

The only suggestion I can make as to the cause of the pain is that secondary deposits took place within the nerve itself, probably about some of the arterioles, and by the irritation and pressure produced by their presence, set up more or less neuritis, or the same condition may have been produced by some of the products of the cancer circulating in the blood. All these cases proved most rebellious to treatment, local and general. The affection was so severe that the patients were confined to bed and were obliged to remain at rest. The complication is comparatively rare, but it seems to be more than a mere coincidence that this nerve was picked out in all the cases, and I have no doubt more cases would be found were an inquiry instituted with that end in view.

An interesting point in the history of the second case, is that during her first stay in the hospital she had an attack of erysipelas, after which the carcinomatous ulcer healed to a great extent.