

methods of treatment already employed. It may be added that, in its simplest form, the expense and difficulty of its construction are no greater than those of Physick's Desault, while the facility of application, and of retention in place, is much greater. The same apparatus may, also, with slight variation, be used for patients of considerable variety of size and figure; and is adapted to the management of fractures of the leg requiring extension, as well as to those of the thigh. For compound fractures, requiring bran dressing, &c., it may be converted into a *box*, by inserting a bottom between the outer and middle splint, on the injured side.

*July 7th. Cancer of the Clitoris.*—Dr. CORSE read the following:—

Early in July, 1857, I was called in consultation with Dr. A. O. Stillé to see Mrs. ———, æt. 66, who was suffering from a tumour in the upper commissure of the genital fissure. On examination, it was found to be about one inch in diameter, and attached centrally to the clitoris, and at its margin to the mucous membrane around. On inquiry, we learned that she had first begun to feel any inconvenience from it about a year previous. It was treated with caustics and entirely removed, or removed to such extent as to leave an excoriated ulcer where it had been attached; the ulcer did not heal kindly, but, after a prolonged treatment, began to throw out fungous granulations, which in time assumed the size and appearance of the original tumour. Excision was proposed, but deferred from time to time in the hope that an arrest of development in the tumour would take place. It was not long before the suffering from the incessant burning pain became almost intolerable, but an operation was not deemed advisable so long as the patient could get about and palliatives gave temporary relief. At length, the tumour increased to such a size that the patient was no longer able to walk, and was therefore confined to bed with the limbs distended. Her health now began to decline rapidly, and her constant suffering and helplessness made her an object of sympathy. Her family and friends entreated us to remove the tumour by excision, even if only temporary relief could be obtained, and in the belief that she could not be worse and live; we consented to remove it, and the operation was performed on the 24th of last May.

It had by this time grown to a considerable size and formed attachments all around the labia, and had pressed them so widely apart, that it was thought necessary to make the incisions in the sound parts beyond the tumour.

She was placed on a low bed in the usual position for the operation for stone in the bladder, and placed under the influence of ether, her hands being secured, one to each foot, as for the lithotomy operation. The incision was begun on the right side at the summit of the vulva and extended down to the perineum; a similar incision was made on the left side to the same extent to meet the former one. These rendered the mass movable enough to expose the extent of the attachment. The incisions were then deepened on each side to meet in the centre, excising the entire labia majora, minora, and

clitoris. The hemorrhage was very great, considering there was no large vessel cut, although it was not altogether unexpected, for oozing tumours always have a large supply of bloodvessels.

In the operation for amputation of the penis, it is said, in works on operative surgery, that seven arteries are to be secured, and the same number in the operation for excision of the clitoris; but often some of these bloodvessels are practically found to be small and not to need any attention whatever. In the present case, they were large and required attention. As soon as the tumour was laid aside, the usually small arteries seemed to be welling out on every side; tannic acid was freely applied to the whole cut surface, and promptly checked much of the hemorrhage; the larger vessels were then picked out and tied, and caustic applied to some of the more obstinate oozing, especially at the descending rami of the pubes, where the clitoris obtains its blood from the internal pudics.

The hemorrhage being stopped, the wound was dressed with cold water. She soon reacted, and no capillary oozing to any extent took place.

Next morning I found she had passed a tolerably comfortable night, more so than for a very long time.

The wound went on to heal kindly, and the patient is now walking about enjoying her regular meals and hours of repose, and very cheerful in spirits.

Dr. COATES added some particulars to the history of this case.

Dr. C. visited Mrs. D—— M—— for an irritable ulcer of the glans of the clitoris, fourth month (April) 4th, 1855, and, of course, three years and three months since. The whole glans was converted into an irregular set of flat bands, covered externally with the natural epithelium, and comprising within them deep, burrowing ulcers, lined by a thick, white, adhesive matter. There was no fungus at any point, and no hardening. The colour was a little brighter than natural.

The pain of this affection was excessively severe, greatly increased by walking, or by the contact of the clothing, and entirely embittering the unfortunate woman's life. He recommended cautery with nitrate of silver, and poultices of conium or hyoseyamus, to be exchanged for other narcotics. He warned her that, unless a very rapid improvement should become visible, it would unquestionably be her interest to have the glans extirpated. She was unwilling to undergo any treatment; and did not, as far as he was aware, at that time, ever make trial of the narcotics.

*Cancer of the Neck.*—Dr. CORSE reported the following case: Mr. —, aged 70, applied to me in May, 1853, with a tumour on the right side of his neck, about an inch above the clavicle, and opposite the posterior border of the sterno-cleido-mastoid muscle. The shape of the tumour was fungiform, having a summit irregularly rounded and expanded. In size it was nearly as large as a hen's egg. Its base seemed to be attached not on but under the