were also numerous deposits on the face, scalp, and thighs, a pulse of 117, quick and embarrassed respiration, extreme prostration, anorexia, and vomiting; much reason to fear extensive implication of internal organs. Indeed, one would briefly have described the patient as "one mass of cancer from head to foot"; and at her worst point I myself did not expect her to live more than a month or six weeks. Yet, under the combined influences of rest, careful nursing, and morphia, all these immense skin deposits, together with that in the remaining breast, have almost entirely disappeared; there has been a corresponding improvement in the general condition; the morbid process seems completely arrested; and the lady, though still leading a passive and vegetative existence under the influence of morphia, is able fairly to enjoy her life.

I am quite unable to class this case with those atrophic forms of cancer we not unfrequently meet with, especially about the female breast. It is altogether on a different footing so far as regards the immense improvement, from any other that I have yet met with. The only explanation I can suggest is that, in the first place, the treatment was thoroughly adopted before ulceration had taken place; in the second, that I was able to place the patient under more favourable conditions, to secure a more purely vegetative existence, and more perfect immunity from worry and wear and tear than any other whom it has yet fallen to my lot to treat.

Another point, which (as I have not been able to work it out with hospital patients, and as there are many difficulties in the way of any scientific investigation) I offer only as a suggestion for those who may be in a better position for making such inquiries than myself, is this:—I have some slight reason to believe that the female breast is an organ of emotion; that depressing emotions, especially, are accompanied by corresponding mammary sensations (in some women at least), even when there is no question of pregnancy or of lactation. Of course, women vary very materially in degree of emotional excitability; and I need hardly point out the difficulties of obtaining reliable evidence in such a matter as this. But taken in conjunction with the well-known proneness of the female breast to cancer, and to the indubitable influence of mental depression in exciting this, I venture to think that the point is well worth bearing in mind, and of investigation, as occasion may serve.

One word as to a bacterial hypothesis to account for the phenomena of malignancy. I have already alluded to the fact that there is a fashion in medical opinion, and just now bacteria are extremely in fashion. Besides, it would be extremely convenient if we could call in the aid of a bacillus or micrococcus to account for the strange phenomena of proliferating protoplasm which we find in cancer. Yet, apart from the fact that no one has yet succeeded in discovering such (although no doubt carefully looked for in innumerable instances), there seems to me a very marked distinction between cancer on the one hand, and on the other all the diseases hitherto referred to bacterial agency. In the latter there has always been either evidence or else great suspicion of contagion, which evidence has of late years become much stronger. To leprosy I need hardly allude. To tuberculosis the suspicion of contagiousness has long attached, although by lapse of time the contagion is weak among Europeans; and it is not till the malady finds fresh and virgin soil, as among the savage tribes,² that we are able to recognise the phenomenon in its full vigour. By malignant disease, on the contrary, no suspicion of contagiousness has ever been incurred, unless it may be in a few extremely rare instances, which could hardly fail to occur as a mere matter of coincidence. This fact, to my mind, renders it highly improbable that we shall ever be able to refer the latter to any bacterial excitant.

Briefly to sum up what I have said, the phenomena of malignancy result from conditions which irritate normal protoplasm, cause it to proliferate abnormally, and to assume a quasi-independent parasitic vitality. These conditions may be mechanical; in a much larger proportion of cases they are neurotic. That is the furthest point we have yet reached; nor do I see how our knowledge of cancer can make much advance until we know far more than at present about the ultimate properties of protoplasm, and the manner in which this is influenced by states of the nervous system.

Bayswater, W.

² Vide *De Quatrefages: The Human Race.*

CASE OF FEMORAL ANEURYSM CURED AFTER ELEVEN HOURS' INTERMITTENT DIGITAL AND INSTRUMENTAL COMPRESSION.

By JUSTIN F. DONOVAN, M.D.,

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(Communicated by the Director-General of the Medical Department of the Navy.)

LORENZO B—, a Maltese, aged thirty-eight, stoker, a well-nourished though anæmic man of abstemious habits, was the subject of syphilis (chancre and non-suppurating bubo) before marriage; secondary eruption was not noticed. On the 16th of June, 1886, whilst coaling ship at Suakim, he experienced a sharp pain in the left groin; this was followed by a swelling, and on presenting himself to the medical officer of his ship, "a pulsating tumour in the left groin was detected, with a distinct bruit." On admission to the Naval Hospital at Malta, on the 19th of July, a pulsating tumour, about the size of a small lemon, was seen immediately below Poupart's ligament, and extending half an inch below it (proximal side); no bruit could be detected. The pulsation, which was very strong, could, however, be checked on making forcible compression on the external iliac artery. The patient complained of only slight pain at the seat of the tumour. He was put on low diet, confined to bed, and ordered to take an ounce of iodide of potassium mixture (ten grains to the ounce) three times a day. Pulse, 72; temperature, 98°; urine free from albumen. On the 26th the diet was reduced to one pint of chicken broth, one pint of milk, four ounces of bread, and ice to suck when thirsty. Iodide of potassium (fifteen grains to the ounce) to be taken as before. Digital pressure on the external iliac artery for an hour and a half was carried out, and was borne very well, the part compressed having been previously shaven and dusted over with oxide of zinc powder. On the 27th there appeared to be a slight diminution of the impulse. Pressure (digital, and a pad with a 7 lb. conical-shaped weight suspended from a cross bar and resting on the pad) was kept up for two hours and a quarter, at the end of which time the patient became restless, and appeared to suffer a little from the pressure. Pulse 80; temperature normal. Iodide of potassium (one scruple to the ounce) to be continued. On the 28th, the pulsation in the tumour was markedly diminished. Temperature normal; pulse 84. A hypodermic injection of one-third of a grain of morphia having been administered, digital pressure (assisted by the weight) was applied for seven hours and a quarter unremittingly, and, at the expiration of that time no pulsation could be detected in the tumour. In the evening the patient felt very weak; pulse 90, feeble; the extremities were decidedly cold, especially the left foot and leg, although they were enveloped in cotton-wool and a flannel roller; no numbness or discomfort of any kind was complained of, though there was lividity of the toe-nails and diminution of the temperature of the limb for a few days. Pulsation in the left posterior tibial artery was not detected until August 4th, (seven days after the consolidation of the aneurysm). Up to the present (twenty-three days after consolidation of the sac) there has been no return of pulsation in the tumour, and the patient is now walking about, and complains only of very slight comparative weakness in the affected limb.

Royal Naval Hospital, Malta.

PROPOSED CONFEDERATION OF SPECIAL SOCIETIES IN THE UNITED STATES.—At a meeting of committees of various Medical Societies, which assembled at Washington on the 24th ult., the following resolution was proposed by Dr. Pepper and carried: "That it is desirable that the following Societies—the American Surgical Association, the American Ophthalmological Society, the American Otological Society, the American Neurological Association, the American Laryngological Association, the American Gynaecological Society, the American Dermatological Association, the American Climatological Association, and the Association of American Physicians and Pathologists—shall arrange for a conjoint meeting in the city of Washington in the month of September, 1888, and subsequently at intervals of three years, at the same time and place.