

the lungs. But I am now able to produce a very conclusive case at point.

CASE. Obed O., aged 77, consulted me in September 1854, for a swelling of his right cheek, that had existed about four months before I saw him. The right malar region was considerably swollen, felt doughy, was dingy red and glossy; it was very tender, and he experienced remitting pains in the part, of a pricking and shooting character. He had five decayed teeth in front of the upper jaw, and had lost all his other teeth long before. The vision of the right eye was unimpaired. In his right nostril was an ordinary mucous polypus, which had existed for some years; this I removed. He knew not how to account for his malady. None of his relations ever had cancer, but there appeared to be a tuberculous tendency in the family. He had lost flesh; his appetite had forsaken him; his complexion was dull and earthy.

The further progress of the case may be told in a few words. The tumour increased, but never reached any considerable size, nor gave him much pain. The right eye was attacked by a chronic inflammation, and was slightly protruded; and he at last became nearly blind of this eye. He lost his sense of taste; "everything tasted alike to him". The nostril bled occasionally, often to a degree sufficient to require medical attention. His sense of smell, too, became impaired. But it was in his general health that the most marked changes occurred. He wasted to a "living skeleton", sinking with it to a degree of debility not often witnessed. He died the latter end of February 1855, about eight months from the first commencement of his disease.

POST MORTEM EXAMINATION. *Brain.*—Normal. *Antrum.*—Filled with a growth which reached to the very bottom of that cavity, and had completely destroyed its anterior wall and the floor of the orbit. The tumour was of the medullary species; the cut surface was firm, yellowish white, not hæmorrhagic. On pressing it, a good deal of thick, white, turbid juice, exuded in small drops. I found this growth composed exclusively of cancer-cells—without exception, the most perfect specimens I have ever seen. Some were circular; others lengthened out; others again of an extreme length, and narrowed. A great many contained two or more, often a large number, of nucleolated nuclei—excellent examples of endogenous cell-formation. Exudation corpuscles and fat globules were also abundant. *Lungs.*—Upper halves of both firmly consolidated by quantities of crude yellowish grey tubercles. A few small vomices. No cancerous deposits. The microscopic characters of the tuberculous matter were well marked. *Heart.*—Some indurations at the edge of the mitral valve, and in the line of attachment of one of the segments of the aortic valve. Bicuspid and pulmonary valves normal. No hypertrophy nor dilatation; muscular substance firm. *Liver.*—Portal system congested. Contained a small earthy nodule. *Kidneys.*—Left one of a deep venous hue, with a small cyst in its substance. Right one healthy. *Spleen.*—Normal. *Intestines.*—Not opened; much narrowed in calibre.

Another fact worthy of attention is the different susceptibilities different organs have for the development of the two morbid states. Thus primitive cancer of the lungs is very rare, primitive tuberculosis of the lungs very common; primitive cancer of the liver is not uncommon, primitive tuberculosis of the liver is rare. And these facts may be multiplied for several other organs.

I have long been struck, when listening to the melancholy tales of cancerous patients, how often one hears that some of their relatives have died of consumption. Is there any connexion between the two diseases? Are they in any way, as it were, vicarious to one another? If they were, the great rarity of their both occurring together would be at once explained. However, the materials for answering these questions are as yet too scanty and vague to allow of any positive conclusions. All I will say is, that, of 51 cancerous patients who have fallen under my own observation, I find that no fewer than 14 (upwards of a fourth) knew of a parent, a brother, or a sister, having died of phthisis.

EXTENSIVE LACERATIONS OF FOREARM, WITH SEVERE INJURIES OF MUSCLES AND ARTERIES: DIFFUSED ANEURISM OF ULNAR ARTERY: LIGATURE: RECOVERY.

By W. THOMAS BELL, Esq., Great Grimsby.

DELIA SWABY, aged 15, a stout healthy young girl, was engaged in cleaning her father's windows; her attention was hastily attracted by some cattle passing by; she lost hold of the framework, and fell with her forearm through the window, causing extensive lacerations, dividing the radial artery, partially the flexor muscles, and puncturing the ulnar artery half an inch above the annular ligament. From these wounds profuse bleeding took place, to syncope. A druggist in the village was summoned, and very properly and judiciously applied a compress and bandage, which controlled the bleeding until my arrival. Upon exposure of the wounds, which were very extensive, the radial artery half up its course was found to be divided across, and began to bleed very freely: both ends were readily secured. There was also a short wound across the situation of the ulnar artery; but from this there was not the slightest arterial hæmorrhage. The edges of the wounds were brought together by sutures and strips of plaster; a splint and bandage were applied; an opiate was administered; and the patient was ordered to keep quiet in bed. Only slight constitutional disturbance took place, which was readily checked by an opiate effervescing saline. Some small sloughs appeared at the edges of wounds, which soon separated by a poultice and nitric acid lotion. Very little pain was complained of. The ligatures came away in the poultice from the radial about the eighth day.

On the twelfth day after date of injury, my father discovered, when examining the wound, a diffuse aneurism, of about the size of a shilling, corresponding to the small wound in the integuments over the ulnar artery: from this there had been no bleeding. He applied a firm compress and strips of plaster over the sac.

Three days afterwards—i.e., on the 15th of August—I was summoned in the night, and found that during sleep the sac had given way, and free bleeding had taken place; a coagulum had formed, and bleeding had stopped before I arrived. Not considering it safe to leave, I applied a horse-shoe tourniquet until the morning. My father then administered chloroform; a free incision was made upwards and downwards through the sac; the coagulum was turned out; the fascia attached to the flexor carpi ulnaris was divided upon a director, and the bleeding vessel was exposed with a small punctured wound in it. An aneurism needle, armed with a ligature, was passed under the vessel, and a ligature placed above and below the wound; all bleeding ceased; the lips of the wound were brought together with strips of plaster, a splint and bandage applied. The patient was kept in bed, with the arm raised upon a pillow, for a fortnight; the ligatures separated in a week: the wounds healed rapidly, and the case was quite cured in five weeks from the first receipt of the injury.

NEURALGIA OF THE NECK OF THE BLADDER.

By CHARLES WILLIAM BELL, M.D., Buxton.

WHEN I took up my residence in Buxton, after I had quitted the extensive field of practice afforded by Manchester, one of my inducements to do so was the expectation of finding there abundant opportunity for prosecuting a favourite subject of study—that of nervous disorders; nor have my hopes been disappointed.

One of the two cases of pain referred to the neck of the bladder and urethra, which I am about to relate, I have only recently met with, and it is still under treatment; the other, which I commence with, occurred three years ago. Their rarity and similarity render them, I think, worth recording.