

## **Case of encephaloid cancer of the lacrymal gland / by William Mackenzie.**

### **Contributors**

Mackenzie, William, 1791-1868.  
Royal College of Surgeons of England

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Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>







23.

CASE OF ENCEPHALOID CANCER OF THE  
LACRYMAL GLAND.

BY WILLIAM MACKENZIE, M.D.

AMONG the chronic and specific enlargements of the lacrymal gland simple hypertrophy, chloroma or fibroplastic tumour, and scirrhus have been observed not unfrequently; but encephaloid cancer is comparatively rare. The following case, therefore, may deserve to be put upon record.

C. M., an unmarried female, aged 33, when she came under my care had suffered for ten weeks from protrusion of her right eye from the orbit. She could not raise the upper lid completely; the eyeball was depressed, and she could not raise it. A nodulated, but not hard, tumour was felt in the seat of the lacrymal gland. She made no complaint of pain. The vision of the right eye was dim, so that she could read only slowly with it. Before I saw her she had had pain under the right short ribs, for which she had been leeches and blistered.

The application of leeches over the swelling in the orbit, solution of iodide of potassium internally, and the use of the same medicine externally, in the form of an ointment, having had no effect, I proceeded to extirpate the gland. It proved quite soft and brain-like. After its removal, the finger could be passed easily far into the orbit.

A few days after the operation, from which the patient recovered well, she pointed out to me a firm cancerous mass under and attached to the skin between her left mamma and the axilla, and two similar masses under the skin of the abdomen. She had said nothing of these tumours to me before the operation. This shows the propriety of our inquiring of



patients presenting any tumour in the orbit whether anything similar exists in any other part of their body.

Soon after going home to the country, this patient was seized with partial hemiplegia of the left side, the lower extremity being unaffected. A firm tumour began also to show itself beneath the right orbital arch, without pain, but with much tumefaction and discoloration of the upper lid, the eyeball protruding considerably, and vision lost.

On reading a case of Fibro-plastic Tumour of the Orbit, recorded by Mr. Laurence in his work on "The Diagnosis of Surgical Cancer" (2nd edition, p. 26), and which occurred in University College Hospital, under the care of Mr. Quain, I was struck with its resemblance to the cases of Chloroma of the Lacrymal Gland which I have related, or to which I refer, in the 4th edition of my "Practical Treatise on Diseases of the Eye," although it is not mentioned by Mr. Laurence that the lacrymal gland was the seat of the tumour. On mentioning this to Mr. Laurence, he favoured me with the following extract from Mr. Quain's own notes, which adds an important fact to the history of the case (certainly the most interesting one of the disease on record), and confirms the conjecture I had formed regarding it.

"Nov. 30th, 1853.—At present the left eyeball, together with the swollen lids and hypertrophied and indurated lacrymal gland, form a hemispherical protrusion, whose base corresponds nearly with the orbital orifice.

"Dec. 3rd.—The tumour appeared to lie behind the eyeball. . . . The eyeball was first removed, and after that the tumour."

GLASGOW, Nov. 1, 1864.





