servations upon this point give the same relation which are found in my own statistics, and I believe that the idea of hereditary predisposition to cancer should be denounced, and that this denunciation should be pronounced boldly by physicians.

There were a few points to which no allusions were made, and concerning which I wish to make some inquiry.

What is meant by a cancerous cachexia? In my earlier experience I was always looking for something like a cancerous cachexia, but my later experience and observation have taught me to become a non-believer, and I do not now believe at all in cancerous cachexia, as the term is commonly used. I have seen patients in the most advanced stages of cancer of the uterus, and in almost all its various phases, when they presented the appearance of robust health. The cachexia, when it does appear, is to my mind not a measure of the influence which has been produced by the simple presence of cancer in the system, but rather from associated lesions of the various organs of the body.

These are my observations with regard to cancer of the uterus, and I should like to know whether the same thing has been observed with regard to cancer of the breast.

Another point, which was not alluded to, and concerning which I should be pleased to gain some information, is, with regard to the value of pain as a symptom in cancer. I am of the opinion that it is a symptom of uncertain value in aiding us in determining the existence or non-existence of cancer of the uterus. I have seen patients in the advanced stages of the disease without the slightest symptom having been raised with reference to the presence of the disease by any pain. My own opinion is, that pain is simply a measure of the influence which the disease has had upon the contiguous and adjacent tissues. Cancer may occur so as to interfere with the functions of the uterus, or affect the subperitoneal tissues; and when these tissues are affected we are sure to have pain, and in some of these cases the pain is most atrocious. In other cases, where the disease presents more malignancy, the pain is sometimes very trivial. Whether the amount of pain is in relation to the amount of influence which the disease has upon the adjacent and contiguous tissues, I am not able to say, but simply throw it out as a question for consideration.

From time immemorial there has been an attempt made to destroy cancer by the use of every variety of known caustics. It has been a favourite resort of empricism, and the most successful and perhaps the most lucrative of all charlatanism has been most seen in the use of caustic agents to destroy the local manifestations of cancer. As a consequence of this, of course, a great majority of the surgical world have been satisfied with regard to the uselessness of such attempts. My own prejudices have always been against this method of treatment. I once attempted to make some observations respecting this plan of treatment as it was then adopted in St. Bartholomew's Hospital, and the whole process was so revolting that I did not pursue my investigations farther, and the result of my observations was not at all favourable.

In the year 1870, however, I was consulted by a lady who had a tumour in the breast which was very suspicious in its character, and which I watched for some weeks, when I regarded it as cancer, and urged upon my patient the importance of having it removed at once. But the patient utterly refused to have any cutting operation performed. At that time I had been studying up the subject somewhat, and among other works which I had read was Marsden's work upon the use of caustics in the treatment of cancer.

The same summer, while abroad, I visited the hospital in which Dr. Marsden had made his observations and applied his treatment, and saw the results of this treatment. I became so much interested in this plan of treatment and was so highly pleased with it, that, upon my return, I recommended to my patient to submit to the treatment by the use of caustic. After some delays she consented. The form of cancer from which she was suffering was apparently of the most malignant type, and at the time I commenced the treatment the mass was about two inches in diameter, which is the extreme limit in size permissable to be treated by this method. In the course of eighteen days after the first application was made, the mass came away, the process of cicatrization was completed in a short time, and there has not been the slightest appearance of return up to this time.

Another case to which I wish to make reference, was in a patient who had had two sisters die with cancer of the breast, but her father and mother were still living at the time she consulted me. Not the slightest suspicion of cancer could be traced in either member of the family. One sister died some six or seven years ago from cancer of the breast. The other sister I was called to visit, and I found the axillary glands involved in the disease; there were evidences of what is known as the cancerous cachexia, and I called for counsel. Dr. Van Buren was called in consultation, but the case was regarded as utterly hopeless, and the patient died without an operation.

The third sister came under my observation for epithelioma of the uterus, That patient I operated upon in 1866, removing the cervix uteri by amputation. It is now seven years since the operation was performed, and she remains in the most perfect health.

About five years ago a lady consulted me with regard to a suspicious-looking tumour in her right breast. She was under my observation for about two years, and received treatment, but I never was of the opinion that the growth was malignant. At the end of two years it entirely disappeared. In February, 1873, that patient came back to me with a tumour in her left breast, which I regarded as true cancer of the breast. The tumour had been observed for more than a year, and when I saw it, the nature of the case seemed clear and positive. Its removal was recommended. Consultation was held, to satisfy the patient with regard to its nature, the propriety of its removal, and if decided to remove it, how it should be removed. It was decided to remove the tumour by Marsden's treatment, and the treatment was accordingly commenced on the first day of April. The amount of pain which the patient has suffered during the course of treatment has been very insignificant indeed. She was up most of the time, has been able to be out riding some of the time, and it is now eighteen days since the first applicateon, and the slough is just ready to come away. The treatment of this case thus far has been very pleasant. What the result of the case may be it is impossible at present to decide.

I will now describe the plan of treatment as given by Dr. Marsden—the plan which he professes to have derived great success from, not only in a very considerable number of cases of cancer of the breast, but in the treatment of cancer of various parts of the body, and even of cancer of the neck of the uterus.

The method of treatment is limited to cases in which the surface of the tumour does not extend over two inches. Care must be taken that the paste is of sufficient consistence so as not to flow beyond the point to which it is applied. The general formula for the preparation of the caustic is to combine arsenious acid and mucilage in such quantities as to make a thick paste, and the formula commonly employed for the purpose is—

℞ Arsenious acid, . . . ℥ij;
Mucilage, ... ℥j.

This paste is spread over the surface of the tumour, and two or three layers of lint spread over that. The lint absorbs all the surplus paste and protects from further cauterization. The first application is left on for twenty-four or forty-eight hours, according to the extent of surface, and then removed by gently soaking it with warm water. After the old paste has been removed in this way, one judges from the impression made with regard to a further application of the caustic. These applications are to be continued until a line of demarcation entirely surrounding the deceased structure is shown. Then the lint is soaked and removed, and bread-and-water poultice applied, and changed every few hours. At first there is considerable inflammatory action set up, but the amount of pain is very inconsiderable as compared with the use of the knife, and the process of cicatrization is equally painless and satisfactory.

The shock to the system, as a rule, is very much less. The constitutional effect of the arsenic in this case was very slight, lasting only a few hours, and then passed away. Indeed, the moderate constitutional effect of arsenic I have long believed to have a certain positiveness in the treatment of cancer, in that it retards the proliferation of cancerous tissue. I mention these cases with the hope that it may contribute something to our knowledge of means by which we may meet this most terrific disease.—[Medical Record.