

common carotid, and the parts were so distorted and displaced, that I had to divide the anterior half of the sterno-mastoid muscle, it being rigid and fixedly drawn towards the median line, and so firmly so, that I could not otherwise get it from over the artery. I then found that the artery divided even higher up than usual, and that it was exceedingly doubtful if its coats were sound enough to bear a ligature, so I went down lower and tied the common carotid, where it was sound and free of all diseased parts.

The effect was wonderful! The wound healed all but where the ligature hung out, and at one other point to which pus had gravitated. The scirrhus tumour became soft and readily moveable, an immense quantity of cancer fluid drained away, and in ten days that side seemed absolutely free of disease.

The patient expressed himself relieved to a degree he had never anticipated, and both he and his friends begged of me to serve the other side the same.

I was very loth to attack the other side, for I knew that I could here only tie the external branch without stopping the supply to the brain; however, after telling them again all the risks, and again requiring of them a written absolution from all responsibility on my own part, I proceeded, and with much difficulty did succeed in getting the branch I wanted, and tying it, but not entirely to my own satisfaction; for I could not, for the life of me, get as high and clear above the bifurcation as I thought sure to keep the loose end of the clot that forms at the heart side in ligature of an artery clear of the current of blood in the main artery.

I did this operation on the twelfth day after the former one, and in that time the parts had become about as much involved here as they had been on the first side operated on, and I was here again compelled to divide the anterior half of the sterno-mastoid muscle. "Mark this, for it is important!" I attended the patient carefully and constantly for the first five days, and had every reason to feel even more than satisfied with the effect produced on the tumour. I was surprised, for it was gone! During my attendance on the case, I strictly enjoined non-interference with the ligatures, and perfect immobility of the head and neck; but I was in bed with an attack of severe colic, and threatening inflammation of the cæcum and colon, when what I instinctively dreaded took place, and the case was in the hands of my junior, an Assistant Surgeon, sent up to do duty under me during the season, whilst the convalecents are kept at the Landour Sanitarium.

Mr. F—, on the eighth day after the second operation was feeling in excellent spirits, and tried

to raise his head; this, from want of the support which the severed portion of the sterno mastoid muscle could no longer afford, brought tension on the other parts, and on the ligatured artery with the rest. The coat gave way and out came the blood; there was no room left to tie the ligatured branch above where it left the common trunk, and necessity compelled Assistant Surgeon McFarland to tie the common vessel. The result was death in four days from coma, caused by the want of sufficient arterial vis-à-tergo to rid the brain of the blood brought there by the vertebral arteries. I felt this as a great misfortune, and doubly so, because the patient, his friends, and latterly, I, myself, had been so sanguine in hoping for a happier result, whilst watching the case, as we did, from day to day. However, notwithstanding the result, I now, on reflection, feel certain that this has been one of the most instructive cases I have ever had.

There are three important points involved, and points on which definite and authoritative conclusion has never been absolutely arrived at, so as to fix with certainty what should be the line of action in similar cases.

The first is, as to the effect of stopping blood supply to a cancerous tumour.

Second, as to the possibility of tying both common carotids with safety.

And thirdly, whether cancer is really a blood disease or a local one, dependant on constitutional peculiarity.

As regards the first, I say where it is possible to cut off the blood supply, the cancer will be cured.

As regards the second, I now see that it is impossible, with any chance of success, to tie both common carotids, though I have seen in standard books the suggestion thrown out, that it may be possible, for it can and has been done successfully in some of the lower animals.

This, however, should not apply to man, for the brain is immensely larger in proportion, therefore, the capillary system is more extensive, and is a greater obstacle to overcome; the position of the head is also less favourable, unless you could make your patient lie upon his nose. Then, in man, the bony structures have less active vitality, and the bony canal through which the vertebral arteries proceed, afford a permanent obstacle to those arteries, increasing in calibre, when the necessity arises, excepting in very young specimens.

Respecting my third point, I know that my doubt will only be regarded as ignorant neresy, still I base it upon three known pathological facts.

1st. That it has never been absolutely proved that cancer cells have been found in the general circula-