leg was weak, but subsequently regained strength. Coeval with the loss of power were the startings in his legs, chiefly in the right, already referred to. No further important change took place until his entrance into the hospital, where all treatment failed in effecting more than very slight improvement. There was no evidence of venereal infection.

The second case appears to be one of the class of paralyses in which the disease is to be referred to the impression of cold upon the peripheral extremities of the nerves. Cases of this description have lately been regarded with interest, on account of the theories which they have been cited to support. By some pathologists, among whom Dr. Brown-Séquard is to be distinguished, the paralysis is explained by a reflex influence exerted upon the vaso-motor nerves supplying the vessels of the cord, whereby contraction of those vessels is induced, and interference with the nutrition of the nervous tissue results. By others, among whom Dr. Handfield Jones is to be specially mentioned, an inhibitory influence exerted through the afferent nerves upon the ganglion-cells of the cord is adduced in explanation. To both, however, the starting-point is common; viz., the impression of cold upon the afferent nerves of the paralysed limb.

It must be admitted that the connexion of cause and effect is not complete in this particular case. The patient was unable to refer the attack immediately to a special exposure. The alternative explanation would be a subacute form of meningitis produced by exposure; and the history of the preceding case lends support to this view of the case. The symptoms, however, and the result of treatment, seem to me more consistent with the hypothesis I have adopted; and I would especially draw attention to the entire absence of any affection of sensation, though I am aware this is not conclusive.

CASE II. E. W., aged 18. He was a healthy-looking young man. He was quite unable to raise his feet from the bed, and could just creep along when supported by two persons. The girth of the left leg was half an inch less than of the right. Sensibility of the limbs was perfect as to contact, discrimination of the points of the compasses, heat, and electricity. Electro-contraction of the right leg was rather augmented, of the left was rather lessened. He had been entirely free from all abnormal sensations in his limbs, and from cramps and startings; only he had a sense of pricking when crossing his legs.

The sphincters were quite unaffected. The vertebral column was healthy, nor was any unusual effect produced by percussion, nor by the application of a hot sponge. His urine was perfectly normal.

His history was the following. In the course of his work, he has frequently to enter furnaces, for the purpose of repairing, very soon after they have been used, and whilst they are still hot. He gets much heated and wetted by the steam, and feels the cold very much when coming out. About six months before admission, he was at work all night in his wet clothes; but I do not trace any special consequence as the immediate result. About three days after, he was again wet through. Two or three days afterwards, he was obliged to leave work one morning on account of weakness in his legs; he walked flat-footed, and could not bend his feet. The left leg suffered the most. The paralysis steadily increased until it had assumed the condition observed at his admission. He had never had any venereal affection, and firmly denied having masturbated.

He was admitted on November 11th. He was ordered a warm bath on alternate nights, and active

friction of his legs, with a stimulating liniment. On December 5th, his feet and legs were directed to be immersed nightly in mustard and water, and a mustard plaster was applied nightly to the loins. One-sixteenth of a grain of strychnine was added to the steel mixture which he had been previously taking. Galvanism was continued (the date of its first employment is omitted). On December 16th, it is reported that he was able to support himself in a kneeling position. On that day the power of the current was increased; the dose of strychnine was increased to one-tenth of a grain; and a blister was ordered to be placed on each calf alternately for the space of three hours. Cod-liver oil was also added to his prescription. On December 26th, he stood with some help. The blisters to the calves were repeated for two hours, and the dose of strychnine was further augmented to one-eighth of a grain. On the 28th, he could walk a little; on January 20th he walked easily about the ward without crossing his legs; and on March 12th, he walked from the Convalescent Hospital, a distance of three miles. He was subsequently discharged cured.

SALOP INFIRMARY.

CASE OF OVARIOTOMY.

By J. R. HUMPHREYS, Esq., Surgeon to the Infirmary.*

J. N., aged 30, a thin and pale domestic servant, had always enjoyed good health until two years ago, and had menstruated regularly. She had an attack of erysipelas of the head and neck two years since; and when she was recovering from it, she felt a pain in the left side, and some weeks afterwards she noticed that she was larger than usual. This enlargement increased steadily, but slowly. She had no pain, excepting when she took a long breath, when she felt a dragging in her left side near the edge of her ribs. She had felt more or less uneasiness in this side during her illness. The abdomen presented the usual appearance of ovarian tumour. I tapped her in May, and gave exit to about two ounces of thick and dark grumous fluid. At a consultation, it was decided to remove the tumour.

Ovariectomy was performed on September 18th, under chloroform. An incision was made from the umbilicus to the pubes. The sac was found to be generally adherent; it was tapped with the large trocar, but nothing escaped. The incision was carried on to the ensiform cartilage. The tumour was surrounded with omentum at the upper part, to which it was adherent; it was with some difficulty separated from the omentum and from the walls of the abdomen; and, on lifting it out of its bed in the pelvis, the tumour fell over the right side, and tore the broad ligament close to and running into the body of the uterus. Blood was poured out freely from this rent, and from another higher up the pedicle. A clamp was put on, and the tumour separated. The actual cautery was applied freely and deeply to the rents before the bleeding was stopped; the end of the pedicle was also seared with the cautery; and, after the clamp was removed, it was returned into the pelvis. Some vessels in the omentum were twisted. The peritoneal cavity was cleaned out, as well as the surface of the liver. The left ovary was found to be healthy. The sides of the belly were closed with fourteen silk sutures, deep and superficial alternately; pledgets of lint were applied over the part, and plaster surrounded by a flannel bandage.

* Read at the meeting of the Shropshire Ethical Branch, on October 1st, 1866.

The tumour consisted of two cysts, one large, and a small one with solid matter at the base; it weighed 18½ lbs., and was filled with a dark thick fluid, very like boiled glue.

She was sick, pale, and very much depressed, for some hours after the operation; and complained of pain in the back.

5 P.M. Pulse 129; respirations 60 in the minute. Ice and champagne were ordered. A suppository of a grain of muriate of morphia was administered.

9.30 P.M. She felt more comfortable, was less sick, and had less pain. Pulse 114; respirations 40; skin moist. A catheter was used.

Sept. 19th, 8 A.M. She was very comfortable; slept well during the night; was not sick. Pulse 120, small; skin moist. She was not in much pain. Her countenance looked less anxious. She took wine, ice, and grapes.

9 P.M. She had had a comfortable day, but had slight hiccup to-night. Pulse 132; respirations 36. She was ordered to have a suppository.

Sept. 20th, 8 A.M. She had been in pain in the night. The abdomen was distended and tympanitic. She vomited once, and had hiccup. Her countenance was anxious. Pulse 106; respirations 34. She was ordered to have brandy and water in small quantities frequently, and a grain of solid opium every three hours.

9 P.M. She had been very uncomfortable during the day, sick, and in pain; the abdomen was very much distended. The suppository was administered in the afternoon, and she was easier to-night. She had slept soundly, and was perspiring freely, and was not so sick. She took gin and water. Pulse 114; respirations 30. The countenance was less anxious; hiccup troublesome; urine plentiful.

Sept. 21st, 8.30 A.M. She had passed a quiet night, slept well, and perspired freely. She had been sick once. Pulse 114. She began to menstruate last night.

Vespere. She was in more pain in the bowels, which were tympanitic. An injection with brandy, beef-tea, and opium, was ordered, which came back, and the bowels acted. Half a grain of muriate of morphia was injected subcutaneously, which secured a good night. The hiccup was troublesome.

Sept. 22nd. She was better, and was ordered to have the injection repeated, and to take the opium every fourth hour.

Sept. 23rd. She had a comfortable night. Pulse 100; respirations natural; skin moist; belly natural. She had an egg and coffee for breakfast. The sutures were taken out. The wound healed by first intention, excepting two inches at the top, which had been torn open by the retching, the suture having been torn through one side. She had fowl for dinner, and a glass of wine.

Sept. 25th. She was doing well, and took her food, with beer for dinner. She was ordered to take the pill every six hours.

Sept. 27th. She was comfortable, and was ordered to take the pill three times a day.

Sept. 29th. She had her bowels moved three times last evening; was awakened in the night with pain in the bowels, which was relieved by an opiate. To-day she was very comfortable, and had a chop and wine. She was ordered to take the pill twice daily.

Oct. 1st. She was going on very well. The bowels acted last night.

Oct. 5th. She rose from her bed for a short time; took nourishment well.

Oct. 6th. She sat up.

Oct. 11th. She walked out.

Oct. 14th. She was well; and the next day she left the infirmary.

Original Communications.

THE TREATMENT OF CANCER BY INJECTIONS.

By CHARLES H. MOORE, F.R.S., Surgeon to the Middlesex Hospital.

THE ingenious method of treating certain cancerous tumours communicated to the Association at its last annual meeting by Dr. Broadbent, could not fail to awaken very great interest, because of the singular nature of the novelty and of the success attending it. It is strangely novel, inasmuch as it chemically dissolves the cancerous cell in the midst of the tissues; and it is strangely successful, for it has effected the absolute dispersion of small cancerous tumours, without destroying, as caustics do, the natural textures in which the tumours lay. Both these facts I happened to have the opportunity of demonstrating; and I took occasion to bring them before the Pathological Society of London at its first meeting in the present session.

The introduction of this method constitutes a most important epoch in the treatment of Cancer; for the acid is as nearly a specific against the disease as anything can well be—a specific, happily, which is, in a great degree, intelligible in its action, a specific without a mystery.

Like all new remedies, its value needs exact estimating. It is capable of doing certain good; its applicability is still uncertain. There are situations in which difficulties of manipulation may prove insuperable, and the remedy cannot be brought into action against the disease. There are conditions of bulk in some cases, which we do not yet know that a remedy so slow in its action can overcome. There are also misconceptions in our own minds as to the extent to which the disease is diffused; for disappointment consequent on which no remedy is answerable. Acetic acid dissolves cancerous tumours, and the absorbents may remove the inert remnants of it; but the acid does not change the disseminating power of the disease. If fragments be left beyond the limits of a tumour, they will grow again, whether the main mass have been cut away with the knife or dissolved away with the acid.

Again, there are dangers to the reputation of the acid as a local remedy which are incident to its misuse. If employed too strong, it acts as a caustic, and produces sloughing; only in a certain degree of dilution is the proper action obtained which was contemplated by Dr. Broadbent.

I have been led into these remarks by the present interest of the subject; but my intention in writing was to refer to the questions raised in the letter of Dr. John Barclay of Banff. Who originated, in whole or in part, the method of treating Cancer by injection of acetic acid? No one can deprive Dr. Broadbent of the credit of the treatment as a whole. He devised it; he employed it; he published it. But others are answerable for the parts; for detecting the action of acetic acid on cancer-cells; for employing it in the living patients; for the invention of the syringe and cannula for subcutaneous injections; and for adapting them to throw remedies into the substance of a cancerous tumour.

Dr. Barclay claims to have originated the use of acetic acid in Cancer; and he assigns to me the