

## ELECTROLYSIS AND CATAPHORESIS IN THE TREATMENT OF INOPERABLE AND RE- CURRENT MALIGNANT DISEASE.

✓ BY R. N. FRASER, M.D., C.M., M.R.C.S. (Eng.), THAMESVILLE, ONT.

In connection with a consideration of the treatment of malignant disease, I wish to-day to report the history of a case in which apparently a favorable result has been secured after repeated failures.

I am not aware that any case has heretofore been reported in Canada in which a similar plan of treatment was adopted, and I shall therefore endeavor to give you details as far as time will permit, so that you may have an opportunity of judging for yourselves both as to the malignancy of the disease and as to the part played in the treatment by each of the means employed.

The patient was placed under my care on the 16th of December, 1896, with the following history:

F. G. A., aged 40, married, druggist. Family history good. Health previous to beginning of present trouble had been good. Had an attack of mumps in 1883, with orchitis, followed by partial wasting of the testicles.

During the fall of 1894 he occasionally noticed slight soreness in the right testicle, particularly after being much on his feet. He paid little attention to this until September, 1895, when the attacks became more pronounced, occurring about once a month, lasting two or three days, and being accompanied by some enlargement which did not completely subside between the attacks.

In July, 1896, he went for a two weeks' holiday trip on his wheel. The testicle at this time felt heavy and was somewhat sore, but the saddle of the bicycle seemed to support it, so that riding was not uncomfortable.

Ten days after returning from the trip, that is, in August, 1896, the testicle became much enlarged, and pain became almost constant, though not very severe. The enlargement gradually increased, and after two or three weeks he consulted his physician, who diagnosed hematocele and withdrew 3 ss. of blood through a hypodermic needle, without, however, lessening the size of the testicle or giving relief to the pain. The operation was repeated with an aspirator needle, and again with a cannula and trochar, with no better result.

Septic inflammation followed, which made it necessary to lay the scrotum freely open. A large opening was also made about the situation of the external abdominal ring. Most offensive