

firmed scirrhus, free from attachment, and nipple not retracted; feels sharp, darting, and lancinating pains shooting through the tumour, extending to the glands in the axilla, which are much enlarged. A small hard swelling was first perceived about eight years since, the origin of which she attributes to a blow. Until two years ago the enlargement was very trifling, when the catamenia ceased, but since then it has increased most rapidly, and the pain, which was at first very inconsiderable, has been much more severe in its character. The health is very materially impaired, though no very strongly-marked cancerous cachexia is observable in her countenance. There is no hereditary predisposition; but she has lost a sister by consumption.

"Dec. 3, 1856. Commenced to destroy the skin over the full extent of the surface of the tumour by the application of strong nitric acid, the heat and pain of which having subsided, I next applied the escharotic, prepared and spread on linen (as described) over the part to the extent of which I had destroyed the skin, over which I placed a portion of cotton wool, and left it until the following day, prescribing one grain of opium every four hours to allay the pain, and to commence with one pill three times a day, composed of one grain of iodide of arsenic; twelve grains of sulphate of quinine; twenty-four grains of extract of hemlock: mix, and divide into twelve pills.

"4th. The skin over the tumour where the acid and dressing had been applied being perfectly destroyed, I made several vertical incisions from above, or the top part of the tumour, to the bottom, merely through the skin, as deep as the deadened part, when narrow strips of linen, spread with the dressings, were pressed down by means of a probe, to the bottom of the same. On account of her excessive debility and exhaustion, cod-liver oil was ordered, together with some steel medicine, with full meat diet, wine, and porter.

"5th. The incisions were deepened, and the dressings applied as before. This was repeated daily till the

"17th. When I found I had reached to the bottom of the diseased structure, from which time they were discontinued. The line of demarcation between the dead and living part was now very perceptible, and it afterwards became gradually more defined, until the entire separation around the tumour took place.

"Jan. 4, 1857. The thirty-second day after the commencement of the treatment, the tumour was enucleated entire, weighing at least a pound and a quarter, during a part of which time she suffered severely from influenza and bronchitis, which greatly retarded its progress. On the detachment of the tumour, a healthy granulating surface presented itself, which has since continued to heal most rapidly under the use of the ordinary resin dressing, and at the same time her health has most remarkably improved."

[A professional friend in this city, some years since, tried this caustic in cancer, in a number of cases, but his results were not such as to give encouragement to its further use.—Ed.]

48. *Landolfi's Method of treating Cancer.*—The commission appointed by the Imperial Academy of Sciences, consisting of MM. Broca, Cazolis, Furnari, Manec, Mounier, and Moissenet, have just reported most unfavourably upon M. Landolfi's method of treating cancer. According to the report, there is nothing new in this method, and the caustic employed is only the caustic of M. Canquoin disguised by the addition of a colouring and strongly smelling substance, and rendered more unmanageable and less certain in its action by the addition. The report also condemns M. Landolfi's plan of attacking only small portions of the tumour at a time. Nor is there anything of a practical character to recommend this plan; for of 9 cases of cancer of the breast, and 3 cases of canceroid disease, which were treated by M. Landolfi at the Salpêtrière, under the eyes of the commissioners, the results were as follows: among the 9 cases of cancer of the breast there were 2 deaths, 4 decided aggravations of the symptoms, and 3 cicatrizations with immediate *repullulation*—conse-

<sup>1</sup> In this instance the preparation was made in the proportion of two parts of the chloride of zinc to one part of mucilage.

quently no cure; and among the 3 cases of canceroid disease there was 1 in which cicatrization was followed by immediate *repullulation*, 1 in which the symptoms were so aggravated as to require amputation of a limb, and only 1 cure. In a word, the report stigmatizes the plan under consideration as more painful and more uncertain than other modes of cauterization.—*Ranking's Abstract*, vol. xxiv., from *Gaz. Hebdom. de Méd. et Chir.*, May 9, 1856.

49. *Treatment of Bubo*.—M. BROCA observes that a bubo undergoes two stages of development, during the first of which the inflammatory engorgement is confined to the gland itself, this containing a small central cavity filled with semi-fluid pus. In the second stage suppurative inflammation is propagated to the surrounding cellular tissue; and it is by such extension that the ravages of bubo are produced. The object of the proposed means of treatment is to prevent the production of this secondary abscess, by attacking the bubo during its first stage, and evacuating the pus before this has extended beyond the limits of the gland itself.

M. Broca prefixes some observations upon the diagnosis of the form of bubo that should be so treated, these being based upon Ricord's doctrines. Such bubos are indurated, rounded glands, the skin over which is not discoloured, and they have very much the appearance of the indolent bubo met with in the first stage of constitutional syphilis, but which, never suppurating, requires no local treatment. This indolent *constitutional* bubo is in fact one of the first symptoms of secondary syphilis which follows indurated chancre, and is amenable to mercurial treatment. The *local* suppurating bubo never appears but in glands which are in direct communication with the part that is the seat of chancre, which chancre is never indurated, and never gives rise to constitutional syphilis. It is amenable only to local treatment, and the existence of a glandular abscess is sufficient to conclude that the syphilis is local, and that mercury is inexpedient. When the *local* bubo has reached its stage of complete development, there is therefore no difficulty in its diagnosis; but at first, prior to the propagation of the suppurative inflammation to the cellular tissue, it may be confounded with constitutional bubo. But, as has been stated, this last almost constantly arises from indurated chancre, which is never the case with the local bubo. The constitutional exists on both sides, the local is very often unilateral. The latter is never accompanied by symptoms of constitutional syphilis, while in the former there are always more or less evident signs of a general infection, which gives rise to other analogous glandular engorgements, and especially at the postero-superior cervical region. The tumour in the constitutional bubo is quite indolent, while the other is always more or less painful, especially upon pressure. In the former there are generally a considerable number of glands engorged, which are scattered over the whole extent of the head of the groin; while in the latter, but two or three glands, placed close to each other, and often only one, are affected. In constitutional bubo the tumour is very hard and entirely solid; but in local bubo it is somewhat less hard, and imparts a sense of fluctuation similar to that furnished by a small cyst with very thick walls. This fluctuation alike differs from that of an ordinary abscess, and from the resistance of solid tumours. It is due to the semi-fluid purulent matter contained in the centre of the gland.

The accurate diagnosis is of importance, as the treatment recommended is applicable only to the local bubo. When the gland has acquired the size of a small hazel-nut, it should be firmly fixed by two fingers of the left hand, and a bistoury plunged into its centre. Without letting go of it, the bistoury should be removed, and a grooved director passed in. On employing strong lateral pressure, a small quantity of semi-fluid, ill-elaborated pus is forced along the groove; and the pressure must be continued until the blood comes, so as to secure the entire discharge of this pus. It is rather a painful procedure, and must be repeated on each affected gland. The tumour becomes a little reduced in size, but next day it has somewhat enlarged again, and the small quantity of pus that has again formed must be discharged by passing in the director and using pressure. This must be done every day until either suppuration ceases, or a small fistulous opening has become established for the discharge. In some