **Tumor, lying over the lower jaw, and extending upon the face and neck.** Removed by operation from a man from Rhode Island. It was malignant.

813 **Cyst, accidentally discovered in the antrum Highmorianum of a subject.**

467 **Uterus, containing foetus at full term—injected; showing placenta previa, with cord-presenting.**

397 **Fascia of the Pelvis.** A splendid preparation, showing the fascia iliaca passing to the side of the bladder, making a complete septum between the perineum and cavity of the pelvis. Prepared by my pupil, Dr. Vaché, when my demonstrator.

771 **Malignant Disease, involving the posterior part of the tongue, and the fauces, tonsils, and pharynx.** Fatal; disease removed after death. Case of Mr. H., Broadway.

- 923 Encephaloid Disease of the Femur, in which amputation was performed, near the lesser trochanter. Disease returned, I think, in the lungs, and proved fatal in less than a year. Mrs. H's case.
- 511 Osteo Cephaloma. Removed by operation.
- 839 Portion of an Arm, from which Dr. R. S. Kissam had removed a malignant tumor some months previously.
The disease had returned with emaciation and hectic. Dr. K. amputated near the shoulder. The wound healed, and the patient went home in improved health. No return of the disease for five years.
- 496 Cerebellum, lacerated, from a fall. All the usual symptoms of compression of the brain, from extravasation of blood within the cranium, were present.
- 914 Cerebellum, lacerated.
- 406 Injury of the Head. A coagulum of blood on the surface of the anterior lobe of the brain. In consequence of a fall. No operation performed. Fatal.
- 538 Osteo Cephaloma of the upper jaw. Removed by operation. The incision was commenced below the eye and carried through the upper lip, just within the angle.
- 477 Osteo Sarcoma of the inferior maxilla, removed by section of the body and ramus of the bone.
From a lady, 25 years of age, who was nursing at the time. She is now living (1846), and has had no return of the disease.
- 620 Osteo Sarcoma of the upper jaw. Removed with successful result.
- 721 Stricture of the Oesophagus, communicating by a fistulous opening with the right bronchus.
A gentleman, from Lima. The disease was originally attributed to the lodgement of a Cayenne pepper-pod in the oesophagus. A bougie, armed with caustic, was passed frequently for some weeks, by a surgeon of this city, and with some benefit.
When first seen by me, swallowing was followed by severe laryngeal irritation, and return of the matter swallowed through the trachea. A bougie was passed into the stomach on one occasion, but never afterward, though frequently attempted. No benefit was derived from treatment. Hectic supervened, with extreme emaciation, and finally death.
- 637 Fibrinous Deposit on the mucous membrane of the larynx, from croup.
- 983 Oedœma Glottidis. This occurred in a patient during convalescence from typhus fever. It was fatal in a few hours.
- 559 $\frac{1}{2}$ Disease of the Lower Jaw. Removed at the articulation.
- 142 Cranium, from South America.
- 339 Skull, exceedingly attenuated and irregular.
- 113 Cranium.
- 106 Cranium.
- 111 Cranium.

COMPARTMENT XIX.

- 499 Adipose Sarcoma. Removed from the back by operation.
- 737 Adipose Sarcoma. Removed from the anterior, lower and outer part of the arm.
The radial nerve passed over it, and was closely incorporated with it. Mr. W. P.
- 403 Adipose Sarcoma, from the top of the shoulder of a female.
"The top of the shoulder is by far the most common situation of these tumors in both sexes."
- 438 Adipose Sarcoma.
- 719 Adipose Sarcoma, from the upper part of the arm. Removed at clinique.
- 720 Adipose Sarcoma, from the scrotum of a boy aged $2\frac{1}{2}$ years. (Hancock, from Newbern, N. C.)
The tumor involved the penis, pubes, and perinæum, and its removal required tedious and delicate dissection. The child returned home perfectly well. To me this case is unique. See drawing in my portfolio.
- 569 Thymus Gland, enlarged and tuberculated.
- 790 Malignant Tumor. Removed from the neck.
- 855 Degenerated Lymphatic Glands of the neck. Removed, with a portion of the deep jugular vein, from a boy $4\frac{1}{2}$ years of age, in Perry Street, April, 1848.

In this operation, the patient was kept under the *full* influence of chloroform one hour and twenty-five minutes. The primitive carotid artery was also laid bare throughout the greater part of its course, as portions of the tumor passed behind it. The disease returned.

- 607 Malignant Disease of sub-maxillary gland.
Removed by operation from a man from Albany. The wound healed rapidly. No return of the disease reported to me.
- 508 Sarcomatous Tumor enclosing a cyst. Removed from the neck by operation.
- 513 Lymphatic Glandular Tumor. Removed from Miss A., a young lady 18 years of age.

It was situated in the neck, beneath the sterno mastoid muscle, and upon the transverse processes of the vertebræ—extending from the ramus of the jaw almost to the clavicle, and posteriorly, behind the ear, beneath the trapezius muscle to the back of the neck. In front it obliterated the cavity of the pharynx, and pushed out of place the great vessels and larynx, causing, of course, great difficulty in deglutition and breathing.

Before commencing its extirpation, the common carotid was tied. An incision was then made, extending from the mastoid process to the sternum, including the incision for the ligature of the carotid. The tumor was now carefully laid bare, and dissected from the sheath of the great vessels, and from the pharynx. While doing this, it was found necessary, in order to prevent the *retrograde* hemorrhage, to tie the external carotid artery. In raising the tumor from under the parotid, the portio dura was necessarily divided near the foramen stylo-mastoideum—a circumstance which has permanently paralyzed the face.

The operation was borne with female fortitude. Recovery was perfect, and the lady is now the mother of a fine family; but to this day, the body of the jaw retains the arched form caused by the pressure of the tumor before its removal.

While the patient was recovering, it was ascertained from her father that Dr. W. of Boston, and Dr. P. of Philadelphia, had been previously consulted, and had refused to operate. When Dr. P. was told that the tumor had been removed, he said that "Nobody but such a mad-cap as Mott would have attempted it."

- 779 **Encephaloid Cancer** of the pyloric and cardiac orifices of the stomach. Mr. McC., of Hudson Street.
- 537 **Lymphatic Glandular Tumor.** A species of tumor which is often mistaken for disease of the parotid itself. Removed by operation from over the parotid gland.
- 427 **Encephaloid Tumor,** from the neck of a young woman, aged 20, from Paterson, N. J. Removed by operation. No return of the disease.
- 509 **Lymphatic Glands,** with encephaloid degeneration. Removed by operation.
- 655 **Adipose Sarcoma,** from the neck and shoulders of a young woman.
- 749 **Tumor.** Removed from the neck of a patient at the clinique.
- 856 **Tumor** of similar character to No. 855. From a female child, 8½ years of age, from New England.
- Removed at corner of Amity and Mercer streets. She recovered, and returned home. Chloroform was used in this case, with the fullest success.
- 857 **Tumor** of same nature as No. 856, and of even greater extent. Removed from a delicate boy, 4 years of age, in Thirty-third Street.
- A part of the tumor surrounded the arteria innominata, which during the operation was fully in view. This portion was left behind. The boy died at eleven o'clock the same evening, exhausted, though the loss of blood was not greater than in either of the two previous cases. Chloroform was used.
- The three tumors above referred to appear to be malignant, and to have the characteristic structure of cells and cellules.
- 756 **Malignant Disease,** involving the thyroid body. Removed from Mrs. —, Franklin House. It consists partly of encephaloid matter.
- The lady was attacked by tetanus on the seventh day, from which she recovered under the alcoholic treatment, carried to the extent of two quart bottles of brandy per day, and as much Madeira wine as could be swallowed—which quantity was continued for more than a month.
- 605 **Bronchocele** or goitre of immense size—weighing four pounds. Removed by operation, from a man from Dutchess County, aged about 30.
- It had been growing many years, and had resisted all remedies—except iodine, which was not at that time in use. Some months previously the two superior thyroid arteries had been tied but without any visible effect. He bore the operation well. During it the hemorrhage was excessive—principally from the veins, which were enormously enlarged. But I regret to add he died the same evening of hemorrhage from the slipping of the ligature of the right inferior thyroid artery, which had been tied by Dr. H—.
- Among the many arteries and veins tied in this formidable operation, I re-

member to have asked the assistant, when the ligature was applied to this large artery (for it was huge indeed), if he was sure it was firmly tied.

913 **Enlargement of Thyroid Body and vicinity.**

729 **Tumor from over the thyroid gland of Miss ———.**

It had been regarded as bronchocele, and treated as such for twenty years. It occupied the situation of the thyroid gland, was closely adherent to it, and by its pressure had caused the absorption of a great portion of that organ.

930 **Polypus Nasi.**

780 **Hydrocele of the tunica vaginalis. Removed from a subject—unopened.**

436 **Sac of Hydrocele of tunica vaginalis, with testicle of the same side in a perfectly sound state.**

Together they constituted a tumor, which was removed by operation, under the impression that it was "sarcocele" of the testicle. This was done too with the advice of my excellent friend, Dr. W. P.

The patient recovered entirely, and left the city for his home, South America, before the "tumor" was examined, and the mistake discovered. The error in diagnosis occurred in consequence of an unusual deposit of fat in the subcutaneous tissue of the scrotum, which masked the character of the disease.

Being at first in doubt about the case, a small exploring incision was made, less than an inch in length and continued through adipose tissue to the depth of half an inch, at least. But as this added to the mystery of the case, the advice of Dr. P. was requested, who pronounced it a sarcocele, and advised extirpation.

512 **Tunica Vaginalis Testis, indurated and thickened. Removed after death from a case of hydrocele. It was in a post mortem.**

715 **Head of Fœtus, exhibiting double harelip and hydrocephalus.**

732 **Hydro Sclerocele, with much thickening of the tunica vaginalis. Removed from a negro, July, 1843.**

770 **Testicle.**

441 **Gun-shot Wound of the Liver, showing the point of entrance and exit of a pistol ball which passed through the left lobe.**

— Sykes, of New York. The ball afterward passed through the stomach, and was found, after death, lying loosely on the diaphragm. There was no febrile reaction. Death took place on the third day. The pistol was accidentally discharged by Mr. L——.

1028 **Lipoma, from the back.**

1029 **Violent Inflammation of the Chest, and very thick fibrinous deposit upon the pleura. The liver is also extensively adherent to the diaphragm.**

148 **Cranium, from Quileca, South America.**

130 **Caries of the os frontis.**

132 **Cranium, showing consequences of syphilitic periostitis.**

135 **Cranium, showing caries and exfoliation of the frontal and parietal bones.**

124 **Cranium.**

COMPARTMENT XX.

The specimens in the upper portion of this compartment belong to my son, Dr. Alexander B. Mott, who performed the operations and furnished the descriptions.

- 1005 Scirrhous of Mamma. Removed by operation.
 1006 Scirrhous of Mamma, very large. Removed by operation.
 1012 Scirrhous Mamma, with axillary glands, showing retraction of the nipple. Removed by operation.
 1013 Scirrhous Mamma. Removed by operation.
 1014 Scirrhous Mamma, very large, with retracted nipple. Removed by operation.
 1015 Carcinoma of Mamma, with axillary glands. Removed by operation.
 1007 Malignant Sarcoma, from the side of Wm. Keating, Jan., 1854.
 1008 " " " " " " May 26, 1854.
 1009 " " " " " " Oct. 25, 1854.
 1010 " " " " " " Jan. 30, 1855.
 1011 " " " " " " Mar. 9, 1855.

The constitution and general health of this poor man were excellent. Most of the operations were very extensive and extremely painful. At no time in any of them was there the least morbid portion left, and the wounds invariably healed in the most kind and rapid manner.

The intervals between the operations became shorter and shorter, and after the last operation which furnished this specimen, the disease returned very quickly. Escharotics, as kali purum, and chloride of zinc were applied, but they failed to repress its growth. Vide Specimen, No. 1036, removed by caustic, in June, 1855. From this period it assumed more the character of fungus hæmatodes than that of encephaloid disease, growing so rapidly that in a short time it exceeded the size of his head, and being so offensive that he could not be kept in his own apartments. Notwithstanding cleanliness and disinfectants, it became loaded with maggots, and he died a most loathsome object in Bellevue Hospital, in the fall of 1855.

On two of the latter occasions, before operating, an attempt was made to administer chloroform and ether, but it congested the brain to so great a degree, with a threatening of convulsions, that it was deemed advisable to discontinue it.

As poor Keating's case was very remarkable, at our request he furnished us a record of the different operations upon him, and by whom performed. From his own manuscript it is as follows:

In Ireland,	June, 1832,	by Dr. Horphlin.
" "	May, 1837,	" Dr. Herbert Orpœn.
" "	Aug., 1840,	" " "
" "	April, 1841,	" " "
In New York,	June, 1843,	" Dr. Mott.
" "	June, 1847,	" "
" "	May, 1851,	" "
" "	Jan., 1853,	" "
" "	Aug., 1853,	" "
" "	Jan., 1854,	" Dr. A. B. Mott.

In New York, May, 26, 1854, by Dr. A. B. Mott.
 " " Oct., 25, 1854, " " "
 " " Jan., 30, 1855, " " "
 " " Mar., 9, 1855, " " "
 " " June, 1855, " " "

- 1036 **Malignant Sarcoma**, from Wm. Keating. Removed in the summer of 1855, by caustic applications around its base.
- 1037 **Spina Bifida**. Removed by operation from over the lumbar vertebrae of a child 9 months old.
 A ligature had been applied around its base previous to its coming under my notice, and was causing great irritation. At the urgent request of the parents the operation was performed, though no encouragement could be given as to a successful result. The wound, being brought together by two interrupted sutures, healed kindly, but effusion took place, and the child died about a month after, of hydrocephalus.
- 1034 **Spina Ventosa** of the metacarpal bone. Removed with ring finger. Recovery with perfect use of the hand.
- 1035 **Necrosis of the Lower Jaw**. Removed from the inside of the mouth of a girl 7 years old.
 A small incision was made through the gum, and, with gentle traction, this piece, involving the angle of the jaw, was removed. The patient recovered very rapidly.
- 1038 **Portion of the Humerus, necrosed**.
 This specimen is from a female child, 8 years old, of scrofulous habit. The disease had invaded the bone for over a year. It finally became detached by using gentle traction on it from time to time. During this process it was replaced by a new bony formation, and the arm is at present as strong as the other.
- 1039 **Necrosis of the Lower Jaw**.
 This case was of three years' standing, and arose from carious teeth, which were removed before the disease was fully developed. Having resisted all treatment, and rapidly advancing so as to cause serious constitutional disturbance, the operation of removing the jaw at the temporo maxillary articulation was concluded upon—the disease having already reached that point.
 The subject of this operation, Sister G——, was apparently very healthy, and was at the time devoting herself to the care of the sick at St. Vincent's Hospital. Previous to the operation, during the three years, several pieces of bone had from time to time been removed. It was followed by a happy result.
- 1040 **Eburnoid Exostosis**. Removed from the orbit and nasal cavity.
 The operation was performed in April, 1854, and in less than three months after, perfect vision was restored to the eye, which had been pressed out of its socket, and its utility destroyed for several years. No return of the disease. Case reported in the American Journal of Medical Sciences, Philadelphia, Vol. XXXIII., January, 1857.
- 1041 **Necrosis of the Lower Jaw**, successfully removed at the temporo maxillary articulation, from a young girl, 17 years of age.
- 1042 **Ulcer of the Stomach**.
 Presented by a pupil, Dr. J. H. Hoyt, of Greenwich, Conn.
- 942 **Portion of Little Finger**, amputated at the first joint.
 Some brother of the craft had taken it off previously through the second

- phalanx, by sawing. The bone protruded, and required the present operation.
- 960 **Carcinomatous Uleeration**, affecting the middle finger. Amputation. The disease returned about one year after in the hand and fore-arm. Constitutional treatment was used, but to no avail. The patient being unwilling to submit to another amputation, the disease spread gradually and destroyed him. It is unusual to see this formidable disease affecting the fingers and hand. Every other mode of treatment was resorted to before this operation was performed.
- 1000 **Polypus from the Nose**, with a portion of the superior turbinated bone. Removed by operation. Generally there is no return, when, as in this case, the portion of the bone to which the polypus is attached is broken off.
- 1001 **Scirrhus Tumor**, situated below the fold of the pectoralis major muscle on the right side. From Mrs. McB——, Fifth Avenue. This lady had had the mamma of that side removed twenty-three years before by Dr. B——, of this city. As no return of the disease had taken place during that lapse of time, and she had enjoyed excellent health, it is reasonable to suppose that her life was prolonged by the first operation. The second, thus far, has been equally successful. Removed in 1855.
- 1002 **Carcinoma of the Breast**, of Mrs. K——, of Newbern, N. C., to which place I went and operated. Chloroform was administered in this case, for the first time in that town, in the presence of a number of medical gentlemen. Operation successful.
- 1003 **Osteo Sarcoma of the Upper Jaw**. Successfully removed from a private patient, a young man, aged 24, at St. Vincent's Hospital.
- 1004 **Paronychia of the Thumb**. Formidable effects from neglect in making early incisions. Removed by operation.
- 941 **Tumor of the Breast**, of a young married woman about 25 years old. Removed by operation. It was fibrous in character, had been twelve months growing, and was hard and completely insulated from the mammary gland. It grew gradually without pain. These tumors are seen in young women, both married and single. They generally increase gradually, and are not attended with much pain. In some instances I have found them so connected with the gland of the breast, as to be obliged to cut through a part of the gland to remove them thoroughly. They are usually as hard as schirrus, and for the most part completely surrounded by fatty tissue. From my experience, no local or general treatment will remove them. They ought to be taken out with the knife. They are generally called *hard knots* in the adipose tissue, and are fibrous in their organization.
- 947 **Strumous Testis**. Extirpated in 1852. Disease cured.
- 946 **Finger**, amputated for compound fracture.
- 849 **Paronychia**, neglected. Extensive destruction of the thumb. Removed by amputation.
- 999 **Osteo Steatoma**. Successfully removed from the nates of a young man. It had been growing from early infancy; weight 6 lbs. 1853.

- 999 $\frac{1}{2}$ Cast of the same.
 1119 Ankylosis of the Knee-joint, with caries of bone and ulceration of cartilages.
 1120 Bones of the Leg, showing absorption of the ends after amputation, and partial ankylosis of knee-joint.
 1118 Rachitis of bones of lower extremity and pelvis. From a young negro subject.

COMPARTMENT XX. (BELOW).

- 264 Tibia, picked up in the citadel of Antwerp, Aug., 1835.
 305 Radius, with ulna necrosed.
 328 Calvarium, remarkably thin.
 169 Calvarium, very thick.
 161 Calvarium.
 318 Calvarium, of remarkably irregular thickness.
 60 Portion of Fibula, diseased.
 284 Calcaria and Os Malæ.
 460 Two Lower Cervical Vertebrae, fractured.
 317 Half Calvarium, with temporal artery injected.
 84 Portion of Inferior Maxilla, necrosed in consequence of fracture from a blow with a brickbat.
 289 Fragments of Cranium from Delphi, Greece.

COMPARTMENT XXI.

The specimens in the upper portion of this compartment belong to my son, Dr. Alexander B. Mott, who performed the operations and furnished the descriptions.

- 1043 Scirrhus of Mamma. Removed by operation.
 1044 Scirrhus Mamma. Removed by operation.
 1045 Carcinoma of Female Breast. Removed by operation.
 1046 Scirrhus of Mamma. Removed by operation.
 1047 Scirrhus of Breast. Removed by operation.
 1048 Scirrhus Tumor. Removed by operation.
 1049 Lipoma, from the arm of a lady. Situated over the deltoid muscle. Removed by operation.
 1050 Supernumerary Thumb. Removed by operation.
 1051 Fibrous Tumor. Removed from the cheek of a boy 11 years old.
 1052 Adipose Tumor. Removed from the cheek.
 1053 Hydro Sarcocoele of Pott, or hydro sclerocoele of Ramsden. Removed by operation.

1056 Compound Comminuted Fracture of fore-arm, with laceration of arteries, etc. Amputation.

1057 Cancer of the Lower Lip. Successfully removed. No return of disease.

1058 Malignant Disease of the Eye-ball. From Mr. M——, of Canada.

His sight had been destroyed before the disease made its appearance in the organ. The tumor had been growing for several months and gave much pain, and its removal was deemed necessary in order to relieve him of the intense suffering. A smaller tumor of similar character, situated a little below the inner canthus, was removed at the same time. The wound healed kindly, and the patient returned home.

By recent accounts, the disease has returned in the socket, and will probably prove fatal. At the time, I recommended a practice which had proved successful in previous cases of a similar character, that is, applying a ligature to the common carotid of the same side, but his friends urged him to try the extirpation, which was performed in January, 1856.

1059 Carcinoma, from the neck of a man, 60 years of age.

It was situated over the sternal insertion of the sterno cleido mastoid muscle. It had bled freely from time to time, and was exhausting the patient very much. The wound healed, and there has been no return of disease to date.

1060 Carcinoma. Removed from the axilla of a female.

1061 Pedunculated Lipoma. Removed from the neck.

1062 Hydro Sarcocele of Testis. Removed from a patient at Jews' Hospital.

1063 Nasal Polypi. Removed by operation.

1064 Portion of Lower Jaw-bone. From a boy 6 years old, I. W., of Bank Street.

At the time of the operation there was attached to the bone a large fungous mass, which has since been destroyed by maceration. It is a rare disease in a child of that age, and requires early removal, as its growth is very rapid. This operation was successful, the wound healing rapidly, and firm union taking place between the ends of the bone, with no return of the disease.

1129 Case containing Calculi, as follows :

No. 1. Two calculi from the bladder of a boy 2½ years old, residing in Williamsburg. Removed in 1851.

No. 2. Calculus from the bladder of a boy 7 years and 5 months old, residing in New York. Removed in 1852.

No. 3. Calculus from the bladder of a boy 4 years old, residing in New York. Removed in 1854.

No. 4. Calculus from the bladder of a boy 5 years old, residing in Jersey City. Removed in 1857.

No. 5. Calculus from the bladder of a boy 7 years old, residing in Williamsburg. Removed in 1857.

1065 A Shot from an Air Gun. Removed from the posterior portion of the eye-ball of a boy 12 years old, six days after the accident.

The lad was passing through the street near a target, at which some person was firing. He could give no account of the injury to the eye, and it was only after probing the wound, through the opening in the cornea, that a foreign substance was felt. The wound healed, but vision was entirely destroyed. Removed at the Jews' Hospital.

1066 Prepuce with Venereal Warts.

This case is interesting from the fact that it had been treated previous to coming under my notice, as gonorrhœa, there being a slight discharge through a small opening in the prepuce. The glans penis could be felt through the foreskin, and was apparently very large and knobbed. Confident that this discharge, which did not appear to be gonorrhœal, was produced by some unseen cause, I concluded to lay open the foreskin, and in doing so, found not only the inner surface of it, as seen by specimens, covered with warty excrescences, but also the glans entirely enveloped with the same disease. The removal of the prepuce, and the free cauterization of the growth on the glans effected a perfect cure. See drawing.

1067 Carcinoma of Lower Lip. Removed by operation. No return of disease.

961 Fungus of Testis, from a man 23 years of age.

No known cause for it. His constitution was decidedly strumous. The size of the fungus is such that the whole of the tubular part of the testis seems involved in the disorganized mass.

On laying open the tumor and balance of the testis, the whole of the structure remaining in the tunica albuginea was found in the form of layers of tuberculous matter of a white and yellow appearance, very beautifully arranged. The wound healed rapidly, and the patient improved in health after the operation.

1068 Fungus Hæmatodes of right eye-ball.

The diseased mass was very formidable, and was exhausting the patient, a female child, about 7 years old, by frequent hemorrhages. In this case a ligature was applied to the common carotid artery about ten minutes previous to extirpating. Having on previous occasions witnessed, in the practice of other professional men in this city, as well as my own, the failure of these operations, by the immediate return of the disease, when the eye only is extirpated, I have concluded to adopt this plan whenever opportunities offer, believing it to be the best calculated to postpone and sometimes prevent the return of the disease. In this case no return had taken place when I last saw her, two years after the operation, which was performed April 10, 1854.

1069 Lymphatic Glandular Tumors, from the neck of a young lady 16 years of age.

They were situated on the left side, and occupied the entire space, from the base of the jaw and behind the ear, down to the clavicle. The most of the mass was covered by the sterno cleido mastoid muscle, and lay in close contact with the carotid artery and deep jugular vein, from which it had to be carefully dissected. The tumors had been gradually increasing in size, and resisted all local and constitutional treatment, though faithfully persevered in for over a year.

An incision was made of a little more than the full length of the tumor, from near the lobe of the ear to the clavicle, in the direction of the fibres of the mastoid muscle; then a transverse one, beginning from the center of this wound, was carried back between two and three inches on the neck. Before the tumor was laid bare, the platysma myoides muscle, the external jugular vein, and the sterno cleido mastoid muscle, were completely divided—the flaps thus made were next dissected up, and the mass removed, after slow and careful dissection. Each tumor composing it required to be detached from firm bands of cellular tissue which confined and encircled it. The loss of blood was trifling for so extensive an incision; the vessels being tied as soon as cut. The wound was brought together with interrupted sutures, and the usual dressing applied, and it healed in the course of three or four weeks. The patient soon recovered,

and now enjoys excellent health, there having been no return of the disease.

As it has fallen to my lot to perform several similar operations on the neck, I can add my testimony to others, that from the situations of the tumors, which almost invariably are beneath the muscles and upon deep vessels of the neck, they require the utmost care in raising them from off the deep jugular vein, lest from the intimate connection it be either torn or cut. This operation was performed in 1854.

1070 **Osteo Sarcoma of the Upper jaw, from a man 29 years of age.**

This disease had invaded the antrum, and from its size, gave a great amount of pain. The mode adopted for its removal was by making an incision from a point below, and on a line with the inner canthus of the left eye—carrying it downward, parallel with the nose, through the upper lip; next dissecting the integuments and soft parts off close to the bone; then at the upper edge of the tumor, forcing a drill through into the mouth; through which opening (after enlarging it with different sized instruments), a long narrow flexible saw was introduced, and the mass removed by sawing toward the teeth. The external wound was brought together by sutures, and the cavity filled in with lint, and healed without any untoward circumstance. No return of the disease.

1071 **Malignant Tumor, from the right side of the neck of Miss B. Q., aged 24, residing in Thirty-first Street.**

The first operation performed on this patient was in December, 1854, when I removed a large mass from her neck; at which time the hemorrhage was very great, but all went on well, and the wound healed kindly.

A few months after, the disease was returning very rapidly. As she was still anxious for its removal, I again operated upon her, and, at this time, found a large sac containing fluid, with a fungous mass growing from the bottom of it. This lay immediately upon the deep jugular vein and carotid artery, with which latter it was incorporated. Finding it impossible to detach it without injury to the artery, I concluded to apply a ligature to the common carotid; which was done low down, and the tumor was then extirpated. This ligature came away on the seventeenth day, and the wound healed rapidly. No return of the disease has taken place, and the patient enjoys excellent health.

1072 **Strumous Disease of the Tarsus. Amputation.**

This disease was of long standing, and the exhaustion produced by the irritation and profuse discharge, required amputation to be resorted to above the ankle joint. The patient recovered.

1073 **Malignant Disease of the Leg. Amputation.**

Mrs. W——, over 50 years of age, was the subject of this operation. The disease returned in the groin about a year after.

944 **Steatoma, from over the parotid gland.**

This tumor, from its position, had been looked upon and treated as disease of the gland; but the feel was enough to indicate its character. After an incision was made down to it, it was easily enucleated, and the wound healed kindly in a few days. The patient had suffered great pain, and that side of the face was left somewhat paralyzed.

854 **Lipoma, from the shoulder of a young lady. Removed, Nov., 1848.**

994 **Strumous Disease of the Tarsus, extensive. Leg amputated in St. Vincent's Hospital, 1857. The patient recovered.**

1074 **Tuberculous Disease of the Kidney. Not known to exist until post mortem examination.**

The history of this case was furnished me by Dr. Carroll, who obtained it from the attending physician, and was kind enough to present me with this very interesting specimen.

About four years previous to her death, Mrs. O——, a young and interesting lady, applied to several eminent professional gentlemen for advice; consultations were held, but the symptoms not being sufficiently well marked to establish the nature of her disease, she had little or no treatment. One of the physicians, who at the time was attending her, suspected some renal difficulty, but the rest being opposed to him, she passed from his hands to the care of another. About a year previous to her demise, a tumor made its appearance in the right side, which was regarded by some as hepatic, and by others as ovarian enlargement. Various means were tried, but without success, and the patient died in the early part of the year 1857.

Post mortem examination revealed extensive tuberculosis of the kidney, the texture of which was completely effaced. It contained nearly a quart of pus.

The most curious circumstance connected with this case is, that during the whole course of the disease, the only symptom which led to a suspicion of the true state of affairs, was a slightly increased quantity of urine. Microscopic examinations of the urine were made on several occasions, but nothing was found to direct the attention to disease of the kidney.

1102 **Ulceration of the Prepuce, venereal.**

It had resisted all ordinary treatment in the hands of several physicians of this city for about a year, and was finally cured by removal. The healing process was very slow, the wound threatening to assume the venereal character from time to time.

1103 **Cancer of the Uvula.**

This is a rare disease, but from minute examination, there is no doubt as to its character. It was cured by removal.

1109 **Fibrous Tumor. Removed by operation.**

1110 **Fractured Os Frontis, with extravasation of blood.**

The man from whom this specimen is taken, fell about twenty feet, and struck upon his forehead, making a small wound of the scalp. He was carried into the house, and recovered from the concussion in a short time. The doctor who saw him, examined the wound carefully, but could detect no depression or fracture. He had no bad symptoms until the ninth day, when suddenly he became comatose, and died in a few hours. No fracture or depression could be felt.

From the nature of this injury, which was a fissure of the os frontis, down through the orbital plate, no operation would have been justifiable, without very urgent symptoms denoting compression of the brain, from extravasated blood. Even then it would probably not have been followed by a favorable result. Taken by me from a cadaver.

1131 **Insect Removed from an Abscess, which had formed over the eyebrow of a young man who had lived in Panama.**

He was stung in the place where the abscess formed, some months previous, and at that time the ovum was probably deposited. The insect was living when removed.

COMPARTMENT XXI. (BELOW).

325 **Calvarium, remarkably thick in the occipital region.**

164 **Calvarium of a hydrocephalic subject.**

1 **Cuticle, from the human foot—enormously thickened.**

- 275 Metatarsal Bones of foot and toe; from Waterloo.
 276 Os Naviculare, from Waterloo.
 277 A Cervical Vertebra, from Waterloo.
 339 Skull, exceedingly thin and irregular.
 320 Parietal Bones—two; one with fracture.
 451 Model of the Right Arm of a little girl 9 years old, showing dislocation of the upper extremity of the radius, toward the inner condyle of the os brachii. Complete pronation of the hand attends it.

COMPARTMENT XXII.

The specimens in the upper portion of this compartment belong to my son, Dr. Alexander B. Mott, who performed the operations and furnished the descriptions.

- 848 Scrofulous Caries, of proximal phalanx of middle finger, with sequestrum. Removed by amputation.
 1075 Strumous Disease of Finger. Amputation.
 1076 Strumous Disease of Finger, destroying articulation. Amputated.
 1032 Lipoma, from the arm—situated over the biceps muscle. Removed by operation.
 1033 Fœtus of about five months.
 1077 Steatoma. Removed from the scalp.
 1078 Steatoma. Removed from the scalp.
 1079 Scirrhus Tumor. Removed by operation.
 1080 Ulcerated Carcinoma. Successfully removed from the groin.
 1081 Scirrhus Tumor. Removed from the breast.
 1082 Fibrous and Adipose Tumors. Removed from the hip, thigh, and arm of Mrs. K——, of Peekskill.
 1083 Adipose Sarcoma. Removed from the neck.
 1084 Scirrhus Tumor. Removed by operation.
 1085 Encysted Tumor. Removed from the back of the neck.
 1086 Scirrhus Tumor. Removed from the axilla.
 1087 Portion of Liver, ulcerated.
 1088 Gun-shot Wound of Finger. Amputated.
 967 Finger. Removed by operation.
 968 Supernumerary Thumb, from a cadaver. Presented by Dr. Darling.
 1089 Ununited Fracture of the Humerus—operation.
 This portion of bone was removed by passing a chain saw above and below the fracture, and the ends were brought together by means of iron wire—the arm was well secured by splints, and the wire came away in eight weeks. Union had then taken place.
 1090 Nasal Polypi. Removed by operation.

- 1091 Scirrhus Disease of Skin. Returned disease from carcinoma of the breast. Removed by operation.
- 1092 Portion of Os Calcis, carious, from a girl 7 years old. The disease was of long standing, and was perfectly cured by the exsection.
- 1093 Glandular Tumors, removed from the neck of a young lady.
- 1094 Scirrhus Tumor, removed from the axilla.
- 1095 Osteo Sarcoma of the Upper Jaw. From Mr. S——, of Wisconsin.

The patient, a young man about 24 years of age, had enjoyed excellent health until within a year previous to the removal of this tumor. The enlargement commenced shortly after having one of the molar teeth extracted, and increased rapidly. He suffered severe pain, and the tumor had encroached so much on the roof of his mouth, that it had become difficult for him to swallow.

An incision being made from a point below the inner canthus, down through the lip, and the integuments dissected off; the entire upper jaw of that side was removed by a flexible saw, passed through an opening made at the upper edge of the diseased mass, into the roof of the mouth, and carried downward toward the teeth. The external wounds being brought together by interrupted sutures, healed kindly, the cavity within the mouth soon filled up, and he went home perfectly well. There has been no return of the disease.

- 1096 Cancer, from the forehead of Mrs. ——, aged 52. The wound healed perfectly, with no return after its removal, 1853.
- 1097 Steatoma, on the point of ulceration. Removed by operation.
- 1098 Malignant Tumor, from the left side of the neck and shoulder; weight $3\frac{1}{4}$ lbs.

This case had been operated upon previously, and a tumor half the size of this specimen removed. The disease had returned, and from its size and position (pressing upon the trachea), caused much difficulty in breathing. Under these circumstances, at the urgent solicitation of the patient, Amelia Gerscheidt, a German girl, 17 years of age, of very healthy appearance, the tumor was removed.

The wound healed kindly, but, as was anticipated, the disease returned in the course of a few months, and made such rapid progress, that further interference was considered unjustifiable. A fungus mass soon made its appearance, which, when last seen, was increasing very rapidly.

This tumor is of the same character as the numerous specimens taken from Wm. Keating, whose case is recorded under number 1011.

- 1099 Compound Fracture of the hand and fore arm, occasioned by being caught in a steam saw mill. Amputation.
- 1100 Compound Comminuted Fracture of fore-arm, with laceration of arteries, etc. A railroad car passed over it. Amputation.
- 1101 Portion of Femur, removed from a compound comminuted fracture of the thigh.

The accident occurred seven months previous to my taking charge of the patient, and, although union had taken place between the ends of the bone, he was unable to walk on account of the irritation produced by the presence of this detached portion of bone. A large sinus led to it, and a very offensive and profuse discharge was gradually exhausting him. An incision, about seven inches in length, was made on the inside of the thigh, immediately over the dead bone, and it was removed. The cavity gradually filled up, and recovery followed.

- 964 **Lymphatic Glandular Tumor.** Removed by operation from below the base of the lower jaw, in a young woman about 20 years of age.
It was one of the lymphatic glands under the deep cervical fascia, and, from its proximity to the submaxillary gland, had very much atrophied it.
- 943 **Pedunculated Lipoma,** similar to No. 939. Removed from the back of the neck of Mrs. G.
- 1104 **Wound of Femoral Vein and ulceration of the artery.**
This preparation is one of great interest, being a specimen of arteritis and phlebitis. The cause of it is as follows: The patient, a middle aged man, was subjected to the operation of ligature of the femoral artery for aneurism. The hook, while being passed under the artery, was forced through the femoral vein. Some hemorrhage took place at the time, but the operator, considering it from a small vein which frequently passes under the artery, after the ligature was tied and the hemorrhage ceased, closed the wound.
The small piece of bougie is passed through the point of the artery which had been separated by the ligature, into the opening of the vein. The wound did not heal as well as usual, but discharged an offensive bloody matter, and never took on a healthy appearance. His death occurred some days after the ligature came away. Post mortem made by me.
- 1105 **Scirrhus Tumor,** from under the parotid gland.
The patient was a young woman about 20 years of age, enjoying excellent health, but suffering great pain from the position of the tumor. The wound healed kindly by first intention, and she returned to her occupation in about ten days after its removal.
- 1106 **Scirrhus Disease of the Skin.** Case of Mrs. H. Operation.
This is the most frequent form in which the disease returns in and about the cicatrix, after the removal of the female breast for scirrhus.
- 1121 **Uterus,** with ulceration of the neck. From a cadaver.
- 1122 **Uterus,** with carcinomatous ulceration of the neck. From a cadaver.
- 1123 **Heart.** Hypertrophy and carditis.
- 1124 **Uterus,** with placenta attached.
The subject from which this was taken died after twelve hours of violent convulsions, at the eighth month of pregnancy. She was unconscious from the time she was first taken until death. The post mortem revealed some slight congestion about the brain and a fatty kidney. There being no signs of labor, no attempt was made to produce premature birth.
- 1125 **Fatty Kidney,** from the same subject as 1124.
- 1126 **Fungus of the Upper Jaw.** Removed by operation from a young lady.
It followed the extraction of a tooth; had been growing for several months; was removed by means of a strong pair of bone forceps, and has not returned.
- 1127 **Vesico Vaginal Fistula,** following the use of forceps in a case of protracted labor. Operation and restoration.
The patient had miscarried several times since the accident at about the fifth month; but has since the operation given birth to a living child at full period. I operated on her with the clamp and wire suture, as I have

on three other cases, each of which I have succeeded in curing by a single operation.

In one of these cases the opening into the bladder was large enough to admit the index finger, and was so high up near the neck of the uterus, that I was obliged to enclose the mouth of the womb within the bladder; it healed perfectly, however, and the patient now has the menstrual discharge pass through the urethra.

- 1128 Scirrhus of Female Breast, slightly ulcerated and containing a cyst, which was filled with a thick dark bloody fluid. Removed by operation.
- 1107 Scirrhus Tumor, from the breast of Mrs. I., Thirty-sixth Street.
In this case, as will be seen by the specimen, the mammary gland was in no degree affected. The tumor was perfectly distinct, and the removal of some of the surrounding fatty tissues with it, gives every reason to suppose that it will not return. The wound healed very kindly.
- 1108 Skin and Cicatrix, with scirrhus disease, which had returned one year after the mamma had been removed. Vide Specimen No. 1111.
- 1111 Scirrhus of Mamma, from same patient as Specimen No. 1108—Mrs. E. Removed by operation.
- 1030 Encysted Tumor of the neck. Removed by operation.
- 1112 Fracture of the Humerus, from gun-shot wound.
- 1113 Dry Pelvis of Infant, showing the separate bones forming the acetabulum.
- 1114 Bones of the Thumb, necrosed. Removed by operation.
- 1115 Inferior Maxilla of an old man, with total absorption of the alveolar process.
- 1116 Portion of Tibia, removed from a young woman. Necrosis, the effects of syphilis.
- 1117 Vertebrae of Child. Prepared by me.
- 1130 Inferior Maxilla, necrosed portion of it.

From a female child 5 years old. An extensive ulceration of the cheek took place after scarlet fever, and destroyed the bone. The ulcer healed perfectly after its removal.

COMPARTMENT XXII. (BELOW).

- 327 Calvarium, with one foramen, like 326.
- 323 Cranium, superior portion of, with sutures ossified.
- 445 Half of the Head. A cast showing a good display of arteries of the face and scalp. On the inside are to be seen the tongue, septum narium, and falx cerebri, with a lateral ventricle and some portions of the cerebrum.
- 266 Tibia, from the battle-field of Waterloo.
- 260 Amputation at the shoulder-joint.
- 450 Artificial Anus. A wax model.

- 97 Penis, injected, in which the glans was diseased.
 98 Penis, injected, with the exception of the glans.
 274 Os Frontis, from Waterloo.
 452 Fractures of Femur and Humerus—an extraordinary case.

It occurred in an English gentleman, who was attended by Dr. R., of London. The femur is fractured just below the neck into three pieces, involving the trochanters. The os brachii is fractured near the neck of the bone, one portion of the fracture extending into the head of it. He suffered very little from this extensive and frightful injury. At the end of the third week, contrary to remonstrances, he arose from his bed and indulged too freely, which brought on a fever that in a few days proved fatal.

COMPARTMENT XXIII.

- 1054 Osteomatous Growths, from the fore-arm and hand. Removed by operation at the same time.
 747 Piece of Glass, removed from the fore-arm of a patient at clinique.
 873 Arch of the Aorta, punctured. It occurred by accident in a news-boy while at play.
 435 Hydro-sclerocele of Ramsden.
 The tunica vaginalis is distended by a collection of fluid, and there is also morbid enlargement of the testicle—probably syphilitic. See Ramsden on Testicle and Aneurism, London, 1811.
 452 Steatomatous Cyst containing the matter. Removed by operation from over the external carotid artery. No return of disease.
 565 Cyst of a Steatoma, removed from the neck.
 480 Cyst of a Steatomatous Tumor, removed from a patient in hospital.
 464 Aneurism by Anastomosis, in a state of ulceration. Removed by the knife from over the brachial artery, in an infant.
 144 African Skull, from the Gold Coast. Presented by Captain Shillettee.
 174 Indian Cranium. Of a woman from the Rocky Mountains. Presented by Mr. Cobb.
 151 Greek Cranium, from the Acropolis at Athens. Collected by me.

COMPARTMENT XXIV.

- 609 Melanosis of the Eye-ball, removed by operation. The disease returned in the orbit.
 610 Melanosis of the Eye-ball. Portion of No. 539.
 693 Melanosis of the Eye-ball, removed by operation.
 401 Melanosis of the Parotid Gland. Extirpated July 13th, 1831.
 A young West Indian. He first observed it about six months previous, after a severe attack of fever. The tumor was now hard (apparently scirrhus), and about the size of the fist. As his only chance for recovery, with his free consent, I resolved on its extirpation.

The first step in the operation was to tie the external carotid, immediately above the digastric muscle, by means of an incision from the posterior angle of the jaw, about three inches in length, downward and inward. A second incision was commenced above the jugum and carried in a curved direction downward and backward upon the occiput, and the first incision so extended as to intersect it.

On detaching the two flaps, the black appearance of the gland fully demonstrated melanosis. Continuing the operation, the inner edge of the masseter was exposed, and after introducing the finger into the mouth to prevent accidental perforation into this cavity, the tumor was dissected from the masseter and buccal membrane and then from the jugum, to which bone it adhered so closely as to have rendered it carious by its pressure.

It was next dissected below from the mastoid and digastric muscles, but the patient complained of so much pain when the tumor was raised, that I concluded the detachment by again cutting from above. A few rapid strokes of the knife separated it from the capsular ligament of the jaw, and allowed the removal of the bulk of the disease. A portion between the styloid and mastoid processes was then removed with the handle of the scalpel, and the portio dura divided, which division gave him much pain and paralyzed instantly the muscles of that side of the face.

During the operation several arteries were tied, among which was the temporal for a retrograde hemorrhage. The operation lasted about an hour, and he lost, perhaps, a pint of blood. He did not seem much exhausted, and in the course of another hour the wound was dressed with lint, adhesive strips, compress, and a roller.

During the first week the pulse scarcely exceeded 100, and at the end of two weeks the constitutional effects of the operation had entirely subsided, but I was sorry to notice unmistakable indications of a return of the disease, especially at a point unhealed opposite the ear, which rapidly became melanoid fungus. This was followed by pain and swelling of one knee, tumors on the scalp, and a yellow skin, running into confirmed hectic, of which he died about seven weeks after the operation.

No post mortem could be obtained, not even the privilege of plunging a lancet into one of the tumors on the scalp, but I have no doubt they were melanotic. The contents of the tumor were of the color and consistence of tar. Description of the case, and operation published, with plates, in the *Amer. Journal of Medical Sciences*, for May, 1832, page 17.

638 **Onychia Maligna** of a toe.

621 **An Eye** of Captain K.

895 **Fungus Hæmatodes of the Eye.** Mr. G., aged 18 years. Developed by a blow from the tail of a cow.

It was removed in 1849, but the disease returned in the orbit, and he died nine months afterward. Vide No. 896.

896 **Fungus Hæmatodes of the Orbit.** Return of disease. Mr. G's case. Vide No. 895. Post mortem examination made by Drs. V. Mott, jr., and A. B. Mott.

413 **Cancer of the Eye.** From Mr. S., of Georgia. Extirpated.

Carcinomatous ulceration of the eye-lids extended to the ball of the eye. The wound had very nearly healed, when the disease returned at the bottom of the socket. Death took place more than a year after the operation.

528 **Invagination of the Ileum** in an infant, who died in consequence of it.

503 **Melanotic Tumors of the Scalp.**

Removed by operation from a lady 50 years of age, from Massachusetts. The wound healed thoroughly, and the disease is not known to have returned.

635 **Vascular Sarcoma of the Scalp.**

It occurred in a boy 12 years of age, of strumous diathesis and vitiated habit. One or two tumors appeared at first, seeming to involve all the tissues of the scalp, and to fluctuate from contained blood (not extravasated). They were removed ten or twelve times, but when removed other tumors made their appearance, increasing rapidly, but causing no pain, until at length the bone became involved by the extension of the disease. Death finally occurred from hectic.

I have never met with a similar case, nor indeed heard of one.

555 **Carcinoma, ulcerated. From a negress.**

It originated in an axillary gland, which became diseased after the removal of the mamma of the same side for malignant disease.

583 **Hypertrophy of labium pudendi. Removed by operation.**956 **Malignant Sarcoma, from the left side of William Keating (May, 1851).**

A healthy young Irishman, about 35 years of age, a carpenter by occupation. He attributes this terrible form of disease to the pressure of his side against the work-bench. He has been four times operated upon in Dublin, and now four times by me, in New York, and all these operations have been performed within the last fourteen years. Each time the wound has readily healed, leaving a most beautiful and healthy cicatrix, and has remained healed from one to two years, without the least appearance of any return. When it once reappears, however, it increases very rapidly.

It commences in one tumor or knob, which soon multiplies into several, from the size of a hen's egg to the fist. In the beginning there is no discoloration of the skin, but after awhile they assume a bluish appearance. Always from the early to the last stage, they have that soft, spongy, deceptive feel of fluctuation, so peculiarly characteristic of malignant disease, and at no time are they attended with much pain. In none of the operations upon him have they been found attached morbidly to any of the muscles. They have involved, however, all the dermoid, as well as the subjacent adipose and cellular tissues, quite to the muscular structure beneath. The latter, however, has always been found normal.

This operation is by far the most extensive that has been performed. The pectoralis major, latissimus dorsi, serratus magnus anticus, and origin of the rectus abdominis were extensively laid bare, but the tumors were not found morbidly adherent to them at any part. The cicatrix from the last operation was sound and beautiful at the time throughout, but the tumors were so situated on each side of it, as to require the whole to be removed.

As yet no ulceration has taken place in any of these tumors. When cut into, they are found soft and spongy, and have the organization of encephaloid disease. They have not yet affected his health. They become inconvenient from their size, and are occasionally painful from pressure against the work-bench. He is a man of fine general health, light hair and florid complexion, all indicative of exemption from malignant disease.

The chasm left by this operation was very great, from the necessity of removing integuments to such an extent. See No. 965, and Compartment XX., No. 1007.

965 **Malignant Tumor, from Mr. Keating, being the ninth time an operation was performed.**825 **Malignant Tumor.**539 **Melanosis of the Eye-ball. The eye was extirpated, and the disease returned in the orbit. See No. 652.**652 **Melanosis, attacking the orbit after removal of the eye, affected with the same disease.**

- 622 Melanosis of the Eye. Portion of No. 539, removed after death, the disease having returned after removal by operation.
- 806 Malignant Tumor.
- 533 Procidencia Recti. Removed after death.
- 510 Encephaloid Tumor. Removed by operation.
- 114 Cranium, of unusual thickness.
- 229 Skull of Gibbs the pirate. A cast.
- 120 Cranium.

COMPARTMENT XXV.

- 866 Tumor.
- 750 Tumor of scirrhus hardness, situated over the parotid of Mrs. —, of Fulton Street, Sept., 1848.
- 863 Steatoma.
- 867 Tumor.
- 940 Fibrous Tumor, from the cheek. Taken out from the inside of the mouth.
- 853 Lipoma.
- 910 Fibrous Tumor, from one side of the scrotum. It had the appearance of a third testicle.
- 789 Tumor. Removed by surgical operation.
- 698 Tumor, from Dr. V.
- 721 Lymphatic Glandular Tumor, removed July, 1844, from the upper and inner part of the thigh of Mr. F—, of Ohio.
- This tumor extended from above Poupart's ligament into the scrotum, and was adherent to the periosteum on the spine of the pubes. It was also quite adherent to the other neighboring parts, and very vascular. The wound healed readily by granulation.
- 674 Lymphatic Glandular Tumor. Removed from over the parotid. See drawing of the negro in my portfolio.
- 804 Tumor, of fibrous or chondromatous nature, involving the first and second phalanges of the index finger.
- A man, from Orange County, otherwise healthy. It had been growing fifteen years, and had caused no pain. It seemed to have originated within the cavity of the phalanx, as there were detached laminae of bone on the surface of the tumor. The smaller of the two tumors was decidedly of cartilage, which at some points seemed almost converted into bone.
- 570 Tumor, from posterior lobe of the cerebrum.
- 403 Tumor, from Mrs. C. Presented by Mr. E.
- 808 Tumors of a peculiar form. Eiloides in character.
- 846 Tubercular Deposit in Epididymis, accompanied by ulceration and sinuses. Removed by operation, from a young man, 19 years of age.

- 662 **Strangulated Umbilical Hernia**, from a fatal case in a female.
The strangulation was caused by an adventitious formation at the inner aperture. It seemed thoroughly reduced by taxis, the external tumor disappearing, but the symptoms continued, and death followed.
- 481 **Hernia of the indirect inguinal variety.**
The intestine is strangulated at the internal ring, by an adventitious band of fibrine. The patient had been subjected to an operation, and the stricture apparently relieved, and the intestine was supposed to be returned entirely into the abdomen. The symptoms, however, returned, and he died.
- 714 **Tumor (osteo chondroma)**, consisting of bone and cartilage, apparently of a benign character.
Removed by the saw from the sternum and ribs of a man from Georgia, aged 30. It had been growing for sixteen years. The wound healed kindly, and the patient recovered entirely.
- 707 **Tumor**, from the axilla of a man, 50 years of age.
It was in a state of ulceration, and accompanied by some constitutional suffering. Removed by operation, at Elizabethtown, N. J. The wound healed.
- 864 **Axillary Gland**, degenerated. From a case of scirrhus mamma in the male.
- 404 **Portion of the Spleen**, from a long protracted case of autumnal remittent fever.
The tunica propria was very much thickened, and extensively adherent to the diaphragm; what remains of the internal structure is very much softened and degenerated.
- 659 **Uleers**, perforating the colon and cœcum.
They communicate with a large abscess of the liver, which was discharged per anum. A hospital case, in a man from the tropics.
- 680 **Mesenteric Glands**, diseased. From a case of tabes in an adult. No other form of strumous disease was present.
- 20 **Portion of Ileum**. From case No. 800, of encephaloid tumor of the thigh.
- 996 **Ulceration of Intestine**, extensive.
- 998 **Steatoma**, from the side of the anus, and rectum, of Mr. B., of Alabama. Removed in 1856.
It had been growing for several years, was never attended with any pain, but of late began to annoy him in sitting down. The removal of it laid bare the tuber and ramus of the ischium, levator ani, sphincter ani, and lower edge of the gluteus maximus. But for the interposition of the levator ani, coming down to the sphincter, the rectum also would have been exposed. This is a unique situation for this description of tumor, as its relations at once indicate to a surgical anatomist; and the remarkable manner in which it was stowed away, made it an interesting little operation.
- 149 **Cranium**, from the Acropolis at Athens, Greece.
- 150 **Cranium**, from Turkey.
- 145 **Cranium.**
- 344 **Viscera of the Thorax and Abdomen**, injected in situ with plaster of Paris. A beautiful preparation.

COMPARTMENT XXVI.

- 795 Portion of Lung, from a phthisical patient, showing a cavern and its lining membrane.
- 832 Portion of Hepatized Lung, with fibrinous deposit on the pleura pulmonalis.

From Mr. —, who died with spontaneous mortification of both feet. The aorta was found obstructed by fibrine and coagula a little above the bifurcation. See No. 845.

- 594 Gray Hepatization of the Lung.
- 871 Tuberculated Lung, containing vomicae or caverns.
- 870 Tuberculated Lung, showing hepatization.
- 872 Tuberculated Lung, containing vomicae or caverns.
- 442 Phthisis Pulmonalis.

Portion of lung, showing a cavity lined with pseudo-membranous cysts, which followed the softening and discharge by ulceration of a scrofulous tubercle. Duplicates.

- 683 Gray Hepatization of Lung, the result of pneumonia in Dr. —, U. S. Navy.

706 Hepatized Lung.

591 Tubercular Disease of the Liver.

915 Portion of Omentum, from a strangulated hernia.

916 Hernia, strangulation continuing internally after operation.

826 Portion of the Ileum, strangulated through an abnormal opening in the mesentery. Mrs. S—, of Bond Street. She died with all the symptoms of strictured intestine.

552 Portion of Omentum. Removed by the knife, during an operation for strangulated inguinal hernia.

At the N. Y. Hospital, by Dr. W. P. The sac contained both omentum and intestine. A ligature was applied to the portion of omentum, in mass, which was returned, and the ligature left hanging from the wound. The symptoms of strangulation continued—no doubt, from the general ligature of the omentum—and the patient died.

692 Adventitious Sac, removed from the peritoneal surface of the intestine, in an operation for strangulated hernia (oblique inguinal).

730 Umbilical Hernia.

663 Strangulated Hernia in the inguinal canal, with the testicle just within the external ring.

Case of a fireman, 26 years of age; no previous hernia. Symptoms of strangulation came on after violent exertions at a fire. The position of the testicle was distinctly recognized, and, on careful examination, I discovered an elasticity and tenderness above it, in the course of the inguinal canal, together with a little tumefaction, which, in connection with the general symptoms, satisfied me that there was intestine strangulated, but although the symptoms were violent, the patient could not be persuaded to submit to an operation, and died in forty-eight hours—from the shock to the system.

- 606 Cauliflower Vegetations of the prepuce (syphilitic). Removed by operation.
- 649 Cauliflower Vegetations. Removed by operation, from the pudendum mulieris.
- 842 Penis of Mr. —, of Jersey City, aged 60 years.
Removed by amputation. An enormous cauliflower or warty excrescence (fibrous) involves the whole glans, from which it can not be separated. It threatened ulceration. He made a good recovery.
- 788 Vegetations, removed from the vulva.
- 903 Serum, from hydrocephalic child, aged 6 months. Congenital.
- 886 Hydrocephalic Serum, from a child 1½ years old. At the clinique.
The cranium was punctured through the anterior fontanelle with a trocar, and the fluid drawn off. The child did well.
- 892 Hydrocephalic Serum, from a child 1 year of age. Removed at a single tapping.
- 459 Beautiful Skull of a young subject.
- 123 Cranium.
- 137 Cranium.

COMPARTMENT XXVII.

- 166 Calvarium.
- 165 Calvarium, showing perforation by the trephine, and nature's subsequent protection of the brain.
- 160 Calvarium.
- 163 Calvarium.
- 162 Calvarium.
- 126 Cranium.
- 170 Calvarium.
- 326 Calvarium, remarkably thick in the occipital region—a foramen on each side of the course of the great longitudinal sinus.

COMPARTMENT XXVIII.

- 613 Portion of the Liver, injected, showing the vascularity of its peritoneal coat.
- 634 Hand of Fœtus, injected, showing vascularity.
- 669 Tibia of an Infant, injected with size, showing epiphyses, etc.
- 670 Humerus of a Young Subject, injected, showing vascularity and epiphyses.
- 525 Portion of the Colon of a Child, injected, showing its vascularity.
- 439 Humerus, injected, showing the vascularity of the cancellated structure of bone.
- 696 Great Toe of a Child, injected, showing great vascularity of the skin and matrix of the nail.

- 697 **Cutis Vera**, injected with size.
- 527 **Bladder of a Child**, injected. It has been inverted to show the vascularity of the mucous coat. The arteries are filled with fine injection.
- 668 **Muscle of Fœtus**, injected with size, showing vascularity of its structure.
- 690 **Patella of a Fœtus at birth**, injected.
- 562 **Gastrocnemii Muscles and tendo Achilles of a child**; injected with fine size, showing the vascularity of muscle and tendon.
- 405 **Injected Kidney of an adult (healthy)**. Longitudinal section after fine injections, showing ramification of arteries.
- 450 **Punctured Wound of the Heart**. Stoughton's case.

Produced by a sword-cane, which entered the thorax from behind; pierced the left side of the apex of the heart; passed through the cavity of the right ventricle; the parieties of the left ventricle; and emerged on the opposite side—its point being arrested by the sternum. The wound was received in the street (Broadway), and was instantly fatal. See trial.

- 885 **Punctured Wound of the Heart of J. Keily**, a soldier belonging to Co. F., N. Y. Volunteers.

Received during the Mexican war, at Puebla, Mexico, July, 1847, from a sword-thrust made by Lieut. Mayne Reid, while the soldier was disobeying orders and attempting to make his escape from imprisonment in the guard-house. He survived the wound $4\frac{1}{2}$ hours.

- 560 **Wound of the Superior Longitudinal Sinus**, from a spicula of bone driven in by the blow of an ax.

Inflicted by Dr. —, upon constable Disbrow as the constable was ascending a staircase leading to the doctor's apartment for the purpose of arresting him for debt. The ax passed through the os frontis, and penetrated fully an inch into the left hemisphere of the brain.

Twenty-four hours after the wound was received I saw Disbrow. He was laboring under the usual symptoms of compression. A considerable portion of the os frontis was found depressed, several small fragments being driven into the brain. Hey's saw was used with much advantage in removing the sunken portions, but there was no return of consciousness after their removal, and death followed in a few days. The hemorrhage from the wound of the longitudinal sinus was readily controlled by lint and slight pressure.

- 561 **Osteo Sarcoma of the clavicle**. Removed by operation, June 17th, 1828. Case of Mr. Yates, of Charleston, S. C.

This is the most difficult and dangerous operation I have ever performed. The patient, aged 19, was from Charlestown, S. C. About four months previous he discovered a tumor about as large as a pigeon's egg on the left clavicle. It was pronounced steatomatous, and treated with blisters, poultices, escharotics, and a seton, but without checking its growth.

On examination I found the tumor about four inches in diameter, of incompressible hardness, firmly adherent to the clavicle; the top of it covered with luxuriant granulations, the result of the above treatment, and withal rapidly increasing in size.

He was informed of the unprecedented nature of the operation required, of its complicated character, of its immediate danger, and of its ultimate uncertainty; yet rather than perish with the disease, with a composure and

fortitude that is rarely equalled, he chose the doubtful remedy, and the operation was accordingly performed.

An incision was commenced at the sterno-clavicular articulation and carried below the tumor, and as close as the fungus would allow, to the top of the shoulder near the acromion; exposing the fibres of the pectoralis major. The fibres of this muscle were then divided as near as possible to the tumor, during which incision arteries sprung in every direction and were tied. Some veins also required ligature. A small portion of the deltoid was then detached from the clavicle, and the cephalic vein where it passes between the two muscles drawn outward and upward toward the shoulder. On attempting to pass the finger below this vein and the deltoid, it was discovered that the tumor reached quite to the coracoid process, rendering it impossible to get beneath the clavicle from that direction.

A second incision was then made from the outer edge of the external jugular vein, over the tumor, to the top of the shoulder, dividing the platysma myoides and a portion of the trapezius muscle and laying bare the clavicle at a sound point nearer the acromion. A steel director, very much curved, was now passed under the bone from above, taking great care to keep it in contact with the under surface. Through this opening, by means of an eyed probe, bent to the same curve, a chain saw was passed, and the bone readily divided.

In carrying the further dissection along under the surface of the tumor, toward the sternum, behind the pectoralis major, a number of very large arteries and veins required tying. The first rib being exposed, the costo clavicular ligament was divided, and the joint at the sternum opened from below; giving so much mobility to the diseased mass, as to allow slight elevation of the sawed end of the bone, by means of the double hook, elevator, and broad spatulas. At this stage of the operation I had depended on the sub-clavian muscle as a guide, to avoid wounding the trunk of the subclavian vein, but on reaching it, it was found obliterated in the tumor.

Continuing the removal at the upper and outer part, the omo hyoid muscle was exposed, from the mastoid muscle almost to the scapula. On dividing the cellular and fatty structure, between the omo hyoid and the subclavian vessels, a number of large arteries were divided and secured.

A third incision was now made, from the sternal end of the clavicle, over the tumor, to the commencement of the second incision at the external jugular vein. On dividing the platysma myoid this vein was exposed, and was isolated for a little distance, and then tied, with two fine ligatures, and divided between. Continuing the incision, the sterno-cleido-mastoid was divided, about three inches from the clavicle, and very cautiously separated from the fascia beneath, until the anterior scalenus was exposed. From this latter muscle to the coracoid process the subclavian vein was found so firmly adherent to the tumor, that further progress in the operation was at one time deemed impossible. But by cautious use of the handle, as well as the edge of the scalpel, the vein was at length detached without injury. This part of the operation was peculiarly difficult, as at every step large vessels were divided, which deluged the parts with blood before secured. Among these the external jugular was again tied, with two ligatures, and divided between.

Turning down the cut portion of the mastoid, and keeping close to the fascia profunda, the tumor was detached from the situation of the thoracic duct and junction of the jugular and subclavian veins, without the least injury to these vessels—thus freeing the mass from its most important attachment. But the tumor extended so far down on the outside of the thorax, that it was necessary to make a fourth incision, over the fourth rib, again dividing the pectoralis major, but finally separating the whole mass. The removed portion was of the size of two fists, and the patient lost by estimation from 15 to 20 ounces of blood.

As all parts of the wound appeared healthy, the ligatures (about 40) were divided near the knots, the cavity filled with lint, and the edges approxi-

mated with long adhesive strips. Over these was placed a light compress, loosely secured by a single roller around the chest and shoulders.

This formidable and intricate operation was borne by the patient with a composure and fortitude truly heroic, and I can conceive of no reason, why the gentle resignation and overcoming resolution, shown in such cases on the operating table, should not challenge our admiration, equally with the hot-headed exploits of valor on the field of battle.

On the fourth day after the operation the pulse had risen to 130, hard and full, with considerable hemorrhage from the wound. During the next week it gradually subsided to less than 100, with return of appetite, soft moist skin, and refreshing sleep. At the end of a month the ligatures had all come away, and the wound was mostly healed. A little exuberance of the granulations was repressed by pressure. The arm was suspended in a sling, and an apparatus adapted to support the shoulder. At the end of the second month he went to Saratoga, and about the end of the third month returned in better health than he had ever enjoyed. By means of an adventitious clavicle, contrived by Mr. James Kent, full motion of the arm was restored.

Reported at length in the Amer. Jour. Med. Science, 1828, Vol. III., p. 100. See also Velpeau's Oper. Surg., Vol. II., p. 894.

630 **Gun-shot Wound of the Hand**, involving the carpus. Primary amputation of the fore-arm by the circular method. A hospital case.

586 **Punctured Wound of the Vena Portæ**, from a stab. Fatal.

588 **Heart**, showing numerous wounds by small shot; wounds also in the aorta.

From a boy of 15. The consequence of accidental discharge of a fowling-piece on board of a boat. Death was instantaneous.

646 **Indelible Marks** on the skin of a sailor.

889 **Ovarian Dropsy**, the sac firmly attached to the peritoneum throughout its entire surface.

933 **Sac from an Enormous Encysted Tumor** on the upper and inner part of the thigh of Mr. —, of Newburgh.

It had the deceptive feel of malignancy. His physician had explored it (unsatisfactorily), after which it was left to increase for a year longer. When the patient applied to me, it was again explored, and we drew off eight pints of bloody albuminous serum. A few days after we removed the whole sac, which was filling again with yellowish serum. Vide No. 932. As this occupied almost the whole thigh from the tuber ischii to the knee, entangling deeply the muscles in the posterior part of the thigh, the operation was difficult and bloody.

At the first sight of this tumor, my impression was in favor of its malignant character. Its huge size and freedom from pain led to this opinion, and I advised it to be explored, but the search did not reach the fluid.

Nothing unpleasant occurred after the operation. About eight years have elapsed since it was performed, and the patient is now living.

932 **Serum**, from the above encysted tumor.

Drawn off previous to removing the sac, which was situated on the superior and internal part of the thigh. Vide No. 933.

770 **Testicle**, injected with quicksilver.

411 **Fibrinous Adhesions** of long standing, between the peritoneal coat of the liver and the diaphragm—the result of inflammation.

182 **Part of the Head**. Injected preparation.

179 **Half of the Head**. Injected preparation.

- 129 Hydrocephalic Cranium of a child.
 130 Cranium.
 116 Cranium.
 119 Cranium.
 186 Nerves of the Face and Neck. A magnificent preparation, made by my late pupil, Mr. Starr.
 439 Heart and Lungs of a small subject, with the trunks of the arteries and veins injected as far as the clavicle, showing their normal situation. A beautiful preparation.

COMPARTMENT XXX.

- 703 Moveable Cartilages, from the bursa over the olecranon. Discharged by incision.
 631 Fungus *Hæmatodes* of palm of the hand of a weaver in Carmine Street.
 This occurred 25 years ago. The disease was not painful, but the discharge exceedingly offensive. Amputation of the fore-arm was performed *during hectic fever*, yet the man recovered, and is now living in good health.
 824 Granular Bodies, from a ganglion, in the palm of the hand and also extending above the annular ligament, in a child.
 483 Osteocephaloma of first phalanx of middle finger. Removed by amputation. No known return of the disease.
 482 Supernumerary Finger, hypertrophied. Removed by amputation from an infant.
 815 Spina Ventosa of first phalanx of index finger in a young girl. Amputated.
 522 Nævus Maternus. Removed by operation from the side of a lady, aged 38.
 This singular tumor seems to involve the dermoid adipose and cellular tissues only, and has very little vascularity. It was not attached to the ribs, and at the time of its removal was growing quite rapidly.
 She called it a "veal outlet," which it very much resembled, and said that her mother when pregnant with her longed for a veal outlet, and when she found it could not be obtained, put her hand to her side and was very much affected.
 829 Pachydermatocele of the Face and Head.
 Case of Rich's son, 41 McDougal Street. The disease was removed by operation at two different times, but both times returned. See drawings.
 897 Pachydermatocele of the Scalp. Disposition to return prevented by compressing with dry sponge.
 959 Cutaneous Carcinoma of the Face of a man 35 years old, in all other respects healthy. Plastic operation.
 The disease commenced as a small pimple, with a scurfy surface, which was pronounced cancer by an empiric, and treated by caustic applications until it assumed a carcinomatous aspect. The edges were raised, everted, and irregular, with a thin, vitiated, and irritating discharge, and a burning sen-

sation at times in the whole ulcer. It had destroyed the greater part of the left cheek; the entire lower lid; and the side of the nose, above the inner canthus of the eye; and a fungous mass was extending along the course of the lower orbital ridge. The left angle of the mouth was nearly invaded.

After trying medical treatment for some time with liq. Donovan and dressings of oxide of zinc ointment, at his urgent request the operation was performed. Excising as completely as possible the ulcer at every part, by a plastic operation, the whole space was covered with two flaps of skin. The one from the neck, and over the parotid gland, and the side of the ear—where the tongue of the flap was formed—covered the entire cheek and side of the nose. The other from the forehead—beginning beyond the mesial line of the eye-brows, and taking the tongue of it from the temple, on a line a little above the external canthus of the orbit—covered the margin of the orbit;—a point of this flap reaching above the inner canthus upon the os frontis and along the junction of the ossa nasi. These flaps were secured to each other and to the surrounding parts with interrupted sutures. He was under the influence of chloroform during the operation. Slight fever followed, but yielded to treatment, and union by adhesion took place perfectly. The only point where suppuration followed was at the anterior edge of the masseter where the parotid duct was unavoidably cut. This discharged saliva very freely during mastication. Pressure, with bandage and compress, however, soon arrested the discharge.

Two and a half months after the operation, when all seemed sound and healthy, a fungous growth showed itself from the periosteum along the bony margin of the orbit, under the integument, involving the conjunctiva of the eye. No further operation could be performed.

445 Ulceration of the Liver, attended by ascites.

894 Cirrhosis, or hob-nail disease of the liver.

626 Ulcerated Carcinoma of the stomach.

The disease caused much pain. Death was the result of inanition. The omentum was adherent to the stomach, preventing effusion from the ulceration which perforated the organ.

419 Wound of the Spleen—laceration.

From a man who was run over by a cart, and died a few hours afterward, with all the symptoms of extensive injury of an abdominal viscus.

492 Spleen, containing numerous scrofulous tubercles.

Taken from a scrofulous male subject, 9 years of age, who died of tabes mesenterica—the mesenteric glands being of course involved in the tubercular degeneration.

700 Ulcer of the Rectum, from Dr. Pitney.

753 Hypospadias, taken from a subject by Dr. V. B.

584 Stricture of the Urethra, of the annular variety, $1\frac{1}{2}$ inches from the orifice.

587 Wound of Small Intestine, from a jack-knife. In a colored boy. Death followed in a few hours from the shock.

524 Stricture of the Urethra, in the form of a pack-thread, stretched across the canal.

531 Stricture of the Urethra, near its orifice.

704 Ulcer of the Rectum, suspected to be carcinomatous. It was excised, and a permanent cure followed.

1055 Elephantiasis of the leg—ulcerated. Amputation.

- 180 Half of the Head—arteries injected.
 185 Whole Head, injected.
 143 Cranium.
 141 Cranium.
 119 Cranium.

COMPARTMENT XXXI.

- 879 Horny Growth, from beneath the nail of the great toe. Removed at clinique.
 823 Horny Growth, removed from lower lip.
 619 Polypi, removed from the nose.
 699 Polypi, from the nose.
 654 Skeleton of a Mole.
 836 Tonsil, very large. Removed from a child, 6 years old.
 861 Polypus of the Nose, with a portion of the turbinated bone attached. Removed by force.
 925 Encysted Tumor, its cheesy contents formed into granular shapes.
 330 Polypus Nasi.
 404 Siphilitic Caries of the upper-jaw and nasal bones.
 456 Skull of a strong warrior, from Minnesota.

COMPARTMENT XXXII.

- 540 Tumor.
 877 Nævus Maternus, ulcerated. From the thigh of a boy 18 years old.
 817 Encephaloid Tumor, small, simulating polypus and hæmorrhoid. Removed from the verge of the anus of Miss G. She afterward died of cancer of the rectum.
 745 Tumor, removed from the lower part of the abdomen of Mrs. M——, of Newburgh. It was closely adherent to the *fascia transversalis*.
 645 Encephaloid Tumor in a state of ulceration. Portion of it.
 460 Tumor, probably cerebriiform. Removed by operation.
 407 Ovarian Tumor, of small size, attached to the body of the uterus. In the same case there was another enormous sarcomatous tumor, attached to the fundus of the uterus, which weighed over 100 lbs. Vide No. 425. Case published, with plate, in Francis Denman's Midwifery, p. 125 (note), N. Y., 1821.
 519 Fibrous Tumor. Removed from amongst the muscles on the back part of the thigh, above the popliteal space, in a young lady, aged 29 years. It had been growing for several years, and was not painful. She recovered entirely.
 478 Encysted Tumor.

727 **Cerebriform Tumor.**

Removed from the mons veneris of a healthy girl, aged 15 (1844, at Rahway, N. J.) The wound healed well, and the disease has not returned.

504 **Encephaloid Tumor, with several of the inguinal glands.**

Removed from the upper part of the thigh, over the femoral vein, in a middle aged man of vitiated habit. The wound healed. Nothing further is known of the case.

884 **Encysted Tumor of the Scalp, containing calcareous depositions. Extirpated at clinique.**904 **Adipose Tumor.**423 **Scirrhus of Mamma. Removed by operation.**765 **Encephaloid Tumor.**865 **Carcinomatous Ulcer. Removed from the back of the hand of a fisherman, from Ward's Island. The wound healed kindly.**883 **Encysted Tumor, situated within the superior and posterior border of the parotid gland. Extirpated by Dr. V. Mott, Jr.**

It was in an old man from Tioga County, N. Y., and was complicated with encephaloid disease. It extended back, and seemed to be attached to the base of the cranium, in the region of the foramen lacerum posterius, near the internal jugular vein, by a long pedicle, around which a ligature was passed, and its body removed by the knife. A portion of the parotid was extirpated with the tumor. No return of the disease.

909 **Fungus Hæmatodes, from the right thigh of a young man, aged 18, from N. J. Operation successful.**744 **Tumor.**173 **Cranium of Fay-me-Wau-o, a Ponco Indian woman, Missouri. She died in 1835. Presented by Mr. Cobb, June, 1842.**154 **Cranium, from the battle-ground of Waterloo. Collected by me, August, 1835.**131 **Cranium.**360 **Male Organs of Generation, including the penis, testes, vasa deferentia, vesiculæ seminales, and bladder in situ. A beautifully injected preparation.**

COMPARTMENT XXXIII.

574 **Urinary Bladder, ruptured, by a fall upon the abdomen.**

This unfortunate man, a stranger in the city, had put up for the night at a boarding-house in Wall Street. Having an urgent desire to urinate during the night, and finding no convenience in the room, he made his way down stairs in the dark, opened the back door, and thinking he was on a level with the entry, stepped out, and fell forward down five or six steps upon the pavement, striking on his belly. His moans awakened the family, and he was taken up and brought into the house. I saw him shortly afterward. He was in a state of general collapse, vomiting, and suffering intense pain in the abdomen, which was much distended. On hearing the account of the case, I introduced a catheter, and a few drops of urine passed, but no relief was afforded.

Sinapisms and friction were used externally, and stimulants given, but no re-

lief was obtained, and death followed in twenty-four hours—without reaction. On opening the peritoneal sac, a large quantity of urine was found extravasated.

- 774 **Urinary Bladder**, with enlarged prostate gland, exhibiting the projection of the “pathological lobe” of Velpeau.

Removed from Alderman M——, of Thirteenth Street. At the time of death, the bladder contained a calculus of considerable size—as large as a hen’s egg.

- 553 **Encephaloid Tumor**, (portion of an enormous), involving the arm and thorax, which proved fatal. Removed after death.

- 752 **Encysted Tumor**, enclosed in left lobe of the thyroid body.

Cyst fibrous and bony; contents resembling softened cortical portion of kidney. There was no isthmus connecting the lobes. Taken from a male subject, Feb., 1846.

- 782 **Encysted Tumor**, removed from the fold of the groin, in a young unmarried woman. It had been mistaken for a femoral hernia.

- 461 **Tumor**, from the inside of the cheek of Colonel L——.

It was in an ulcerated condition, and refused to heal; its hardness was considerable, and the discharge from it fetid. It was entirely removed, and did not return.

- 446 **Mucous Coat of the Bladder**, chronic ulceration, with laminae of calcareous matter deposited in spots. Accompanied by some enlargement of the prostate gland.

- 488 **“Solid Sarcomatous Tumor,”** with a slight trace of bone at one point.

The reproduced disease in the case of Catherine Bucklew, from whom, twelve years before, was removed an osteo-sarcoma of the inferior maxilla. A portion of the condyloid and coronoid process was then left, being apparently perfectly sound, and from these points this tumor grew. It was removed from within the mouth without external incision. For original disease, see No. 501, and plates, also Velpeau’s Oper. Surg., Vol. II., p. 904.

- 785 **Neuromatous Tumor**, removed from the popliteal nerve.

This man came to me from the country. I diagnosed the tumor a neuroma; and recommended its removal. It was exquisitely painful to the touch—sensitiveness truly neuralgic. The specimen was sent to me.

- 671 **Tumor.**

- 962 **Portion of One Side of the Nates.** Disease of the integuments and subcutaneous tissues of Dr. M., of this city.

The affection was of about seven years’ duration, having begun in a small, hard, and painful point in the integuments. After a while this suppurated imperfectly, induration remaining, and another of the same form and character appeared. In this way it continued, with occasional ill conditioned suppurations and hardness at new points, until it became very extensive and loathsome to him.

To the feel and in appearance it had very much the character of carcinoma, and such we considered it; but on microscopic examination, by an experienced eye, no cells whatever were discovered, which obliges me to say that it was benign.

The operation was extensive, exposing completely the largest part of the gluteus maximus, and reaching up to the perinaeum of that side. The extensive chasm was drawn a little together by long strips of plaster, and

- then filled with lint, and a roller firmly applied to arrest the blood, which was oozing, even though a large number of ligatures had been applied. There followed considerable constitutional irritative fever, which continued four or five days, until suppuration was established by emollient poultices. The discharge at first was acrid, irritating, and offensive, and the granulation looked far from healthy. The whole surface was dressed with Balsam Peru, and over this a yeast poultice. After a few days, the appearance became healthy, and it began to contract and heal. This healthy process continued, and it gradually and kindly healed up, with great improvement of his general health.
- 444 Adipose Tumor, surrounding the neck of the bladder and extending into its cavity.
- 575 Lymphatic Glandular Tumor, situated over the parotid, and simulating disease of that gland. Removed by operation.
- 847 Cerebriform Tumor, removed from the thigh of a healthy boy, from New Jersey. The wound healed well, but the disease afterward returned in the groin.
- 500 Encysted Tumor, removed by operation, from the spermatic cord. This tumor extended from the testicle to the external abdominal ring, and, with the exception of fluctuation, was very obscure in character. It might have been very readily confounded with an encysted hydrocele of the cord, from which it is difficult to imagine any clear diagnostic marks. The patient recovered entirely.
- 787 Tumor, anomalous.
- 479 Encephaloid Disease.
- 641 Mortification of Toe. Amputation.
- 581 Circular Callous Ulcer, peculiar to the bottom of the foot. A very obstinate disease. All the cases I have seen have been in hard working men. Excision of the ulcer, and the actual cautery, as well as escharotics, pulv. cantharid, sulph. cupri, etc., have all been tried without success. In this case the third, fourth, and fifth metatarsal bones were disarticulated at the tarso metatarsal articulation. See Hospital Register and Velpeau's Oper. Surg.
- 536 Circular Callous Ulcer, of the bottom of the foot. Very intractable. Removed by operation. See description of the disease in the N. Y. Hospital Register, vol. II.
- 96 Heart, injected, showing venæ cavæ, vena azygos, thoracic duct, etc., made when a student of Sir Astley Cooper, at St. Thomas's Hospital, London, 1807.
- 126 Cranium.
- 455 Indian Skull, from Texas. From E. Kyle.
- 127 Cranium of Choctaw Woman, from near Natchez. From Dr. Cornell.
- 134 Cranium, from Delphi, Greece.

COMPARTMENT XXXIV.

- 437 Urethra, membranous portion, ruptured, with false passage into the bladder. from the imprudent use of the catheter to relieve retention of urine. Death

took place in three or four days from irritative fever—the result of the urinary infiltration. I was afterward called to see the patient, and succeeded in passing the catheter.

557 Rectum terminating in the bladder. Taken from an infant, who died in consequence of the deformity soon after birth.

598 Bladder, diseased, with enlarged prostate.

684 Bladder of an old man, 70 years of age. Calculi.

He had long labored under vesical disease. The prostrate gland is very much enlarged, especially the third lobe. Eleven calculi were found in the bladder, also phlebolites in the vesical plexus of veins.

589 Coagulum of Blood from the bladder of an old man.

Removed after death. He labored under severe irritation of the bladder simulating stone. The coagulum had existed for some time.

633 Bladder of an old man, who died of chronic catarrh of the organ.

498 Bladder, lacerated wound of.

The case of an old man, with enlarged prostate gland in which an abscess had formed, which, pressing upon the prostatic portion of the urethra, prevented the bladder from emptying itself. The bladder was torn by imprudent force used in introducing the catheter to relieve this condition.

This is a case in which the suggestion of Colles, of Dublin, to discharge the abscess by means of a trocar introduced from the rectum, would have been applicable, if the prostatic abscess had been diagnosed.

518 Bladder and enlarged prostate gland.

This bladder shows evidences of chronic catarrh. Its coats are very much thickened, and there is calculous deposit on the mucous membrane.

769 Tumor.

563 Fatty Tumor, removed from the upper part of the female breast.

794 Fatty Tumor, removed from the neck.

767 Fatty Tumor, situated in the perinæum, and extending up to the external abdominal ring. Removed from a man from Long Island.

661 Adipose Sarcoma, from the thigh.

424 Adipose Tumor, covered by integuments.

Removed by operation from the side of the perinæum of an adult. It contained in its substance an encysted steatoma. Cure permanent.

491 Aneurism of the Heart. Simply a dilatation of the right ventricle. Sudden death from rupture.

568 Double-headed Chicken, injected.

361 Male Organs, showing the penis, testes, vasa deferentia, vesiculæ seminales and bladder in situ. A beautiful preparation.

158 Cranium of an Iroquois.

340 Skull, minus the left temporal and occipital bones.

341 Skull, without bones of the face.

140 Cranium, showing results of siphilis.

COMPARTMENT XXXV.

- 457 Gibbs' Head (the pirate). A cast.
 122 Cranium of native of Huacho, South America.
 107 Cranium.
 138 Cranium of an aged subject, showing entire absorption of alveolar process of the upper jaw.

COMPARTMENT XXXVI.

- 517 Ligature of the Innominata. Morbid parts removed after death.

The pioneer operation on the Arteria Innominata. It was performed on Michael Bateman, a seaman, 27 years of age, in the New York Hospital, May 11, 1818. About a week previous to entering the Hospital, while at work on shipboard, he slipped, and fell on the shoulder of that side, and in two or three days it was so much swollen as to incapacitate him from duty.

March 1st, he entered the Hospital as a medical patient, for a catarrhal affection, which at that time attracted most attention. The shoulder, however, was blistered repeatedly, under which treatment the swelling somewhat subsided, leaving the tumor more distinct and circumscribed, and revealing an obscure pulsation. This was at first supposed to be communicated by the subclavian artery, as the tumor was hard and unyielding.

May 3d, he felt "something give way" in it, and the enlargement suddenly increased, fully one third, with much pain in the shoulder and inability to raise the arm more than a few inches from the side. As the pulsation was now distinctly perceptible, though the firmness remained, he was transferred to the surgical side of the house.

After due consultation with Drs. W. Post, Kissam, and Stevens, and with their concurrence, I resolved to attempt the ligature of the subclavian artery within the scalmi muscle. If the size of the aneurism, however, should be found to prevent this, as a dernier measure the brachio cephalic trunk itself was to be tied. Dr. Post made a full and candid explanation to him, of the nature and probable termination of his disease and of the uncertain character of the operation, after which he requested to have it performed as furnishing him some chance of life.

May 11, the tumor had become so irregular in form, that it is difficult to give an idea of its size. It had elevated the clavicle, by its pressure, about an inch above the level of the opposite bone, and it further rose above the bone in the form of two lobes, fully another inch. A thread crossing it, obliquely, upward and inward, toward the back of the neck, from margin to margin, measured $5\frac{1}{4}$ inches. A second thread, crossing the first at right angles, an inch above the clavicle, measured 4 inches— $2\frac{1}{2}$ inches being on the sternal side and $1\frac{1}{2}$ on the acromial. His pulse was 69 and regular, with no difference at the two wrists.

After placing him in the recumbent posture on the table, an incision about three inches long was made just above the clavicle and parallel to that bone, terminating over the trachea, at which point it was met by a second incision of about the same length, along the inner edge of the sterno-cleido-mastoid; the two making a V, the angle of which was reflected from the platysma myoides and this muscle divided. All the sternal portion of the mastoid muscle was then divided as well as the greater part of the clavicular portion, in order to turn it upward and outward. The latter portion proved to be morbidly adherent to the internal jugular vein, requiring the utmost delicacy in its detachment, and limiting the room for the subsequent steps of the operation. The sterno-hyoid and sterno-thyroid muscles were

then divided and reflected in the opposite direction, over the trachea. The sheath of the jugular vessels was now opened near the sternum, and the nerve and vein drawn to the outside, while the artery was pressed toward the trachea. About half an inch of the subclavian artery was then brought into view, which appeared considerably enlarged and of an unhealthy color, so that my friends concurred with me in the impropriety of passing a ligature around it. In fact, the close proximity of the tumor was of itself sufficient reason for no ligature here, as healthy adhesive inflammation was not to be anticipated in the vicinity of so much disease.

Proceeding downward toward the innominata, when about half an inch above it, while cautiously separating the artery with the smooth ivory handle of the scalpel, a small branch, about the size of a crow's quill, was lacerated, which filled the wound, perhaps six or eight times, but was stopped by pressure. The bifurcation exposed, the dissection was further prosecuted behind the sternum, and finally the brachio cephalic trunk isolated from the pleura. This was done with the handle of the knife, to prevent wounding that membrane. By means of a small blunt aneurism needle the ligature was then passed from below upward, and a knot formed and gradually tightened by means of the two forefingers introduced into the wound.

I acknowledge it was with feelings of intense anxiety, and with my eyes fixed on his countenance, that I ventured, for the first time in the annals of surgery, to intercept one fourth of the whole blood so close to the heart. I drew the ligature gradually, determined to loosen it instantly if any alarming symptoms appeared. But there was no change of feature or agitation of body, and with the highest gratification I continued to draw the knot, until the circulation in this great trunk was completely arrested. This was shown by cessation of pulsation in the arteries of the right wrist and temple, as well as diminution by a third or more in the size of the tumor. Ten minutes after the operation the pulse was again beating regularly, 69 in a minute. Only three small arteries were tied.

There followed but little diminution of temperature in the right arm. The pulse in the evening, being strong and full, and about 75, he was bled xvi. oz. On the second day in the afternoon, as it had again become tense, with other symptoms of febrile reaction, he was again bled viii. oz. and ordered light diet and salines. At the end of ten days it was about 110, from which time it again diminished in frequency to a healthy standard. On the fourteenth day the large ligature, which had been confined over the sternum with a strip of adhesive plaster, came away. From this time he continued to improve, and had become able to walk about the wards and the garden of the Hospital, when, on the twenty-third day, he was suddenly seized with an alarming hemorrhage from the wound, reducing him to syncope before it abated. All attempts to prevent recurrence of the bleeding, by stuffing the wound, proved ineffective, and he perished on the twenty-sixth day of exhaustion.

On post mortem examination, the ulcer was found at the bottom twice the size of the wound in the neck. It communicated freely above with the subclavian and carotid arteries, and below by a small opening with the innominata. The latter artery was partially plugged by a coagulum, which extended lowest on the side opposite the anomalous branch. The common carotid was so thickly lined by coagulum that a probe could scarcely be introduced; not only to its division but beyond. The subclavian, however, was pervious throughout, as well as the arteries of the arm. The external mammary arteries where they leave the axillary were enlarged; the internal mammary was natural. The clavicle was found carious and entirely disunited about the middle. A number of lymphatic glands were in a state of serofulous suppuration.

The separation of the ligature in this case on the fourteenth day, spontaneously, and without hemorrhage for a number of days, conclusively proves to my mind that all the purposes of ligature were completely answered; that adhesion was fully effected, and that the ulceration, which went on so in-

- sidiously at the bottom of the wound, while the upper part appeared healing, was the sole cause of the death of my patient.
For full description of the operation and post mortem examination, see Hospital Register, vols. I. and II., also Velpeau's Oper. Surg., Am. Ed.
- 858 Aneurism of the arch of the aorta, from Rev. Mr. Frazier, aged 33.
Prepared and dissected by Dr. A. B. Mott.
- 597 Heart, rupture of the left ventricle.
In a young lady in full health, who had previously complained of only slight uneasiness. Case published in full, with plates, in Hospital Register.
- 874 Aneurism of the arch of the aorta, in an old man, who died suddenly at the station-house, while smoking his pipe.
- 689 Portion of the Median Nerve, exsected above the annular ligament for neuralgia following a wound of the thumb. The result was unsatisfactory.
- 708 Aneurism of the ascending aorta and its arch, with caries of the ribs. It caused death by bursting externally.
- 443 Aneurism at the origin of the arteria innominata, involving the arch of the aorta.
- 549 Hypertrophy of left ventricle of the heart, with aneurismal dilatation of the arch of the aorta, and of the origin of the innominata.
- 595 Aneurism of the innominata, from a case in which the right carotid was tied on the distal principle. Result unsuccessful.
- 440 Aneurism of the ascending aorta and its arch, showing bone-like deposit and degeneration of the arterial coats. Death from rupture into the cavity of the chest.
- 672 Aneurism of the femoral artery immediately under the crural arch.
It occurred in a tailor, of about 35, of good constitution, though intemperate. The contents were fluid. The external iliac was tied. Death resulted on the second day—attributed to drinking spirits.
That death is not the necessary result of this operation, may be inferred from the case of ligature of the *primitive* iliac artery, performed by me, March 15, 1827. As that case was successful, being in fact the first successful one on record, I am so fortunate as to have no specimen of the morbid parts, and will give some account of it here. The artery was tied for aneurism of the external iliac, occurring in a farmer, in New Jersey, 33 years of age, of good constitution and regular habits, and accustomed to lift heavy logs of wood.
About two months previous he had felt pain in the lower part of the abdomen, which he attributed to a former fall, and about a fortnight previous he had noticed some tumefaction, both which symptoms had steadily increased, until a strong pulsating tumor now reached from a little above Poupart's ligament, upward, almost to the navel, and inward almost to the mesial line, filling the concavity of the ilium and reaching backward beyond the spinous process of that bone; producing at times such severe pains that his screams could be heard at a distance from the house. He had been bled several times, and was kept constantly under the influence of opium.
He was informed of the severity of the contemplated operation, of the difficulty of performing it, of its unprecedented character, and of the uncertainty of the result, as well as of the fatal nature of the disease if left to itself, yet, with great composure, immediately consented to whatever would

give him the best prospect of life. In the presence of Drs. Osborne, Liddle, and Cross, an incision was then commenced above the external abdominal ring, and carried parallel to Poupart's ligament and half an inch above it, dividing the integuments and superficial fascia to a point, a little beyond the anterior spinous process of the ilium—in extent about five inches. This exposed the tendinous part of the external oblique, upon dividing which the muscular fibres of the internal oblique were exposed, which were raised with the forceps and carefully cut from the edge of Poupart's ligament, disclosing the spermatic cord, the cellular covering of which was raised with the forceps and divided, to such extent as to admit the forefinger of the left hand into and through the internal abdominal ring. The finger, thus used as a director, enabled me to avoid opening the peritoneal cavity, and yet, to divide the internal oblique and transversalis, in the same direction, to the same extent as the external incision. To effect these two incisions, neatly and safely, is the most important step in entering the abdomen, behind the peritoneum, for any purpose. In this case only three arteries were secured.

The peritoneum was found adherent to the tumor, but, with great caution, was separated from it, upon which the tumor bulged up into the incision so much as to require an extension of the external wound, upward and backward, just within the ilium, three inches further—making eight inches in all. On further separating the peritoneum, the tumor was found to reach so near the origin of the internal iliac, as to require ligature of the common trunk. The great depth of the wound; the unyielding pelvis on one side, and the large aneurismal tumor, driven down by the pressure of the intestines in the effort to bear pain on the other side; rendered it almost impossible to get a glimpse of the vessel to be tied. The artery was at first ascertained to be sound only by the touch, and the ligature was eventually applied in the same manner, after denuding the artery with the nail. By means, however, of curved spatulas and a piece of smooth board, improvised at the time, we *did* succeed in seeing the vessel sufficiently to be sure that the ligature had been placed on the primitive iliac, a little below the bifurcation of the aorta and nearly as high up as the umbilicus. The knot was then tied and conveyed to the artery by the forefingers, when all pulsation instantly ceased, and the pain was altogether relieved. The wound was dressed with sutures and adhesive straps.

The constitutional effects of this operation were remarkably slight. At no time within the next ten days did the pulse rise in frequency above 80. It was somewhat disposed to be tense, however, and he was accordingly bled on the third and fifth days, ten ounces each day. Light diet with salines and a daily allowance of opium were also prescribed. The leg of that side was at first considerably diminished in temperature, and was weak for two months, but ten weeks from the operation he walked twenty-five miles to see me. There were at this time no remains of the aneurismal tumor; the epigastric artery was much enlarged, and beating strongly; and there was a faint, but distinct, pulsation in the femoral, below the crural arch.

505 True Aneurism of the femoral artery. Removed after death from the patient whose case is detailed under No. 428—N. Y. Hospital.

100 Part of the Foot. Successful injection and masterly dissection.

101 Three Fingers. A beautiful preparation.

458 Skull of Bob, the celebrated Georgia bandit.

He shot and killed his master, and then fled to the wilds of the lower part of Georgia, where he eluded all search for several years. Here he collected a band of runaways, which was a terror to the surrounding country, but at length was betrayed by one of his own gang, and shot by the sheriff while paddling his canoe.

- 139 **Cranium of Prince**, the base of the skull altered in shape.
A large portion of the lower jaw was removed by disarticulation. It was affected with an osteo-sarcomatous tumor, whose pressure has modified the form of the base of the skull. See No. 713.
- 104 **African Cranium.**
- 981 **Two Arms**, removed at the shoulder-joint.
Both for encephaloid disease. The longest is from Dr. —, of North Carolina. His general health at the time was very good. The tumor attached was removed from under the pectoralis major muscle, and proved to be encephaloid in character.
The smaller arm is from a young woman about 18 years of age. As may be seen, the enlargement is at the upper part of the arm, involving the pectoral muscle. She suffered great pain, and her health was much impaired. To save the loss of blood, the subclavian was first tied external to the scaleni muscles, and the arm, including a portion of the pectoralis major muscle, was then removed at the shoulder-joint with a large scalpel.
Both operations performed in 1856, and both cases recovered without any unpleasant symptoms.

COMPARTMENT XXXVII.

- 821 **Cylindre de Diachylon Gomme**, et ligature appliquée sur l'artère crurale, d'un homme opéré par M. Roux, de Paris, 16 Aout 1837, pour un anévrysme poplité. Chute des ligatures, et du cylindre, la trentième jour. La guérison complétait sans aucun accident.
- 639 **Ligature upon the Carotid** just below its bifurcation, showing clot. See No. 469.
- 72 **Melanotic Deposit** on and around the heart and bronchial glands.
- 56 **External Iliac Artery**, tied for a gun-shot wound. Death in a few days. Anderson's case of Halifax. See Anderson's Surgical Anatomy.
- 667 **Artery**, showing points of calcareous degeneration.
- 585 **Heart**, with morbid adhesion of the pericardium.
These adhesions cause terrible pulsations *in epigastrio*. This specimen, from a young man of 28, is the result of rheumatic pericarditis. He was exceedingly distressed by the throbbing, and died of anasarca. In strength and extent of pulsation the case simulated hypertrophy.
- 869 **Aneurism of the Aorta.**
- 596 **Sac of a Popliteal Aneurism**—large.
- 644 **Inner Coat of the Aorta**, diseased.
- 420 **Arch of the Aorta**, anomalous disposition of arterial branches arising from it.
The carotids arise from a common trunk in place of the innominate, and then the left subclavian, and lastly the right subclavian from the same trunk. The right subclavian arises on the extreme left, and passes behind the trachea and œsophagus, between the latter and the bodies of the vertebrae, to the right shoulder.
- 582 **Coagula from an Aneurismal Sac**, showing layers, etc.

- 801 **Encephaloid Tumor** in the walls of the left auricle of the heart.
Mrs. Hawkhurst's case. She had her thigh amputated near the lesser trochanter, for encephaloid disease (see specimen), and died about one year after the operation. There was no return of disease in the stump.
- 520 **Hypertrophy of right ventricle**, with tumor of the right auricle.
- 786 **Two Lumbrici**, strangulated in the rings of an ordinary dress-hook.
Passed by a child. *A new vermifuge.*
- 523 • **Ulceration of the Rectum.**
- 446 **Artificial Anus**, from a sphacelated portion of intestinum ileum.
- 177 **Head of McGarrigle**, showing collateral circulation.
A successful injection and careful dissection of a case in which the right carotid had been tied five months previous. The circulation of the right side of the head, face, and neck is beautifully shown. A unique preparation.
- 105 **Cranium**, showing results of siphilitic periostitis.
- 108 **Cranium**, with a bullet-hole through the parietal bone.

COMPARTMENT XXXVIII.

- 462 **Portion of Carotid Artery** to which a ligature was applied less than twenty-four hours before death. It contained a non-adherent clot. See No. 469.
- 459 **Ovum**, of about ten weeks.
- 458 **Heart of a Fœtus**, showing the foramen ovale and ductus arteriosus pervius.
- 428 **Femoral Vein and Artery** from an aneurism.
It occurred in a colored man about 39 years of age, who was received into the N. Y. Hospital with *diffused true* popliteal aneurism, by which his whole limb was enormously distended to the very ends of the toes, and to at least four times its natural size. There was also a *circumscribed true* aneurism of the femoral artery, about the size of a hen's egg, just above where the vessel perforates the abductor magnus muscle. See No. 505.
There was such extraordinary irritability of the nervous system, that he screamed whenever a fly lit upon his legs. In consultation, it was determined to tie the femoral artery at the usual place for ligature, just above the lower part of the upper third of its course, and this was done by me. On the third day sphacelation took place in the toes and foot, and as it was rapidly advancing, we resolved to give him another chance for his life by amputation at the thigh at the point where the ligature had been applied to the artery. During this operation there was a little hemorrhage (though the artery was not re-divided above the ligature), and to arrest it as soon as possible the femoral vein was also tied. The poor man died in less than an hour after, without reaction, from the shock to the nervous system.
In any future case of a similar description, namely, diffusion of a true aneurism with extreme tension in the *lower extremity*, I would not trust to the inosculating circulation to preserve the limb, but would resort to amputation immediately.
- 664 **Aneurism of the Cœliac Axis and Aorta.**
It occurred in a man of vitiated habit, about 55 years of age. He had morbid appetite and pulsation in epigastrio. It was diagnosed to be aneuris-

before death, though it was thought it might depend upon morbid adhesion of the pericardium to the heart.

957 **Femoral Artery and Vein, from a young man who had spontaneous mortification of his right foot and leg.**

It occurred near the knee, and the thigh was amputated very high up by the circular incision. The mortification followed typhus, beginning in the toes and gradually extending upward, the sphacelated part becoming dry and shrivelled, completely mummified. No great pain attended it, nor was there any considerable constitutional disturbance. His pulse was small and frequent, the common attendant of the convalescence of fever, though debility was much less than frequently follows typhus. He was directed opium and camphor, in sufficient doses to allay all pain, and supersulphate of quinine, with good nourishment. Under this, he evidently improved, but it seemed only to retard the march of the sphacelus. To arrest the mortification, and to build up his strength so as to enable him to sustain the operation, was the prominent indication in the management of his case, and was therefore strictly attended to.

After his strength had considerably rallied, amputation of the thigh, above the lower part of the upper third, was performed—the circular incision by Dr. Schmidt. During the operation he lost a large quantity of blood by the tourniquet slipping over the end of the stump, while the femoral artery was being looked for. At the instant, a gentleman, who was convenient, compressed with his fingers the vessel in the groin, which arrested the flow of blood, and Dr. A. B. Mott skillfully seized the femoral artery with forceps, and it was tied. But for the prompt action of these two gentlemen, it was firmly believed by all present, that the patient would have expired upon the table. As it was, considerable fear was entertained lest he should not rally, from the loss of blood. By the liberal use of brandy, sinapisms and heat to his feet, however, he was restored. The stimulating and sustaining treatment was continued from the time of the amputation, and four days after the operation, the stump was dressed and looked very well.

At the time of the operation the mortification had extended to within three inches of the knee, and was still spreading. From the popliteal space to the middle of the thigh, the femoral artery was found of a dark red color, and filled with fibrin, appearing as a solid red cord. Above this, the coats of the artery were slightly red, but filled, more or less, with plates or layers of white fibrinous deposit. Within an inch or two of the point of amputation, these layers were less, and at the part cut through, very little, as seen in the preparation.

The popliteal vein is laid open; its coats are red, particularly the inner, and some fibrinous deposits are seen in it. At the point of section, this vein is nearly normal, with exception of being a little thicker than natural. It was fortunate that the amputation was made in the upper third of the thigh, as remote from the disease as possible. His recovery from the operation is interesting not only in this light, but also because the amputation was performed while the sphacelus was going on.

When he first came under notice, no pulsation could be felt in the radial or brachial arteries of the right arm, and only feeble pulsation in the upper part of the right femoral. On the left side, the pulsation in the arm and leg was natural. The action of the heart was perfectly normal; no irregularity nor intermission.

793 **"Ossified Saphæna Vein."** Specimen, presented to me. I believe it to be the artery.

686 **Femoral Vein, showing at one point adhesion and obliteration of its calibre, with coagula above and below.**

The result of phlebitis following amputation of the thigh, in which the fem-

oral vein was tied, and which terminated fatally. The inflammation extended through the inferior cava to the right side of the heart.

809 **Hypertrophied Heart of Dr. R.** Portion of the walls of the left ventricle.

399 **Femoral Vein.** Phlebitis following amputation of the thigh. The vein was tied. Death occurred in a few days from the extension of the inflammation to the heart.

494 **Aneurism of the Aorta,** at the root of the coeliac axis, which is also involved in the dilatation.

It occurred in a male subject past middle age. The functions of the stomach were deranged by pressure of the aneurismal swelling upon the semilunar ganglion. The character of the disease was diagnosed before the patient's death, which was caused by rupture of the aneurism.

The region of the origin of the coeliac axis is a very frequent seat of aneurism in the abdominal aorta.

21 **Semilunar Valves of the Aorta,** showing ossific deposition, with melanotic deposit in the bronchial glands.

566 **Portion of an Aneurismal Sac,** showing bone-like deposit (earthy degeneration), with layers of coagulated blood within, and adhesion externally.

911 **Semilunar Valves of the Heart,** with ossific deposit.

845 **Abdominal Aorta,** arteritis extending into its principal branches.

There was fibrinous effusion and obliteration, leading to spontaneous mortification of both lower extremities, resulting in death. The patient was a lawyer, 70 years of age, and a free liver. Vide Nos. 461 and 462.

906 **Femoral Artery,** wounded.

From Dr. Wells of Hartford, Conn., who is said to have discovered the anæsthetic properties of æther. He committed suicide at the Tombs by cutting the artery just below Poupart's ligament.

726 **Semilunar Valves of the Aorta.** Atheromatous degeneration.

893 **Pachydermatocele** on the left side of the neck, breast, and shoulder.

The subject was a woman, aged 35 years, and the tumor had been growing since childhood. It extended from the mastoid process, over the neck and shoulder to the middle of the arm, inward to the sternal end of the clavicle, and hung as low down as the umbilicus, being 18 inches broad and 21 inches long, and weighing 9 pounds. Over the neck and shoulders it resembled three folds of a tippet. After exsecting the tumor, the wound was allowed to granulate, and the recovery was complete.

Removed in 1849, with the assistance of Dr. A. B. Mott. See in my portfolio, an admirable drawing of this tumor. The case, with plates, is published in the Transactions of the Medico Chirurgical Society of London, Vol. XXXVII.

464 **Femoral Artery,** ossified. A beautiful specimen.

This was taken from the thigh of Captain T——, aged about 64 years. For some weeks he had been laboring under spontaneous mortification of the three smaller toes, and it was gradually advancing up the foot, attended with considerable pain. He was somewhat corpulent, of pale complexion, and had lived a temperate and regular life. Upon being told the nature of the disease, and the little prospect of life, he requested that, if it would give him any better chance of living, his limb should be amputated. He was informed that the section through the thigh, in our opinion, would give him the most hope, and to this he cheerfully consented.

Chloroform was administered, and the double-flap operation performed. On tying the femoral artery it cracked like a split quill. However, nothing unpleasant occurred after the amputation, and he recovered regularly, being sustained during the subsequent treatment by generous food. The ligature upon the femoral artery, being carefully protected from any disturbance, kindly separated in a reasonable time.

I have operated successfully in several cases of spontaneous mortification, but have also failed. My experience is in favor of amputation through the thigh, even though the toes only should be involved in the mortification. The greater the distance from the seat of the disease, the more probability is there of the arteries being in a normal state. This old gentleman recovered a fine state of health after the operation.

- 342 Skull, minus the right temporal bone.
- 89 Fœtal Skull.
- 236 Indian Head, of a male Chippewa.
- 150 Cranium, from Turkey.

COMPARTMENT XXXIX.

- 409 Cast of the Elbow, showing beautifully the superficial veins. Made by Dr. Isaacs.
- 91 Ileo-cœcal Valve. A portion of colon and ileum, with cœcum.
- 359 Irregular Origin of the Right Subelavian Artery.
It arises from the left of the arch of the aorta, and passes behind the œsophagus. The heart and other great vessels are injected. There is no innominata. A rare and beautiful preparation.
- 191 Arterial Preparation of a child.
- 71 Valvulæ Conniventes, shown in a portion of small intestine.
- 72 Another Specimen of the same kind.
- 88 Ossa Parietalia of a fœtus.
- 75 Bifurcation of the Trachea into right and left bronchus.
- 371 Prepared Skull. A vertical section showing the processes of the dura matter, and the compartments of the nares.
- 308 Portion of Fibula attached to a part of the tibia.
- 373 Depression of the External Table of the Cranium from a blow, leaving the internal intact.
- 372 Adult Hydrocephalic Head, with enormous thickening of the cranial bones.
- 159 Cranium, so sawed as to display the reflections of the dura matter.
- 215 Aneurism of the Arteria Innominata.
- 421 Jejunum, arterial injection of it.
- 420 Intestinum Ileum, fine arterial injection of it.
- 63 Larynx.
- 218 Aneurism of the Aorta—injected.
- 369 Arm, showing arteries, veins, and nerves. A beautiful preparation.
- 3 Head of a Humerus.
- 82 Cutis Vera, showing its vascularity. Fine injection.

- 368 **Natural Skeleton of a Child, beautifully prepared.**
There is extensive caries of the bodies of several of the dorsal vertebræ, accompanied with less projection of the spinous processes than usual.
- 214 **Aneurism of the Aorta.**
- 261 **Tibia and Fibula, compound comminuted fracture in the middle third of them.**
- 370 **Fracture of the Femur, low down, sawed through to show the old and the new bone.**
- 362 **Portion of the Tibia and Fibula, showing the appearance long after amputation had been performed.**
- 399 **Spine and Ribs curiously deformed, from caries of the former. Some appearance of ankylosis.**
- 52 **Lumbar Vertebræ.** Caries of the bodies of all of them.
- 66 **Coagulum of Blood between the dura mater and the squamous portion of the temporal bones.**
It is situated over the course of the middle meningeal artery, and was the consequence of rupture of that artery from a blow on the head, causing fracture of the skull.
- 45 **Fracture of Cervical Vertebræ.** The spinous processes and laminae of the third and fourth.
- 87 **Portion of Fractured Tibia.**
- 84 **Portion of Inferior Maxilla, necrosed in consequence of fracture from a blow with a brickbat. From skull, No. 139.**
- 463 **Small Intestine.** A portion of it, injected
- 63 **Larynx.**
- 419 **Aneurism of the Aorta.** The ascending trunk and arch.
A good specimen of enlargements of the artery on all sides, from disease of its coats, and also a rare specimen of true aneurism.
- 422 **Mesentery and Intestinum Ileum.** Injection of arteries and veins.
- 418 **Fœtal Bladder with penis attached, showing the hypogastric arteries running upon the bladder to the umbilicus.**
- 70 **Cæcum and Colon with the vessels injected, showing ileo-cæcal valve and appendix vermiformis.**
- 417 **Fœtal Sternum with cartilages of ribs.**
- 319 **Calvarium of remarkable thickness.**

COMPARTMENT XL.

- 257 **Distorted Femur, from the Catacombs of Paris.**
- 265 **Bones of the Foot of a Cock.**
- 258 **Skull of Frederick Greenhouse.**
He was struck with a slung-shot, and from the effects upon his mind was supposed to be insane, and was consequently put in the lunatic asylum, where he died. A post mortem revealed the depression of bone produced by the blow.

- 283 Portion of Parietal Bone.
- 289 Fragments of Cranium, from Delphi, Greece.
- 280 Two Humeri, from Waterloo.
- 270 Two Scapulæ.
- 358 Skull of the celebrated Davy Crocket, from an undoubted source. Sent me, by a professional friend, from Alamo, Texas.
- 403 Head of a New Zealander.
- 181 Half of the Head. An injected preparation.
- 274 Two Portions of Frontal Bone from two skulls, from Waterloo.
- 255 Fractured Femur, from the Catacombs of Paris.
- 238 Portion of Frontal Bone of enormous thickness, and also presenting evidences of disease external and internal.
- 387 Portions of Cranium of extraordinary thickness.
- 38 Spina Ventosa of head of tibia.
- 241 Three Fractured Clavicles.
- 46 Portion of the Sternum and costal cartilages.
- 219 The Cerebral Ganglionic Nerves. A preparation.
- 152 Greek Cranium, from the Acropolis at Athens. Collected on the spot.
- 8 Lower Extremity of a rachitic subject. Curvature of the femur, ankylosis of the knee-joint, and disease of the tibia.
- 9 Os Innominatum and part of the femur, from a fatal case of coxalgia.
- 167 Portion of Fractured Skull, to which the trephine had been applied during life.
- 168 Another Specimen of the same kind.
- 171 Trephined Cranium, comprising a portion of the bones.
- 394 Arch of the Aorta, with an innominata enormously long.
- 320 Parietal Bones, with fracture on the right side.
- 243 Three Metacarpal Bones, fractured.
- 256 Femur, from the Catacombs of Paris.
- 112 Cranium of a Peruvian Inca.
Procured from one of their places of burial, in the cleft of a rock, on the coast, by my pupil, Dr. Hatfield Smith, while on a voyage of pleasure in the U. S. ship Franklin, Commodore Stewart.
- 354 Indian Skull, from an individual of the Potawattomy tribe.
- 374 Caries of the Spine.
Ankylosis of the three last dorsal and all the lumbar vertebræ—the sacrum also fastened to the left innominata.
- 393 Second Dentition, just commencing. French.
- 267 Os Innominatum, right. From the battle-field of Waterloo.
- 282 Five Spinal Vertebræ.
- 147 Cranium of a Flat-head Indian, from Columbia River. Obtained for me by Sir George Simpson.

- 385 Arch of Cranium.
Extraordinary indentations are shown in the course of the longitudinal sinus,
from abnormal size of the glandulæ pacchioni.
- 436 Cranium of Witcheta Chief. From Fort Belknap, Texas.
- 437 Cranium of the same Chief's Wife.
- 438 Cranium of his Son.
- 157 Cranium, from the Catacombs of Paris. Presented by Dr. St.
Antoine.
- 447 Osteoma from the tibia.
- 448 Mesenteric Glands affected with ossific degeneration.
- 268 Sacrum, from the battle-field of Waterloo.
- 269 $\frac{1}{2}$ Femur, from the same locality.
- 288 Temporal Bones, two. From Cheronæa, Greece.
- 271 Two Scapulæ. From battle-field of Waterloo.
- 287 Superior Maxilla, from the same locality.
- 285 Astragalus, from the same locality.
- 238 Portion of Frontal Bone, of enormous thickness, and presenting evi-
dence of disease, external and internal.
- 274 Os Frontis, from the battle-field of Waterloo.
- 307 Exostosis of the Tibia.

MISCELLANEOUS.

220 Spontaneous Mortification of the toes and foot, (dry gangrene).

Case of Mr. U., of Westchester. The disease had advanced half way up the leg, when the limb was amputated. I operated during its progress, yet the patient recovered. Specimen in Compartment X.

997 Venereal Disease, exhibiting the frightful and fatal effects of chancre in a young woman.

Chancres will occasionally assume this condition in vitiated constitutions, and badly ventilated apartments, but such extensive ulceration of all the external organs as this specimen exhibits, is very seldom met with. I have known a bubo to destroy not only the femoral vein, but also the artery, so that the patient was lost from hemorrhage during the night time. In the female, I have seen general destruction of the external organs by phagedenic ulceration, and the rectum so invaded, that it has communicated with the vagina.

Persistence in the use of mercury, under circumstances of a high degree of inflammation, or when there is great debility, is apt to produce disastrous effects. The prepuce of the penis, when highly inflamed, is frequently made to sphacelate from its injudicious use; or, when this is not the case, the eating ulceration will destroy quite to the glans, and a number of times I have seen the whole member swept away to the pubes, by this gnawing and frightful process.

1132 Head of Osceola, the great Seminole chief (*undoubted*). Presented by Dr. Whitehurst, of St. Augustine.

1132 Phymosis, congenital. Fatal termination. Presented by Dr. Waterbury.

From a child about one year of age. The prepuce is enormously elongated, and formed during life all of the penis anterior to the walls of the abdomen, being over two inches in length. The glans penis and the erectile portion of the organ show no tegumentary covering, as the penis proper was too short to protrude beyond the teguments of the pubes. Three or four successive attacks of erysipelas occurred, involving the right leg, and increasing in severity until the last one proved fatal. Specimen in Compartment XXXVI.

1133 Cornuted Growth from the scalp—extraordinary. Removed by my old friend, Dr. Souberbielle, of Paris.

1134 Carcinoma of the Eye-ball, in a woman about 60 years of age. An accurate wax model.

290 Skull of an Armadillo.

291 Foot and Leg of the Cock, preserved.

292 Claws of a Testudo Coriacea.

293 Portion of the Jaw of a Shark.

453 Whole Subject Injected—arteries, veins, and heart, in situ.

454 Whole Subject Injected—arteries, veins and heart.

329 Heads of Dogs—three.

1140-41 Skeletons of Domestic Cock and Turkey. Over Compartment XIII.

P A I N T I N G S A N D C A S T S .

- Thirty Chinese Drawings of tumors, malignant and benign, on the walls around the Museum.
- 1135 Paintings of Pachydermatocele, a peculiar tumor of the skin. There are five of them.
- 344 The Liver, Gall-bladder, Stomach, etc.
- 345 Internal Parts of the Ear in the human subject.
- 346 Map of Mensuration of the human body.
- 348 Map of the Muscles.
- 349 Map of the Muscles, in the attitude of declamation.
- 350 Map of Two Skeletons, in the attitude of exciting conversation.
- 351 Map of a Group of Skeletons, also sections of various bones of the system.
- 352 Pregnant Females—painting of portions of their bodies, representing dissection.
- 230 Cast of a Tumor.
- 231 Dislocations of the Hip-joint. Sir Astley Cooper's Plate.
- 232 Plate of the Muscles. (Three figures).
- 233 Plate of the Muscles. (Two figures).
- 353 Injected Lungs and Heart, painted, in situ.
- 223 A Bust.
- 224 Hydrocephalic Head. A cast from a patient.
- 225 Bust of Gibbs the pirate.
- 226 Cast of Head, with tumor, for which the primitive carotid was tied.
- 227 The Same, colored.
- 228 Duplicate of No. 225.
- 103 Monstrosity. A wax model.
- 330 Potts' Disease of the Spine. Kinne's second plaster of Paris cast of A. B., after 3 months' treatment.
- 335 The Same. Kinne's third cast, after $4\frac{1}{2}$ months' treatment.
- 331 Lateral Curvature of the Spine. Kinne's first plaster of Paris cast of Mary B. B., after $4\frac{1}{2}$ months' treatment.
- 333 Plaster of Paris Cast of case 33. Kinne's second.
- 333 Lateral Curvature. Kinne's first cast of Miss M. P.
- 334 The Same. Kinne's second cast, after 9 months' treatment.

- 336 Lateral Curvature. First cast of Miss M. V. S.
337 The Same. Second cast.
1139 Malignant Tumor of the thigh and pelvis. Cast from a patient in
Williamsburg. Over Compartment XV.
1142 Malignant Tumor of the shoulder. Cast from a patient who died
at N. Y. Hospital, 1855. Over Compartment X.
1151 A Bust.
1152 Another Bust.
1143-6 Stomachs of Inebriates. Four paintings over Compartment V.
1147-50 Stomachs of Inebriates. Four paintings over Compartment
XVIII. The whole set was presented by Dr. Sewall.

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