the operation the tumor reappeared at the cicatrix. Eleven months after the second appearance of this tumor, the glands in the axilla became enlarged, and five months ago the glands above the clavicle began to increase in size, and they are now exceedingly numerous.

The tumor is now extremely hard, sensitive on pressure, and the seat of fearful lancinating pain. As it is situated beyond the confines of the breast, and its upper and inner limits, no characteristic retracted appearance of the nipple would be expected.

This disease is not encephaloid, for it is of too long standing. Encephaloid is acute cancer, scirrhus is chronic. Encephaloid is soft, elastic and fluctuating at some points; this tumor is wonderfully hard and inelastic. Encephaloid is always very large, while this tumor is small for its duration. These characteristics, and the early involvement of the lymphatic glands of the axilla, and of the supra-clavicular region, together with the sharp, lancinating pains, all point to scirrhus. It is nodular scirrhus not infiltrated or lardaceous. It has extensive adhesions to the surrounding parts, to the muscles below, and through the muscles to the ribs. At the lower part of the tumor there is a large scirrhus nodule, which is now involving the gland substance itself. Soon it will begin to draw towards itself the lactiferous ducts, and the nipple will retract and disappear beneath the skin.

The surface of the prominent mass is very red, and pervaded by minute vessels, showing that the circulation of the skin is becoming affected, and indicating the early appearance of extensive ulceration. If this had been encephaloid it would have ulcerated long ago, presenting a protruding, fungous mass, attended with profuse loss of blood. In this case there is no bleeding, except that consequent upon the irritation of scratching.

Scirrhus usually occurs between the ages of 45 and 60; encephaloid, as a rule, earlier in life. Dr. Gross has reported in the *North American Medico Chirurgical Review*, for May, 1857, a case of scirrhus, occurring, it is believed, at the earliest age on record; it presented itself in the liver of a child three months old.

Mr. Collis and Mr. Spencer Wells have great faith in the bromides in the enlargement of lymphathic glands. Mr. Wells advises, in cases of this description, in which the lymphatic involvement is going on very rapidly, to give the bromides in connection with cod liver oil. This treatment will be pursued with this patient. She was ordered fifteen grains of bromide of potassium, in a tablespoonful of cod liver oil, night and morning. The preparations of hemlock have a great reputation for relieving the sharp, shooting pain of cancer. The patient was directed to take two grains of extract of conium, at night; but as the action of this drug is uncertain, morphia will be substituted for it, should it fail to afford relief. If there were an open ulcer, the ointment of stramonium would be applied, as it makes a capital salve. She is taking iron, quinine, and nux vomica, and is to live well. Surgical interference is out of the question.—*Medical and Surgical Report.*

The author of the article, "Hooping Cough," in our December number, was Dr. McKelcan, of Hamilton, whose residence we had not stated.

Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Operations for Extraction of Cataract.

By J. F. MINER, M.D.

GENTLEMEN:—I regret these cases of cataract could not be presented before you at a later period of the term, after the whole subject had been fully considered in the lecture room. I will, however, briefly state some of the general facts connected with this disease, and the principles upon which the various operations for its removal are based.

Cataract is opacity of the crystaline lens, or of the capsule of the lens, or both of these combined, and may be *congenital*—appearing at or soon after birth; *idiopathic* or primary disease; or *traumatic*, that is, arising from injury. In congenital cataract the lens is soft; in traumatic cataract, also, the lens is soft, that is, it has at least its usual semi-gelatinous consistency, and can be easily cut through with any fine needle or instrument, and is called soft to distinguish it from that condition assumed by the lens in age, or in many instances of cataract appearing in persons past the middle period of life, called hard cataract. We have, then, *hard* and *soft* cataract; the methods of distinguishing between them will be fully described hereafter. The causes of congenital cataract are not very apparent, but it seems peculiar to some families, all the children perhaps having cataract at, or soon after birth. The disease as it appears in persons past the middle period of life can generally be traced to no plain or obvious cause. Punctured wounds of the globe, especially if the capsule of the lens is at all disturbed, are almost certain to produce opacity; blows upon the temple or head, and particularly blows upon the globe of the eye cause cataract. The causes of cataract, then, are constitutional, or general, and local, the first of which are not much understood, while the latter are sufficiently obvious. The diagnosis cannot be difficult; all you have to do is to place your patient in good light, and standing directly in front, you will see behind the pupil, the milky white lens. You can hardly mistake it for any other condition of the eye, even in its early stages, it will be distinctly visible, and all refinement of examination to determine its character is quite unnecessary; reflections from mirrors or other sources are to be avoided, and your diagnosis is not very liable to be incorrect. You have only to observe these patients before operation and you will ever after readily recognize the disease.

Medicine has no influence upon the progress or termination of cataract, and you will never prescribe drugs either for its prevention or cure. Charlatans have sometimes practiced upon the credulous—have deceived them by dilating the pupil with belladonna or atropia, its active principle, and thus admitting more light into the eye have temporarily improved vision, but beyond this, no improvement can be made in vision by the use of medicine.

All operations for its cure are comprised in *two* or perhaps *three* general plans. The lens can be removed from the eye by different modes of operation; it can be displaced and removed from the field of vision; and, it can be divided and its capsule ruptured, the aqueous humor is thus admitted to its substance by which it is dissolved, or as it is called, absorbed.