

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.

CASE I. Mr. J. L., a tall, fresh coloured, healthy looking man, about 54, bearing however in his countenance indications of long continued suffering, consulted me on account of agonising pain in the neck of the bladder and urethra after making water, describing symptoms exactly resembling those of stone, except that the pain often lasted without any mitigation for four or five hours or more. The urine was perfectly healthy and free from mucus. He was sounded, but no stone was discovered; the prostate, however, was found to be slightly enlarged. The usual treatment was employed for its reduction, and the swelling of the gland quickly subsided; yet there was not the slightest abatement of the pain. The bowels acted regularly twice a day; sometimes duly formed and copious stools were passed, but more generally the motions were loose.

It may, I think, almost be regarded as a rule that where pain is very excessive in a part, greater even than any local disease could be expected to produce, which was the case in these instances, we must seek the cause in some remote source of irritation, either mechanical or sympathetic, to the nerves which supply the seat of suffering, rather than in the part to which the pain is referred. Here it was probable that it would be found in some pressure on the sacral plexus; accordingly, it was determined to examine the rectum high up. The rectum-ball-sound of the ordinary length was first employed, but nothing amiss was discovered; however, the surgeon, the late Mr. Tomlinson, whose early death all who knew him so greatly deplore, had fortunately provided himself with the long tube of the stomach-pump, with which he at once discovered the existence of stricture, fully thirteen inches from the verge of the anus.

After various ineffectual attempts to pass an instrument through the stricture for upwards of a week, Mr. Tomlinson, with much ingenuity and perseverance, succeeded in wedging a piece of gutta percha of the diameter of a medium urethra bougie, which he had welded to the end of a long steel wire, into a rugged stricture. The plan he pursued on that occasion was to place his patient in the warm bath; and by means of the stomach-pump keeping the bowel distended with warm water, he materially facilitated his use of the sound.

Stricture in that position is so rare, or at least its existence is so generally disbelieved, that it was thought advisable to call the late excellent surgeon, Mr. W. J. Wilson, senior surgeon to the Manchester Infirmary, into consultation, and he fully confirmed the diagnosis. Suffice it to say, that by patience and perseverance, Mr. Tomlinson at length succeeded in dilating the stricture to the full extent of the largest instrument that the *sphincter ani* would admit. The neuralgic pains entirely ceased; and when I met this patient accidentally two years afterwards, he had suffered no relapse.

The medical treatment consisted in the daily use of a few drachms of copaiba and castor oil, and a few grains of iodide of potassium, three times a day, to promote absorption of the indurated tissue.

It may be worth while to mention, that till the stricture was sufficiently dilated to admit an instrument of considerable diameter, a tube of gutta percha was first passed up to the constriction, through which the small sounds and bougies could be used with much greater power of direction.

CASE II is nearly identical with the first. Mr. J. is well advanced in years, about 76. For four years he has been subject to most agonising pain in the neck of the bladder and urethra after making water, which sometimes lasts many hours, or even days, without intermission; and though he occasionally enjoys perfect freedom from pain, this relief is seldom of long duration. He suffers more in the night time than during the day. He has several times been most carefully examined by more than one surgeon of reputation in London, and that so lately that there can be no doubt of his freedom from prostatic disease and stone.

At the time I first saw him, this gentleman had taken cold; and on examining the urine, I found it loaded with blood-globules, the amount of albumen being considerable, although the specific gravity was 20. This proved, however, to be only a temporary hyperæmia of the kidney, there being few casts of tubes; and though not disappearing entirely, the albumen soon diminished in quantity, and the specific gravity averaged above 22. This, therefore, could not have been the original cause of suffering. The agony was too great to arise from this, or from diseased prostate, or even from stone, had these existed; so I at once concluded it had its origin in the sacral plexus. With the assistance of Mr. Shipton, a stricture of the rectum, nine inches from the orifice, was at once detected, which satisfactorily accounted for the symptoms.

It is remarkable that in this case, as in the former, the patient had not the slightest suspicion of anything being amiss with the bowels, except that he was obliged to have recourse habitually to mild aperient pills, of colocynth and henbane, to regulate them.

Daily attempts have been made for the last fortnight to pass an instrument through the stricture; but although pressure is first made for some time with a ball sound, three quarters of an inch in diameter, and then with one equal to that of a full-sized urethra bougie, the efforts to pass the stricture have not as yet been attended with success.

The additional treatment has consisted in passing the tube of the enema syringe up to the obstruction, and injecting oxgall and tepid water, which passes with tolerable freedom, and has twice brought away fecal casts of the stricture, flattened, and ribbon-shaped, about half an inch broad and less than a line in thickness. One third of a grain of muriate of morphia, combined with oxgall, is taken nightly; a few grains of iodide of potassium in the day; and he is now about to commence the use of copaiba.

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MEDICAL EDUCATION AND MEDICAL POLITICS.

THE academical session in the various medical schools has now commenced, and both the lecturer and the student are girding themselves to their respective tasks—the one to teach, the other to learn the doctrines of medical art. But while the student is diligently and conscientiously applying himself to the acquisition of knowledge, a reflection will now and then unavoidably obtrude itself on his mind:—What recognition shall I hereafter receive of my present labours in the acquirement of medical knowledge—labours which are year by year increased? Will those venerable corporations, into whom I am about to be solemnly received and to whom I must swear allegiance, aid and protect me when evil threatens? Will the public, for whose benefit my present years are spent in unremitting and laborious study, recognise me as having thereby established a claim prior to all others to be entrusted with the duty of applying the means of restoring them from disease to health?

These are questions that will arise; and it would be unjust to imply that their source will be essentially sordid and selfish; for every man, who has rendered himself competent