

An essay, explanatory of a method whereby cancerous ulceration may be stopped, by the formation of crusts, and granulating margins : together with observations and directions, for the treatment of other analogous diseases, and diseases states, consequent to, and attendant upon cancerous ulceration / by William Farr.

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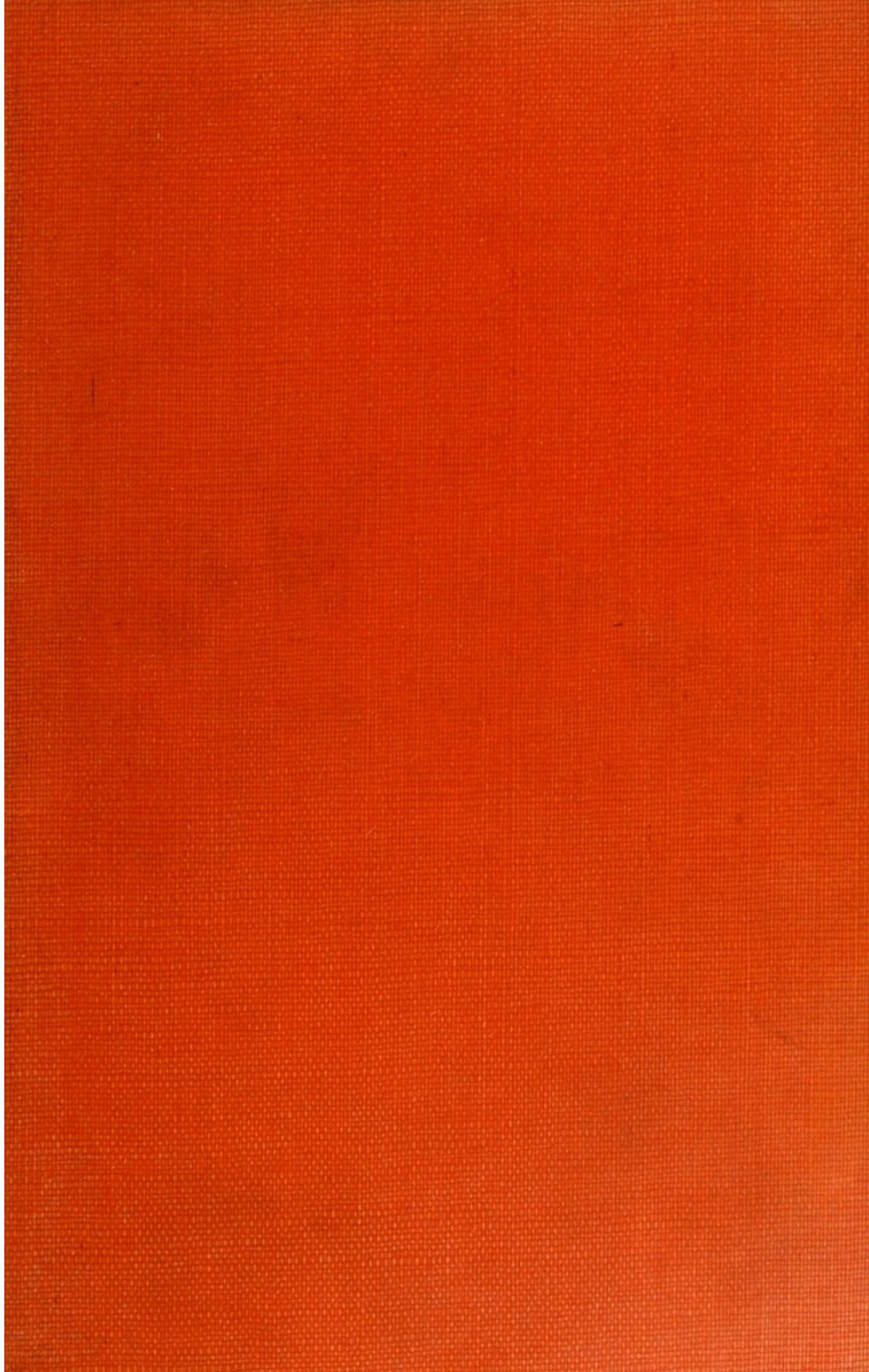
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Tracts 159

1. Farr. Cancerous ulceration 1828
2. Poett. Observations on stammering 1828
3. Arnott. Inflammation of the veins 1829
4. Hart. Cervus megaceros. 2. ed. 1830
5. Beaumont. Fractures. 1831
6. Phillips. Arteries 1832
7. Earle. Burns 1832
8. Lawrence. Tumours 1832
9. Wood. Larynx 1832
10. Cull. Impediments of speech 1833
11. Yarrell. The Crossbill
- 11a " " English fishes
- 12 Wilkes. Sympathetic nerve
- 13 Hammond. Inguinal hernia } 1833
- 14 Syme. Osteosarcoma of lower jaw [1828]



AN ESSAY,
EXPLANATORY OF A METHOD
WHEREBY
CANCEROUS ULCERATION
MAY BE STOPPED,

BY THE
FORMATION OF CRUSTS, AND GRANULATING MARGINS;

TOGETHER WITH
OBSERVATIONS AND DIRECTIONS,

FOR THE
TREATMENT OF OTHER ANALOGOUS DISEASES, AND DISEASED
STATES, CONSEQUENT TO, AND ATTENDANT UPON
CANCEROUS ULCERATION.



BY WILLIAM FARR,

SURGEON TO THE CANCER INSTITUTION, CHARLOTTE STREET, BLOOMSBURY;
AUTHOR OF TREATISES ON SCROFULA, AND OCCULT CANCER, &c. &c.

London:

PRINTED FOR MESSRS. WIGHTMAN AND CRAMP,
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1828.

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FOR THE
 PRINTED BY W. FOAT, 17, JOHN STREET, EDGWARE ROAD.

TREATMENT OF CANCER, CONSEQUENT TO, AND ATTENDANT UPON

CANCEROUS ULCERATION.

BY WILLIAM FARR,

LECTURER TO THE CANCER INSTITUTION, CHARLOTTE STREET, BLOOMSBURY;
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LONDON:

PRINTED FOR MESSRS. WIGHTMAN AND GRANT,
 21, PATERNOSTER ROW.

TO

HENRY SULLY, Esq. M.D.

SURGEON TO HIS ROYAL HIGHNESS THE DUKE OF CUMBER-
LAND, AND TO THE WIVELISCOMBE INFIRMARY, &c. &c.

MY DEAR SIR,

THE gratification I receive in being permitted to dedicate the present little Essay to you, is materially augmented by your having been the first, publicly, to prove, and candidly to acknowledge, the success which had attended my treatment of Occult Cancer, in your Infirmary.

It has long been my opinion, that the treatment of Cancerous Ulcers, would admit of material improvement; and I am most happy in having it in my power, to recommend to you the practice laid down in the present

Essay, as one which will, in a majority of cases, effectually put a stop to Cancerous Ulceration, and all its attendant evils; and I am satisfied that the practice will receive additional success, by being committed into the hands of one, who possesses, so eminently, the ability to direct, and the will to do, all that may tend to alleviate the sufferings of afflicted humanity.

With sentiments of esteem, and respect,

I remain,

MY DEAR SIR,

Your obliged, and obedient Servant,

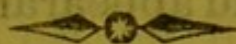
W. FARR.

29, UPPER MONTAGU STREET,

MONTAGU SQUARE,

October 1st, 1828.

INTRODUCTION.



SEVEN years nearly have elapsed since my former Essay on Cancer first issued from the press ; in that work, as is well known, I advocated the possibility of dispersing Cancerous Tumours by the aid of medicine alone ; I did this, however, at the time, with some degree of diffidence, and humility, for my experience then, though sufficient to satisfy myself, was not such as to justify my demanding implicit confidence from others. I now, however, feel myself authorized to assume a different tone, and venture boldly to assert, that a very large proportion (say a third) of Cancerous Tumours, may be dispersed and eradicated by the mode of treatment laid down in my former Essay. In saying this, I admit, of course, that cases must occur, in which that mode of treatment will not succeed ; in such cases, therefore, ulceration sooner, or later, must take place, and it is to meet this inevitable result, and lay down, a mode of treatment for Cancerous Ulcers, that I now take up the pen.

There is no Tumour, during its advancement to ulceration, which assumes so great a variety, in form, and appearance, as a Cancerous one, and as it is with the disease, in an unbroken state, so is it, after ulceration has taken place. Indeed it may be said of Cancerous Ulcers, that they have an endless variety, and so different are the aspects they wear, that a practitioner called upon to give his opinion, as to the nature of such an ulcer, at a time when the symptoms shall be mild, the matter bland, and the disease in a tranquil state, may be so far mistaken by these deceptive appearances, as to pronounce it not Cancerous. But call in the same man again on the day following, and he will, perhaps, find the picture reversed, the part distressingly painful, and swollen, the discharge thin, acrid, and corrosive, the edges of the ulcer of a fiery redness, and its base full of sloughs.

For this reason, I have not in the following Essay, entered into any detailed description of Cancerous *Ulcers*, as it is from the history of the preceding *Tumours*, rather than from the present aspect of the *ULCER*, that the intelli-

gent practitioner will always form his opinion of the true nature of the latter.

With respect to Cancerous Tumours, I may here remark, that our knowledge upon this subject is every day extending, and that the knife, in consequence, is now much less used than it was even seven years ago. Much, however, yet remains to be accomplished in this department of surgery, so far as the profession at large is concerned, for we have as yet no accurate history of the various tumours, to which the female breast is subject. This deficiency, I trust, it will one day be in my power to supply, as I have long devoted myself, particularly to the investigation of these diseases, and have lately been enabled to extend considerably, my sphere of observation.* I am almost daily, indeed, in the habit of seeing persons labouring

* "With respect to the current year, it is to be observed, that it has been determined to extend the range of the Institution, so as to include all kinds of tumour affecting the female breast. From the present date therefore, the doors of the Institution will be open to all females in whom any disease of that kind exists, even although it should not be of a Cancerous nature."---*Extract from the first Annual Report of the Cancer Institution, Charlotte Street, Bloomsbury.*

under every variety of tumour, and have already had the satisfaction of saving many breasts from the knife, which had been condemned as Cancerous, though really not so.

In the fungous tumour of the mammæ, I am of opinion that the knife never should be used; and I beg leave strongly to recommend the treatment I have proposed for these tumours, in the section on Fungoid Growths, as a substitute for the knife.

The plan of treatment for Cancerous Ulcers, which I have advocated in this Essay, I have every reason to be satisfied with; it is simple, and efficient, for the purposes for which it is designed; viz. to arrest the progress of ulceration, and thus to put a stop to the patient's suffering.

There are other diseases, and diseased states consequent to, and attendant upon Cancerous Ulceration, on which I consider I have given some useful practical information, which may not prove unacceptable to the professional reader.

GENERAL REMARKS.

WHEN I first directed my attention to the ulcerated stage of Cancer, I formed opinions which I have since found to be erroneous, and consequently the treatment founded on those opinions was not so advantageous as I had anticipated. My efforts were then directed to the destruction of the cancerous substance, and to the relief of the patient's sufferings. The former was an undertaking always difficult, and in most cases doubtful; and I may say never fully effected. The latter was often accomplished by the internal exhibition of sedatives and narcotics, and by their application externally. The success attendant not being commensurate with my wishes, and the great

variety of cases I daily saw, made me a more accurate observer, and I was led to notice that occasionally, ulcers, unquestionably cancerous, were now and then disposed to form crusts, by a concretion of their own discharge, and that during the time this natural crust remained on the surface of the ulcer, it evinced no disposition to spread.

I am aware that I am not the first who noticed this fact, nor do I presume to claim any originality on that head ; but I mean to say, that although the fact had been previously noticed, it had not been sufficiently acted upon for practical purposes. The effect of such an incrustation is the production of granulations of a more healthy nature than those which were produced previous to its formation ; and the improved state of such granulations arises from the cancerous ulceration being stopped, which is invariably the case when crusts are formed, either naturally or artificially.

The progress of cancerous ulceration may be arrested by the formation of crusts ; and also by the formation of granulations around the edges of wounds, without previous incrustation. The former is most to be desired, but in cases where you fail to produce it, you may sometimes succeed in producing the latter. The granulations which are the effect of incrustation, arise from the centre of the wound ; those which are otherwise produced arise from the margins of the ulcer. The granulations produced by incrustation and arising from the centre of the wound, are capable of being cicatrized ; and in these cases, cicatrization commences in the centre of such granulating surface ; and the parts in which there is a difficulty in producing cicatrization, are the margins : but this difficulty, by perseverance, may be overcome.

Now in those cancerous ulcers where no crust can be formed, and where granulations

spring from the margins of the wound, cicatrization is never perfectly accomplished, but takes place in patches only ; and you will see hard masses of granulations packed together, like pieces of unhewn granite, with occasional chasms between them, and each piece topped with its portion of skin.

Now it may be said that cancerous ulcers are occasionally seen with these granulating margins, without the aid of any artificial means ; so they are in fact on the sides, and at the upper part of these wounds, but never to form so complete and perfect a circumvallation as that I shall presently describe.

I have one such case now under my care, the patient a female upwards of seventy: the ulcer originally exceeded four inches in circumference ; these walls are now formed, so that it would be difficult to introduce a quill into the centre of the ulcer, if ulcer it may now be

called, and with this circumvallation her pains and sufferings have ceased, and she has recovered her accustomed health and spirits.

The cancerous ulcers most favourable to the production of crusts, are those which have their situation on the face, (with the exception of the lips and the outer and inner canthus of the eye) and in the breast, where the operation of excision has been performed, and all the diseased glandular mass removed. In such cases, when the wound made by the operator refuses to heal by the ordinary means now employed, you may generally succeed by incrustation.

In all other cases you will rarely succeed in forming crusts, but you will generally succeed in the erection of the granulating wall. If there be, however, any exception to this general rule, that exception may be found in the breasts of women who are under or about

forty years of age; in such you may occasionally cause granulations to arise in the centre, notwithstanding the presence of diseased mammary glands; but then even much depends on the description of Cancer she may have, and the degree of malignity evinced; for about this age all practitioners know, who know any thing about the disease, that it is generally more rapid in its progress, and more destructive in its effects.

ON FORMING CRUSTS ON CANCEROUS ULCERS.

THE crusts which may be formed over cancerous ulcers, are of two kinds, viz.:—First, those which are composed of the natural discharge from the parts, unmixed with any foreign matter in a dry or solid state; and secondly, those which may be formed by the application of certain pastes or powders to the part.

The first I call *Natural Crusts*, and the second for the sake of distinction may be called *Artificial Crusts*.

NATURAL CRUSTS.

When the symptoms are mild, and the wound is in a tranquil state, the formation of

this crust may generally be effected by means of the lotion No. 1.

This lotion is to be applied twice or thrice a day by means of a sponge, and allowed to fall freely over the wound ;—when this is done, a piece of writing-paper, larger than the size of the wound, is to be laid over it, and covered with lint. The object of this is to prevent the lint from coming in contact with the ulcer ; by these simple means a crust will sometimes form in three or four days, generally within seven days, provided the wound be in a favourable state.

On the second day you will frequently see concretions beginning about the edge, and minute granulations arising from the centre ; when the effect is thus speedy, it is generally in cases where the wound made by the operation has refused to heal, but is at the same time in a very tranquil state.

But should a wound of this description produce too abundant a discharge for the concretion to take place, it will be necessary in the first instance to diminish that discharge, which the practitioner may easily accomplish by taking a portion of the oxyde of zinc, and making it into a paste with a little water, with this he is to fill up the wounds by means of a soft camel-hair brush, and within forty-eight hours, he will generally find the discharge considerably diminished, and probably sufficiently so to enable him to use the lotion with the advantage as before mentioned.*

By such means as these, a lady who was operated upon nearly five years ago, continues to form crust after crust upon the wound caused by the operation, which has never healed.

* I may here remark, that you will occasionally meet with oxyde of zinc, which will give the patient considerable pain when applied, and that which has this effect has always a strong earthy smell.

These sometimes remain for even three or four months, and indeed, they are generally detached by accident. When that is the case, she proceeds to form a new one, and with this treatment she is now satisfied, for the wound does not increase in size. Now when wounds of this kind can be easily incrustated, and when tolerably healthy granulations arise, there will be no difficulty in producing cicatrization, which may be done in this way. Ascertain by small punctures in the crust the extent and state of granulation, and if favourable, apply a poultice over the whole, first moistening the margins with some unctuous application; after the application of a few poultices, the crust will readily be detached; then take a little of the oxyde of zinc paste, and apply it very thinly over the granulations, which if not thrown off by the discharge, should be washed off daily, and the granulations slightly touched with the sulphate of copper, every second or third day, or as they may require it. This article

is preferable to the lunar caustic ; but if the latter be used, it should be with the utmost delicacy, as with the end of a feather. In this way, or by some modification of it, you will soon see cicatrization beginning ; and eventually you will succeed in completely cicatrizing the whole surface of the wound.

The same treatment is applicable to this description of ulcer in the face at any period of life. But in advanced years, the incrustation is not always formed with the same facility, and this leads me to consider the second kind of crusts.

ARTIFICIAL CRUSTS.

These, as I have said, may be formed by the application of certain *pastes or powders* to the ulcerated parts ; and first of the pastes, which may be composed of the oxyde of either zinc or bismuth, but neither of these remedies will

produce crusts which can be preserved whole for many days, and they may rather be considered as preparatory to the more permanent ones which are to be produced by the lotion. There may be attendant circumstances, however, which may demand the speedy formation of a crust; thus you may have assured the patient of the practicability of such a measure, and of the benefit which will result from it; she will then naturally feel anxious to have it speedily effected; and with a view to satisfy her doubts, allay her fears, and put a stop to constant anxiety, which is always injurious, you may fill up the wound with one or other of these oxydes, previously made into a *paste* (the zinc if the discharge be abundant), and in a short time you will have a crust, which however is neither so easily nor comfortably borne as the *natural* one; nor is it so beneficial or durable. It has however the effect of diminishing the discharge, and preparing the wound for the formation of a natural crust, and what

is at least of equal importance, it gains for you the confidence of the patient, who will be assured from the facility with which you have formed this incrustation, that you can produce another of a more permanent character when you please.

I shall now proceed to describe the other mode of incrusting cancerous ulcers, which is by means of the acetate of lead, and calamina in powder, combined occasionally with opium.

To ulcers in the breast, the proportion of the acetate of lead employed may be greater, than to those on the face, or other parts of the body, because it is never absorbed when applied to cancerous ulcers of the mammary gland, as it frequently is, if long continued to those of the face.

The proportions I generally use with the view to produce incrustation in ulcers of the

mammæ are, one third lead, and two-thirds calamina, and when opium is added, an eighth, or a tenth part; but occasionally I have used the acetate of lead, and calamina, in equal parts; if there be too much lead, however, it will prevent, I must observe, the rising of granulations. To ulcers situated on other parts of the body, I use from a sixth, to a third part of acetate of lead.* The powder thus made, should be sprinkled on the ulcer, and allowed to remain, and by the super-addition of more powder from time to time, the desired crust will at length be formed.

By one or other of these modes, I have succeeded in incrusting many ulcers unquestionably cancerous, and not content with incrustation only, I have proceeded in the way previously described, and given to the granu-

* It will be necessary to defend the skin surrounding the ulcer from the lead; the best mode, in such cases, is to cover it with a paste made with oxyde of bismuth.

lating surface a complete and healthy cuticular covering ; and perhaps I cannot give a stronger instance of this than the following, to which the lady herself has permitted me to give publicity.

Her own account is this :—That she is now sixty-six years of age ; and eleven years ago, a wart appeared about the centre of the nose, a little inclining to the right side ; some few years afterwards it became sore, and troublesome, and began to ulcerate, caustic was applied to it, with the view to its destruction, which it effected, but left an ulcer which could not be healed, and by December, 1826, the ulceration had increased so as to occupy two-thirds of the whole nose ; she then placed herself under the care of Mr. Headington, one of the Surgeons of the London Hospital ; at the end of three months, he dismissed her, telling her it could never be cured. On the 21st of May, 1827, she placed herself under my care.

The ulceration was of so malignant a character, and had destroyed so much of the soft parts, that I entertained but little hope of success; however, by the following December, she returned to her home with the part perfectly cicatrized. What renders this case the stronger is, that there was then a wart on the right cheek, which has since taken on the same action, and which I purposed should remain, to afford it a fair opportunity of developing its true character, that the character of the one formerly on the nose may not be doubted.

Now with respect to the granulating walls which may be raised, with the view to arrest the ulcerative process of cancerous wounds; the several plans I have laid down are applicable; but the most advantageous will be the application of the lead, and calamina. The parts of the ulcer on which these granulations first form, are the upper part, and sides, and after they are there formed, the difficulty will

be with the inferior part of the ulcer over which the discharge necessarily flows. This difficulty may be overcome by position. Suppose it to be the breast for example ;—place the patient in an horizontal posture for some days, and by supporting the breast, by means of bandages around the neck, you have another part of the ulcer which has already granulated, the lowest point, and in this way you may direct the discharge from its ordinary course, and by doing so you complete your circumvallation of the ulcer.

Well, it may be said, this is all very fine in theory, but we shall not find it so readily reducible to practice ; how rarely do we find cancerous ulcers in the favourable state you have described, so as to admit of this incrustation, and cicatrization. I admit it is not common, but a practitioner accustomed to the treatment of these ulcers may soon bring them into this favourable state. We will just

draw the picture of a cancerous ulcer in its worst state, and then point out the means by which that state may be entirely changed.

The wound shall be full of pain, the discharge thin, acrid and corrosive, the edges of the sore sharp, and of a fiery redness, and the bottom full of sloughs. It may be considered a great task to reverse such a picture as this, and yet it is easily accomplished. The best applications, with the view to detach the slough, are *spt. vini rect.* applied by means of lint dipped into it, and over this a carrot poultice made in this way, to fill up the cavity of the ulcer; scrape the raw carrot and heat it by the steam of warm water; well then around the sore, and tender edges, the cataplasm, No. 3, may be applied, spread on strips of lint.

If neither the spirits of wine, nor carrot poultice, can be easily borne, then the cataplasm, No. 3, may be applied to the foul,

and sloughing part of the ulcer; either of the applications promote the same end, the detaching of the slough; but the two first, are quicker in their operation. Another excellent application to promote the detachment of sloughs, is the tinct. benzoes comp.

Hyosciamus, is the best medicine for internal use during this state of ulcer; and to it may be added, camphor, æther, castor, or other antispasmodics: and with the view to open the bowels, ten grains of calcined magnesia may be added to the draught, and given twice or thrice a day. After the sore is cleansed, and during the time you are endeavouring to produce incrustation, or granulating margins, the best medicines that can be administered, are alkalies, and very small doses of blue pill, as an alterative.

FUNGIOUS GROWTHS.—POLYPI, &c.

At certain stages of carcinomatous ulceration we are much annoyed by the growth of fungous excrescences, which arise from the cancerous mass, and frequently from the edges of the ulcer; and wherever they appear, they bring with them a constitutional, as well as a local excitement; but, if you succeed in destroying them, the symptoms thus excited during their progress towards maturity, and after they have reached that point, subside. These excrescences grow to a certain extent, and when they have reached the point beyond which they are capable of receiving sufficient nourishment, or vital principle, sloughing commences, and a partial destruction of the fungus thus naturally takes place, which however, is again speedily reproduced. I might go on describing varieties in the mode of production and growth of those fungous excrescences, which

would be of no practical good ; my object is, to point out the way, and the only way, which we have of destroying them. It may be asked why I wish to attempt the destruction of such a fungus, and what I gain by it ? I only do what nature makes vain and ineffectual efforts to accomplish ; and the great art of surgery, if I understand it rightly, is to assist nature in all the efforts which she is constantly making to get rid of diseased, and to set up healthy action ; and as the effect of the destruction of such fungus is the cessation of the constitutional, and local excitement, surely I may be allowed to cut short the period of excitement, and anticipate nature, by doing effectually, and quickly, what she, if unaided, would do leisurely, and ineffectually.

Such fungous excrescences are not usually sensible to pain. Their sensation, however, varies, and depends on the structure of the fungus : if it be very soft and spongy, it is in-

sensible to a certain depth, and in proportion to its approach to a firm and compact texture, so in proportion is its sensibility : and in proportion to its softness or firmness, will be our means of effecting its destruction. If it be very soft and spongy, it will speedily be destroyed. You may cut portions of it off, and the patient will lose blood she can ill spare ; you may put ligatures round it, and the part which you have tied will fall off, but will be speedily reproduced ; you may use all the caustics known to modern surgeons, even arsenic, and corrosive sublimate, and they will have no effect upon it. You may use all the preparations of iron, and it still defies you ; but apply a strong solution of the acetate of lead, and the fungus will soon vanish. When I say a strong solution, I mean from two to three drachms to an ounce of fluid.* Saturate pieces

* Strictly speaking, the acetate of lead requires twenty-four parts of water to make a perfect solution ; the practitioner, however, will find that the quantity I have ordered, will be held sufficiently in solution for the purpose for which I design it.

of lint with this solution, and lay it on the fungus; and as soon as the slough has formed, which will be in from twelve to twenty-four hours, it may be discontinued, and an emollient poultice substituted: and when the slough thus produced is detached, then the solution may be reapplied, and a second slough produced, and this may be repeated until you have effected your purpose. Well, if these means be employed in fungus, covering carcinomatous structure, they will carry you to that structure, and then their operations will cease; but my object is not so much to advocate its use in fungus growing over carcinomatous structure, as it is in fungous tumours, in which none of this structure is to be found; and we frequently see such tumours in the breasts and other parts of the body, and what can be more melancholy than the result? Let us take for example the acute fungous tumour of the mammæ: the patient is led to believe that it is a common abscess, and it will burst and may discharge

itself; well, the practitioner knows better, when the tumour is covered over with a dark purple colour, can he be deceived? and when it bursts and no pus issues, but in its stead, serum, blood, and fungus, can his poor patient be deceived? Well, immediately previous to, or after the bursting of this hydra, comes the surgeon with his knife, he removes the whole breast—the wound heals within a month, but frequently before that period elapses, the patient discovers a fulness either in, or close to the axilla; this she is told is nothing, but it advances; repellent lotions are applied; still it increases, and she is again told it is a common abscess; it cannot be otherwise, because the tumour in the breast had no roots, or adhesions, and every portion of disease was carefully removed. Well, it bursts, and again there is no pus, but again lymph, blood, and fungus. This is no tale of imagination, but a faithful record of facts. I do not blame the surgeon for the deceptive opinion which he gives; it is his duty, because it has

the effect of quieting the apprehensions of the patient, but I do blame him for using the knife; it is a tremendous operation, and it frequently excites feelings of disgust and horror in the mind of the patient, for the operator; and during the little period she survives, she cannot bear to see the man who has performed it. Sir Astley Cooper and Mr. Brodie can tell us whether they ever saw an operation succeed in such a case. I never did, and if I may be allowed to form an opinion, from the number of cases to which I am called, where it has failed, my evidence on that head will be tolerably conclusive; that it never does succeed. The disease is not a local one, there is a constitutional disposition, I have seen it in the breast, the axilla, and on the forehead, in the same patient, but it is not common to meet with it, in all these situations. It however sometimes confines itself to the breast, and extends no further, unless the knife be used; and then it always returns, and generally in the

axilla. If the operator knows that the disease will return, why does he employ the knife? The best reason he can give is, that for a short time he gets rid of a desperate disease; and allows the patient's constitution time to recover the shock it has received. This he most assuredly does, but let him ask the patient, if she would permit him to operate, provided she were once more placed in the same situation; her reply would be in the negative. The most extended period for the disease to return, is, I believe, eight months; the shortest, three weeks.

At the time I am writing, I have just been called to a lady, on whom Mr. Brodie lately operated, and in whom the disease has re-appeared in the axilla at the shortest period.

The average period for a return may be computed at three months. Should we not then abandon a practice which affords so short,

and uncertain a respite from misery; and which certainly, in most cases, hastens the period of dissolution? And are we not justified in adopting some other mode of practice? If the disease be left to itself, death is certain; if the knife be employed, it is equally sure.

It will readily be seen from the foregoing observations, that I have something to propose; and this I do with all humility, yet with some hope that it may succeed; and I will proceed to show that my hope is grounded, on at least an analogical basis; for I have succeeded, by the treatment I shall recommend, in destroying fungoid tumours of a considerable size, but not in the breast.

CASE.

A lady fell down on the sharp edge of a piece of wood; she received the blow, on the upper, and anterior part of the tibia, close to the

knee-joint: a soft tumour followed the accident; fluctuation was evident, and a lancet was put into it by a surgeon in Paris. A small quantity of blood was evacuated, and fungus protruded. She landed at Brighton, and requested my attendance. The tumour was then the size of a coffee cup inverted, with fungus protruding at two points; and knowing from previous experience, that no application would destroy this fungus but the acetate of lead, I immediately commenced applying it in the strength of ʒiij to ʒi of aqua rosæ. It speedily produced a sloughing of the protruding fungus; and the second application destroyed the remaining cuticular covering, and completely exposed the whole surface of the tumour. Every second or third day the application was renewed, until no fungus remained: healthy granulations arose from the base of the wound; and within a month from my first visit I saw her for the last time. The granulations were nearly cicatrized over, and the part evinced no

disposition to the reformation of such a substance as fungus. Her husband promised he would write to me if it returned, and not hearing from him, I reasonably conclude she is quite well.

If such be the result of this treatment on fungoid tumours, situated on other parts of the body, why should it not be employed in those of the breast? and why should it not succeed equally well? I confess I have never yet employed it in fungoid tumours of the mamma; but I see no reason why it should not be tried in all tumours of that description, and in fungus hæmatodes also. If I were surgeon to one of the public hospitals, I would certainly adopt it in the first case admitted; and I hope that this hint may be the means of its being tried in one of those institutions. I should not hesitate to adopt it in private practice; but I am rarely fortunate enough to be called in before the knife has been used, and there-

fore have not the opportunity at the time when the practice might be available.

When a patient, or her medical attendant, is aware that she has so serious a disease, they go with all haste to those who wield the knife with such dexterity, and when they find they can no longer be benefited by the assistance of a Cooper, or a Brodie, they begin to inquire who amongst the profession has given such diseases his particular attention; and thus a practice is cut out for me. I am sure if the heads of the profession saw as much of the termination of their work in these cases as it has been my melancholy lot to witness, they would sometimes pause, before having recourse to so cruel, and so useless a remedy as the knife is here.

It has been often said, to my prejudice, that I confine my practice to cases of cancer and scrofula, because I have written on those two

diseases, and have advocated a mode of treatment different to that in general use, and I now avail myself of this opportunity of publicly denying the assertion. I have done nothing but what others have done before me. Sir Astley Cooper's first dawn of celebrity arose from his knowledge of diseases of the ear; Lawrence from his knowledge of those of the eye; Dr. Hooper for his treatment of phthisis; and so of many others I could mention. Every man wishes, very naturally, to make himself known; and, provided the way he chooses to effect this be honourable, and just, and in accordance with professional usage, that is enough. I have concealed nothing, and I say it without fear of contradiction, that even my humble efforts have caused a material improvement in the treatment of those two diseases; an improvement which, if it be not generally acknowledged now, will hereafter.

But to return to the subject of fungoid tu-

mours; patients generally find them easier when a common bread-and-water poultice is applied. But this application has its disadvantages; the tumour grows faster during their application; now, you may apply a poultice which will afford more relief, and which will retard the growth of such tumours; and that is made with the undiluted liquor plumbi subacet, and opium; well, after they have broken, and fungus protrudes, then it is usual to apply the bread and water poultice; this is bad, nothing promotes the growth of fungus more; bismuth will be found preferable. These are local palliatives. The time at which the destruction of these tumours should be attempted, is when their nature is unquestionably proved; and who can longer be in doubt when the skin assumes the purple colour? But even then, should there be doubt, let the practitioner introduce the point of his lancet, and when the fungus begins to protrude, let him commence his first application

of the solution of the acetate of lead, and proceed as I have previously directed, until the task be accomplished. The medicines I have found most useful during the process of sloughing, are, camphor, ammonia, and bark, with occasional opiates.

Hitherto there has been no successful mode of treatment proposed for these tumours; the practitioner, therefore, should not advance any objection to the plan now advised, on theoretical knowledge only; let him be practically convinced that it is not efficient before he attempts to controvert what I have said. With the treatment now in use, all patients die; with that proposed, some may recover; at all events the condition of the patient cannot be rendered more deplorable, and there is a hope that it may be improved.

The same treatment I consider applicable

to other morbid growths, not properly fungoid ; the polypus, for instance.

CASE.

I was called upon to attend a female some few weeks since, who had a polypus in the vagina ; it was not the first, for on inquiry I found the late Dr. Clarke had removed one for her by ligature. The reason she assigned for sending for me, was, that she thought I might devise some mode more congenial to her feelings, than the ligature. In her case I applied the solution of the acetate of lead, taking the precaution to guard the surrounding parts ; recumbency, and rest were enjoined, and the application was kept in close contact nearly forty-eight hours : in that period a slough had formed, and in three days more, the entire polypus was removed. In cases of polypi, where it may be inconvenient and unsafe to apply the ligature, this treatment may be applicable.

ENCYSTED TUMOURS OF THE BREAST.

The next disease of the breast to which I shall advert is the encysted tumour: of these there are some varieties, in which no medicine, either exhibited internally, or externally applied, is capable of effecting any reduction. The knife is the only, and the best remedy; but it sometimes happens, that the nature of these tumours is not known until they have broken. I have a case of this kind now under my care, in a lady of sixty-five: she had two distinct cysts in the same breast: in August last one broke; and in February last the second broke. The discharge from the first was very considerable; it was thin and watery, neither offensive or corrosive; and to this day the cavity, or cyst, has neither increased, or diminished in size, nor is there any attempt at granulation, except around the margins of the cyst. The pains before each

broke were described as being very severe, and there was a surrounding hardness at the base. Her health is yet unimpaired, but there is no prospect of the condition of the exposed cysts, being at all improved. I think equal parts of myrrh, and calamina are the best applications: the sulphate of quinine the best internal medicine; but there is nothing I can suggest in such cases, with the hope of effecting any permanent good.

CANCER OF THE RECTUM.

Of all situations, or seats for cancerous ulceration, the most horridly painful and distressing is that of the rectum. This excessive and insupportable suffering, is however, often the effect of neglect or mismanagement, in allowing the external aperture to be closed, by hardened, and diseased granulations, which might easily be prevented by the timely introduction of a hollow elastic bougie; and as this might be

worn constantly, it would also enable us to throw up such injections as would relieve pain, and keep the ulcerated part tolerably clean, throughout the whole course of the disease. From such an omission as this, we have sometimes, after the lapse of perhaps six or eight months, one of the most melancholy pictures of human suffering presented to us, that disease can produce.

I am perhaps sent for to such a case as this from a distance of fifty, or a hundred miles; and it is expected that I must at least relieve the sufferings of the patient. What am I to do? I find, on inquiry, she has tried all the sedatives, and narcotics; that she has eaten solid opium in large lumps, and has swallowed Battley's anodyne undiluted, until the acid it contains has flayed her tongue, and fauces; whilst all local means of relief are shut out by the aperture to the rectum being closed by a granulating tumour, through which there is no

visible opening, unless at the moment when a portion of discharge from the ulcerated surface above, is passing, or a little fluid fœcal matter; then, and then only, you perceive a small chasm. But you benefit nothing by such an opening as this; it is never a direct one, but always tortuous; and if it were straight, it is so small you could not pass any hollow instrument through it, however well constructed; indeed, from the excessive pain and tenderness of the part, the patient will not even allow you to touch it.

The acrid discharge is passing involuntarily every five minutes, which she as frequently wipes away with a little soft old muslin, dipped in cream; for a week together she gets no sleep; her cries are heard not only all over the house, but in the street; at length she becomes exhausted, and sleeps for six or eight hours; but she awakes only to a repetition of her former misery. In this state she exists for

perhaps three, or four months, till kind, and welcome death closes the scene.

Even in such a deplorable situation as that I have just described, it is in the power of the practitioner to afford some relief; but that relief is not immediate, and it is to be afforded in this way:—He must sheath the alimentary canal by mucilaginous drinks; and he may render the discharge much less acrid, and burning, by repeated doses of the carbonate of soda, which he should give every third hour; with the view to lessen the constitutional irritation, and reduce arterial action; between each dose of the soda, he may give twenty, or thirty drops, of tincture of hyosciamus: this is all he can do in such an extreme case. I have seen the leaves of the common lettuce, applied to the part, produce a cessation of pain for some hours; and that is the only local application I have ever seen afford the slightest ease.

In my opinion, cancerous affections of the rectum are much more common amongst females, than they were formerly, and at the same time that I give this opinion, I will assign what I consider the cause of this greater frequency.

Since the peace of 1813, we have had an uninterrupted communication with the Continent, and the consequence of such communication, has been the adoption of some of the habits and customs of the French, and amongst others, that indelicate instrument by which females administer to themselves, what is termed a lavement. It is to the free, and frequent use of such an instrument, that I ascribe the frequency of cancerous affections of the rectum, in the present day. They have not, perhaps, the tact and adroitness, of the French ladies, but they have more timidity, and more delicacy, and consequently such an instrument, in their hands, is used under every disadvantage.

Whether Cancer of the rectum be, or be not, more common amongst females in France than it is in this country, I am not prepared to say ; but this I know, that there are few women who use such an instrument in this country, who do not injure the intestine at some period, or other ; and that such injuries may often be the cause of serious diseases in these parts, will, I think, be readily admitted.

* When cancerous ulceration is once established in the rectum, we can do very little more than palliate. The situation of these parts, prevents the adoption of those measures which I have recommended with the view to incrustation or the production of granulations, and therefore it is the more incumbent on persons who are unfortunately the subject of Cancer in these parts, to have early recourse to the

* The observations which here follow with respect to the rectum, are all applicable to cancerous ulcers in the uterus, and vagina.

plan of treatment I have recommended in unbroken or occult Cancer. Indeed, even after the ulcerative process has commenced, I should give a course of the fucus, not under the impression that it could, or would effect a cure, but because I know it would materially tend to lessen future sufferings, and that it would also diminish much of the surrounding hardness : it may be combined with iron, bark, gentian, calumbia, or other tonics ; but if the state of the patient requires none of these, it would be better to give it alone.

CANCER OF THE UTERUS.

It is singular how often trivial affections, or rather functional derangements, of the uterus, are mistaken for Cancer. I am not surprised that females themselves should make such mistakes, when they have pain in, and unusual discharges from that organ ; but I am surprised that practitioners, who cannot partici-

pate, in the sexual sensibility, and dread of their patients, should form so incorrect a diagnosis.

Within the last six months, I have had from ten to fifteen females, from different parts of the country, who all came up to town with the impression that they had Cancer of the Uterus; and some of them were so obstinate in their conviction, because it was the opinion of their medical attendant in the country, that it could only be shaken by the concurrent testimony of two, or more of the principal surgeons in London.

One of these ladies came up expressly to see me from a great distance; and because my opinion was in opposition to her medical attendant in the country, she said I must be mistaken. I desired her to see Mr. Brodie; his opinion coincided with mine: still she was satisfied she had the disease. I then sent her

to Sir Astley Cooper, who gave her the same opinion: her conviction was shaken by the three opinions; but even after all, she left town in doubt whether she had Cancer or not; and I verily believe she would have been more obliged to me, and much better satisfied, if I had kept her in town, and treated her for a disease, which never existed.

It may, perhaps, be as well to describe the mode in which this disease commences in the uterus. It first appears in the form of a wart, or tubercle, which forms in the reflected skin, investing the orifice of the uterus; one or more of these malignant tubercles, as it increases, surrounds the os uteri like a ring, and occasions an opening, or morbid dilatation of this natural orifice, the edges of which opening, become hard, and irregular. Well, then, at the commencement, you have the hard wart, or tubercle only, and afterwards you have the morbid dilatation, and the hardened and

irregular edges, these soon ulcerate and form a state of indolence, you have painful, and sudden transient shootings in the part. If an examination be made at this period, you find excavations, and irregular edges, not only around the os uterus, but on the upper part of the vagina, from which is discharged a thin bloody ichorous fluid, of a peculiar odour. Cancerous ulceration first spreads superficially upon the neck of the uterus, precisely as cancer of the skin affecting the face, but afterwards penetrates more deeply; first destroying the substance of the cervix uteri, then that of its body, and lastly its fundus. The same kind of tubercle may form first on the cervix uteri, or the upper part of the vagina, but still in the reflected skin, and proceed to its termination, in the same manner. These are the local symptoms; the more general are, severe pains over the abdomen, at the lower part of the back, in the thighs particularly, and even in the legs, and arms. Phlegmonous inflam-

mation, will frequently take place, in both upper, and lower extremities: the bladder becomes affected, the urine, which in the early stage of the disease, exhibited no extraordinary, or unusual appearances, now deposits a pus-like sediment, which gradually increases until, at the close of the disease, there is scarcely any urine at all, but all that is ejected is purulent: the bladder loses the power of ejecting its contents, and the uterus becomes firmly fixed in the cavity of the pelvis: the stomach soon sympathizes with the diseased uterus, and becomes extremely irritable, demanding your constant attention; the pulse is rarely under a hundred; you have coma, delirium, and sometimes epilepsia; but when these symptoms appear, the patient's dissolution is not far off.

ON HÆMORRHAGE FROM CANCEROUS
WOUNDS OF THE BREAST, AND NA-
TURAL SLOUGHING OF THESE PARTS.

The coats of the external mammary artery, or some of its branches, are often destroyed by cancerous ulceration; and in consequence of such destruction, we have repeated hæmorrhage, which tends both to alarm, and weaken the patient. This occurs sometimes in the very earliest stages of ulceration; I have seen it within twenty days after ulceration has commenced, and when apparently nothing more than the cutis has been destroyed; but when it occurs thus early, it will be evident to the surgeon who examines the wound attentively, that these appearances are deceptive, and that ulceration has proceeded to a greater depth, and that the ulcer is covered by soft spongy granulations, which have a smooth

surface, and the blood will be found to issue from the edges of this spongy covering. I have seen repeated, and troublesome hæmorrhage, from this description of hidden ulcer, when the whole surface exposed, might be covered with a shilling. Hæmorrhage from such a wound as this, is easily stopped by the application of the finger to the bleeding vessel; and by keeping it there for a period of ten, or twenty minutes, a coagulum will be formed; which, however, will not remain more than a few days, when we have a recurrence of bleeding, and again resort to the same means to put a stop to it; and thus we may proceed until ulceration has obliterated the entire artery: but this is not the most effectual way of proceeding; produce a good sized slough, and you prevent future hæmorrhage;—you do quickly, what nature does slowly; you destroy the vessel at once; or if you like, you may follow another course which she points out: suffer the artery to bleed until the patient has

lost as much blood as she can bear, and then sloughing will become the natural consequence, and it will assuredly take place within twenty-four, or forty-eight hours, after such loss of blood. This, however, is a practice I have no intention to recommend, and I mention it only in conformity with my desire to show, that sloughing is the natural consequence of the loss of a great quantity of blood; for we see it invariably take place after extensive hæmorrhages from the breast, when such hæmorrhages occur for want of surgical aid, or surgical knowledge in the attendant, I will not say practitioner. Such sloughings are usually very extensive, the whole mammary gland is sometimes thrown off, and the patient might, by such extensive sloughing, get rid of the whole disease, if there were no cancerous affection previously communicated to the surrounding cutis, or to the cavity of the chest.

Extensive sloughings, following profuse

hæmorrhage are attended with considerable danger, and require the greatest care, and attention, in combination with judicious treatment. Not long since, I was called to a lady who had lost full two quarts of blood from a cancerous ulcer in the left mamma; in consequence of the repeated application of steam, by means of inverted bowls to the ulcer, the artery had given way, the person not medical, who had advised such an application, was sent for to repair the mischief he had occasioned; he bandaged her very tightly, and profusely, but neglected to reduce the temperature of the apartment; notwithstanding his assurances to the contrary, the bleeding returned, and she sent for me in the course of the night, but under the conviction that it was too late to save her, from the state of exhaustion which had taken place, I reduced the temperature of the room, removed the compresses and bandages, placed my finger on the bleeding artery, and kept it there for half an hour, and no sub-

sequent bleeding took place; but within thirty-six hours, sloughing commenced, and the whole breast was thrown open, and subsequently the wound cicatrized, but the sloughing did not embrace the whole of the diseased cutis, and in a few months afterwards, ulceration recommenced.

I have never seen any hæmorrhage from the breast, in cancer, that could not be stopped by the simple application of the finger; and all the sloughings which I have witnessed from profuse hæmorrhage, have endangered life; but those which have been produced by artificial means, have never produced any unusual constitutional excitement. Much has been said about styptics; the French use agaric, and we Ruspini's styptic; neither are necessary in cancerous hæmorrhages; the finger will stop them for the moment, and an artificial slough will stop them for a permanency: the mode of producing such slough I have sufficiently detailed elsewhere.

ŒDEMA OF THE ARM.

One of the effects of cancerous ulceration in the breast, and in the axilla, is an œdematous state of the arm, of the same side. This œdema is generally accompanied with a degree of inflammation of an erysipelatous character; the effect of which inflammation is a partial adhesion of the cells, in the cellular structure of the limb; which prevents us from evacuating the water by the means usually employed. If we make incisions on the back of the hand, a very few drops of water follow the lancet, and the next day the wounds are healed. If we insert a small seton, on passing the needle, a few drops issue; and in a day or two, pus is discharged, but no water. If we apply a blister, we are equally unsuccessful; and yet an arm thus swollen, and in which the cellular communication is for the most part destroyed, must be emptied, as the patient is most de-

sirous to be relieved from the great, and now insupportable, weight of the limb, and will readily submit to anything you may suggest, to obtain so desirable an end. There is a part of the fore-arm where you may make your incision with effect, and that is just before the olecranon process of the ulna, or the point on which the arm is wont to rest. Now, whether it be that this part has been, through life, subject to pressure, and therefore less liable to be attacked by that kind of inflammation, I know not; but such is the fact, that on making your incision there, a discharge of water immediately follows, to the extent of perhaps half a pint, and the wound continues to discharge water day by day, as long as you keep it open; and if you make the incision on any other part of the limb, you will not have the same effect. That this is a practical fact, worth knowing, is obvious. The theorist may employ himself in speculating upon causes, but

I am satisfied with observing, and recording effects or results.

IMPETIGINOUS ERUPTIONS, AND ERYSIPELAS.

There is an effect produced, by the application of lead to cancerous ulcers, which I may as well notice in this place: viz., it sometimes produces around the ulcer, for the space of two or three inches, an impetiginous eruption, which often becomes very troublesome and annoying to the patient. It is a curious fact, that the same kind of eruption is also invariably produced by the surface of a cancerous ulcer coming into constant contact with a part covered with healthy skin. This happens in females whose breasts are very large, and when there are strong adhesions, which produce folds of the cellular substance, causing a sound part of the breast to fall over the part

ulcerated ; and when this is the case, even the interposition of lint, or other substances, will rarely prevent the appearance of the eruption on the sound skin.

I have just noticed, in a cursory manner, a troublesome eruption which was produced around cancerous ulcers, by the application of lead, and also by the surface of the ulcer itself being brought into contact with healthy skin ; but these are insignificant when compared with an eruption which I am about to describe, and which not unfrequently accompanies the ulcerative stage of cancer, and adds greatly to the sufferings and distress of the patient. In all the cases I have seen, it commences around the ulcer in distinct pustules, which, at first, discharge a little pus, and then pour out a thin watery humour, which forms an incrustation ; these coalesce in a few days, and the whole surface around the ulcer, for two or more inches, is covered with them : then it appears on the

thighs, the abdomen, and other parts of the body; and when the face is attacked, it constitutes the disease, called the “*Impetigo erysipelatodes*,” described so accurately by Willan, but I have never seen it attack the face primarily, as that disease is described to do, but always to have its origin around the cancerous ulcer; occasionally the face is spared, and then the attack is more severe in one or both groins, and the upper parts of the thighs; but when the face is attacked, it is with more severity than any other part:—you have first a red puffy swelling of the upper part of the face, with œdema of the eyelids; the surface is slightly rough, and in a day or two the whole is covered with innumerable psudracious pustules, which are accompanied by a sense of heat, smarting, and itching; when the pustules break, they discharge a hot, acrid fluid, which aggravates the distress, and pain, of the patient. The eruption extends close to the hairy scalp in all directions, but never

enters it; and the quantity of discharge which I have seen from the face alone, I should say, has amounted to six, or even more ounces in twenty-four hours; the pulse is increased to a hundred. There is no application which affords such speedy relief, when the pustules have appeared, and are discharging, as a solution of opium in water, in the proportion of a drachm to a pint of water, and applied warm. You are supposed to have cleared the bowels at the commencement; and when the local excitement is at its height, and no rest can be obtained, I give five grains of calomel and two of opium, and I would repeat the half of that dose every second, or third hour, until rest was procured. In doing this, I have occasionally affected the mouth, and have found it rather advantageous, than otherwise. After two days, the opiate lotion may be discontinued, and you may proceed to check the discharge; this may be done by the application of aromatic vinegar and water, with a camel-hair brush;

one-fourth of the vinegar, to three-fourths of water: if you make this application to-day, on your visit on the morrow, you have a crust formed over the whole surface you have touched, and an almost entire cessation of discharge. The patient may, however, object to such an application, from the pain which it gives; then you may use the oxyde of zinc, in the form of a paste, and cover the whole surface with it; this will form a crust, but will occupy much more time: when a perfectly dry crust has been formed, it will remain on a few days, and then be thrown off; and if not previously disturbed by the patient, the whole surface will be found to be free from pustules, but the skin will be shining, and of a darker colour than natural; even a fortnight or three weeks may elapse before the skin recovers its usual complexion. By such treatment you get rid of a disease in ten days, which, if treated on the plan of Willan, or Bateman, would run a course of two or three months.

ERYSIPELAS.

The other disease of the skin, which very frequently accompanies cancerous ulceration, is erysipelas. So much has been said, and written on erysipelas, lately, that it is almost unnecessary for me to say anything on the subject. Whenever an attack of erysipelas supervenes on cancerous ulceration, the stomach is invariably more disordered, than in erysipelas unaccompanied by open cancer; and our first attempt must be to quiet the irritable state of that organ; and this is best effected by occasional draughts, composed of the calcined magnesia, the sulphate of magnesia, and the spirits, and water of peppermint; these draughts may be given twice, or thrice in the day; and at night, a powder composed of the hydrargy cum cretæ, rhubarb, and the compound cinnamon powder, and a solution of

opium in water, applied warm to the part. After the stomach has been tranquillized, a decoction, or infusion of bark with camphor, may be given, continuing the powder at night, or the carbonate of ammonia, if it agree; but this latter medicine can rarely be continued long, if employed at an early period of the disease.

THE EFFECTS OF PREGNANCY ON CANCER.

There are several diseases to which females are liable, which we frequently see arrested in their progress, and, indeed, entirely suspended, during the period of gestation; the most striking instance which can be adduced, is that of phthisis; but although this disease is suspended in a remarkable degree, the disposition to such disease remains unaltered, and unchanged; for immediately after the period

of gestation has passed, it returns and proceeds with its former rapidity to destroy life.

Some years ago, many were of opinion, that a cure for phthisis would be found in counter-irritants, and that opinion originated from the well known fact, that even ulcers in the lungs were completely healed by the action which is going on in the uterus during pregnancy; experience, however, has taught us, that all our attempts to imitate nature, by inducing local excitement, are ineffectual.

The formidable disease of consumption, then, is entirely suspended by pregnancy; it is quite the reverse in Cancer, when that disease has its seat in the breast; then, if pregnancy supervene, it invariably hastens the dissolution of the patient, and in no instance, that I have seen, does she live to complete the full period of gestation; she usually dies in the seventh, or eighth, month.

Now pregnancy does not increase the local disease, so much as it induces a peculiar state of uterus, which I scarcely know how to describe; however, on examination, the os uteri will be found more open than natural, but uniformly soft and flaccid; and you will meet with a discharge of a peculiar odour, and which you would say, has very much the smell of that issuing from cancerous ulcers, although no ulceration has taken place in that part; and, indeed, I have seen a patient die in such a case as this, before ulceration in the breast was established; and in the absence of all axillary disease. Sufficient, I think, has been said to prevent all females, who may be unfortunate enough to have Cancer in the breast, from exposing themselves to the chance of becoming pregnant; by allowing themselves to become so, they induce a morbid state of uterus, which, although not strictly cancerous, is equally fatal in its effects, and they prevent your using such means as would, at least,

arrest the progress of the disease, if not completely remove it.

ON REMEDIES, &c.

I shall close this Essay with a few general remarks on some particular remedies mentioned in the preceding pages.

There is no medicine, with which we are acquainted, that possesses the power of effecting any diminution in cancerous tumours, or that will reduce indurations around cancerous ulcers, with the exception of the fucus helminthocorton. There are, however, some which, when locally applied, will retard the growth of these tumours; and the most efficient of these are lead, and belladonna: the liquor plumbi is the best preparation for this purpose, and it should be used undiluted, in the form of the cataplasm, No. 3; the belladonna may

be used in the form of a plaster, with the soap cerate; see formula, No. 9.

There are again medicines which will retard the ulcerative process; and these are, lead, in the form I have stated at page 18, and the oxyde of bismuth, in the form of a paste, or ointment: the bismuth, when applied in the latter form, (see formula, No. 10,) quits its vehicle, adheres to the skin, and forms a crust for its defence. There are also medicines which will relieve pain in unbroken tumours, and in those which have ulcerated; and the most efficient in the unbroken are, belladonna, and lead, the latter with opium: in the ulcerated, opium, in the form of a cataplasm, either with lead, or without it. (See formula, No. 14.)

With regard to the internal exhibition of medicine, with the view to relieve pain, and to improve the condition of the patient, many pages might be occupied in the consideration

of such a subject ; I shall, however, make only general observations. The bowels are to be kept open ; constitutional irritation is to be kept down ; pain to be relieved, and the strength supported : and care is to be taken that the stomach is kept in such a state, as to be at all times capable of receiving the medicine necessary for these several purposes ; and that that organ may be so kept, you should give as little medicine as possible : in other words, your combination should be such as to effect all these desirable ends in the same dose or draught ; and your doses should be such, that their effect may continue for several hours. Now, for example, you have a pulse of about a hundred, with constipated bowels, and pain, and general debility ; in this case, the best sedative during the day, is hyosciamus, given every six hours, in conjunction with æther, castor, and camphor ; and if to a draught thus constituted, you add a few grains of calcined magnesia, you mitigate, at once, all the sym-

ptoms present. Well, perhaps the patient complains of nausea in addition; then add a scruple of carbonate of potash to your draught, and let her take it with a table spoonful of lemon-juice, in a state of effervescence. Well, perhaps your magnesia produces liquid motions, and liquid motions increase the debility; then omit it, and give an aloetic pill, with soap, at night (see formula No. 12); but at night, you say, you must give an opiate to procure rest, and perhaps you must; then let her wash the pill down with her opiate draught, which will not prevent the pill from acting next day.

The next point to be considered is, what is the best opiate? The best is that which will neither give headach on the morrow, nor excite nausea, and that will be found in Battley's and Hoffman's anodynes combined, and given in an infusion of common garden mint; but there is a powder, which I often give at night, and which I frequently find an excellent

substitute for opium, and this powder is composed of a few grains of the hydrargy : cum cretæ, rhubarb, and the compound cinnamon powder, No. 8. With regard to the internal exhibition of opium, I will just remark, that small doses of opium often produce sickness, whereas large doses have the contrary effect. When you speak of giving opium in the presence of a patient, she will frequently say,—“ Oh, Sir, do not give me opium, I cannot take it, it always makes me more restless, and so sick and ill the whole of the next day, and I assure you, all the medical men who have previously attended me, have found the effect of opium such as I describe ;”—heed her not, but if you think opium is absolutely necessary, give it ; but give it in a large dose, and without her knowledge, and she will thank you on the morrow for having practised this innocent deception.

The same prejudice often exists with respect

to hyosciamus :—she says, “ Pray do not give me hyosciamus, it always stops the beating of my heart, and makes me feel as though I were dying.” I was one day speaking to the medical attendant, and the patient overheard me say I should like to give more hyosciamus ; she caught the last word only, and earnestly besought me not to give her that pernicious medicine, for it had almost killed her already. Now in proof that her opinion had no foundation in fact, I had been giving her thirty drops every three hours, for several days previous.

The prejudice of patients to particular medicines, when the case demands the especial use of the medicine, should never be attended to, or at least should always be questioned, unless, supported by other, and better authority, than their own : nay, I sometimes meet with practitioners, whose prejudices I have great difficulty to conquer, and remove on these points ; when they are appealed to by the pa-

tient, they sometimes side with them, and say, that they have witnessed the ill effects of sedatives and narcotics ; although, perhaps, they are unable to describe the precise symptoms, said to have been excited by their use, and which ought to be ascribed to the prejudices of the patient, and not to the medicine. Well, when such a man retires with you from the chamber of the patient, he agrees, secretly, to try the *hyosciamus* again, but he is sure it will not agree ; it will prevent the liver from secreting, and shut up the bowels. You say to him, give it with salines, in a state of effervescence ; then he says salines will weaken the patient ; your answer to this is, the constitutional irritation which is going on will weaken her much more ; and it may be given to her with tonic bitters. What can you say more ?

Many patients there are who object to the external use of opiates and narcotics, and pretend that they are made more nervous, and irritable, if any description of sedative be applied

to their skins. I have known one or two instances where they have objected even to a fomentation of poppy-heads. It is the business of the practitioner to remove such idle prejudices. I have often found the surface of the body, the best medium for the introduction of opium; if you rub in half an ounce of tincture of opium, in the course of the absorbents, you will frequently allay pain, and procure rest, when all other modes have failed.

I have used belladonna largely as an external application, and I have never seen any mischief arise from its use; on the contrary, it almost uniformly affords relief. I do not, however, mean to recommend an indiscriminate use of belladonna, even as an application; the skin should be unbroken and uninjured; and, even then, it cannot be applied constantly. After it has been in contact with the same surface a few days, it generally produces a pustular eruption; when this eruption appears, it must be

discontinued, and not reapplied to the same part until the eruption has entirely disappeared. Mr. Blackett has published a pamphlet on the use of belladonna ; the perusal of which I would recommend to those who are desirous of further information on this subject. I do not agree, however, with the author, as to its powers as a solvent of cancerous tumours, either when given internally, or externally applied ; I never saw a true cancerous tumour reduced one jot by it. When there is too much action going on in the tumour, it invariably gives to the touch, a sense of material and sudden increase in size ; you then apply belladonna, which has the effect of allaying the local excitement, and, in a few days, the apparently increased bulk of the tumour is removed ; this is the true change produced by the belladonna, which has been mistaken, no doubt, by many, for an actual reduction in the size of the tumour.

It may not, perhaps, be unacceptable to mention here the symptoms attendant on the absorption of lead from an ulcer, and the most ready means of relieving them. The symptoms are, griping pains in the bowels, costiveness, a pale countenance, tremors, a small, hard pulse, and vomiting of blood. When lead has been swallowed, it may be well to give those things which are known, or supposed to render it innoxious; but as, in the case we are considering, no lead is to be found in the stomach, the treatment must differ. First give a brisk aloetic purge, in the form of pills, and let them be washed down with a draught, containing thirty drops, or more of the tincture of opium; by repeating these doses, according to the urgency of the symptoms, the latter will soon disappear; of course the application of lead to the ulcer must be suspended.

Of all the *mineral* poisons which I have ever applied to open Cancer of the mamma, I have

never known any one absorbed, and the only *vegetable* poison which I think I have seen absorbed, has been opium. The case was this, a female sent for me hastily into the country, she had been in extreme agony for twelve days, for as many nights had not slept, and the size of the ulcer was immoderately large. I immediately ordered a scruple of opium to be rubbed up with an ounce of confection of roses, and applied this over the wound ; she soon fell asleep, and when she had slept thirty-six hours, her friends became alarmed, considered her as dead, and sent for me again. Some hours, however, elapsed before I could attend the second summons, and when I reached her, she had awoke, having completed a sleep of forty hours duration, which I consider as having been caused by the absorbtion of the opium, applied to the wound.

PREScriptions.

No. 1.

R—Sp: Vini: Rect: ʒi.

Mist: Camphoræ, ʒij.

Aq: Distillat: ʒiij M. ft: Lotio.

No. 2.

Plumbi: Acetat: ʒi.

Calaminæ, ʒii vel ʒiij.

Pulv: Opii ʒi: M. ft: Pulv:

No. 3.

Pulv: Opii gr. viij.

Liq: Plumbi: Acet: ʒi.

Confect: Rosæ, ʒi. M. ft: Cataplasma.

No. 4.

Plumbi: Acetat: ʒxij.

Aq: Rosæ f: ʒiv. M. ft: Lotio.

No. 5.

Ext: Opii ʒi.

Aq: ferventis Oi. Solve ft: Lotio.

No. 6.

R—Acet: Aromat: ʒi.

Aq: Puræ ʒiij. M. ft: Lotio.

No. 7.

Magnes: Ustæ ʒi.

—— Sulph: ʒiij.

Sp: Menth: Pip: mx.

Aq: Menth: Pip: ʒiij. M. ft: Haustus.

No. 8.

Hydrarg· cum Cretæ gr. iv.

Pulv: Rhei: gr. v.

Pulv: Cinnamon: Comp: gr. iii. M. ft:

Pulv:

No. 9.

Ext: Belladonnæ, $\frac{1}{3}$.Cerat: Saponis, $\frac{2}{3}$. M. ft: Emplas:

No. 10.

Oxyd: Bismuth: Albi ʒiij.

Ung: Cetacei ʒi. M. ft: Unguentum.

No. 11.

Tinct: Hyosciami m. xxx.

Sp: Æther: Sulph: m. xxx.

Tinct: Castorei, m. xl.

Mist: Camphoræ ʒxi.

Magnes: Ustæ gr. x. M. ft: Haustus.

No. 12.

R—Ext : Colcynth : Comp :

Sapo : Hispan : aa. ʒi.

Ol : Carui, m. iij. M. ft : Massæ et divid :

in Pil : no : x.

No. 13.

Liq : Anodyn : Battley m. xx.

— — — — — Hoff : m. xxx.

Aq : Menth : Sativ : ʒiʒ. M. ft : Haustus.

No. 14.

Pulv : Opii ʒi.

Confect : Rosæ, ʒi. M. ft : Cataplas.

FINIS.