4

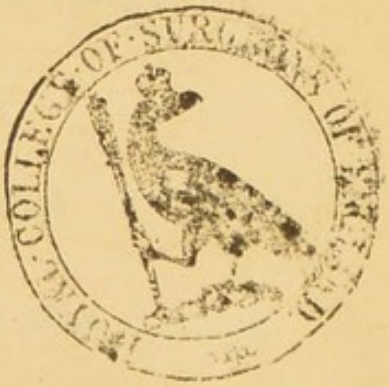
A

TREATISE ON CANCER,

AND ITS TREATMENT.

BY

J. WELDON FELL, M.D.
OF THE UNIVERSITY OF NEW YORK.
LATE RESIDENT FELLOW OF THE NEW YORK ACADEMY OF MEDICINE;
AUTHOR OF "TREATMENT OF TETANUS BY STRYCHNINE,"
ETC.



LONDON:
JOHN CHURCHILL, NEW BURLINGTON STREET.
MDCCCLVII.

LONDON:
SAVILL AND EDWARDS, PRINTERS,
CHANDOS STREET.

TO

ALEXANDER SHAW,
CAMPBELL DE MORGAN,
CHARLES H. MOORE, &
MITCHELL HENRY, ESQ^RS.;

THE DISTINGUISHED, LIBERAL, AND EMINENTLY PRACTICAL SURGICAL STAFF
OF THE MIDDLESEX HOSPITAL;

AS A SLIGHT ACKNOWLEDGMENT

FOR THEIR UNIFORM KINDNESS AND VALUABLE ASSISTANCE

DURING HIS CONNECTION WITH THEM,

THIS SMALL WORK

Is Respectfully Inscribed,

BY THE AUTHOR.

PREFACE.

The object of the following pages is to bring before the Medical Profession a new, and what I believe to be an entirely original mode of treating the disease of Cancer in all its various forms. When I determined to commence this practice in London, my first impulse was to make it public at once, either by publishing a work upon it, or by giving it in detail to one of the medical journals of the day; but circumstances, added to reflection and the advice of some medical friends, induced me to depart from this course. Among the reasons are the following:—

1st. Any book or paper written by a stranger, whatever information it might contain, is almost sure to be passed over with neglect.

2nd. Unless the mode of preparing and applying the remedies is well understood, they might be applied in cases where they would have no beneficial effect, and thereby bring them into disrepute.

not a Doctor of it — while the Pb
stock in trade of writers must be conciliated

3rd. It often happens that when a remedy or mode of treatment of importance has been introduced by one unknown to the profession, it has been adopted by some leading man, and in many cases the originator is entirely lost sight of.

After carefully considering all the circumstances, I determined to defer making the remedies and their method of application public, until such time as I should be recognised as the originator of them; and I am glad to say that I think this time has already come, and that I can now publish my plan; for the approbation of many medical gentlemen, and the gratitude of a multitude of cured patients have now placed it on such a broad basis of facts (and I hold that facts are everything in medicine), that it cannot well be either plagiarized, or the credit due to me disputed.

For the past year and a half my consulting rooms have been open every Tuesday to the Medical Profession, for the purpose of exhibiting to them my method of treatment, and I am proud to say that during this period over one hundred members of the profession—some of them the leading and most justly celebrated in the country—have visited me, and nearly all of them have spoken of it in the highest terms, and have treated me with the greatest

liberality and politeness. I was, however, somewhat surprised to find in the *Lancet* of February 14th an article written by a gentleman who had been a constant visitor during a period of six months to my rooms, who had seen my treatment in all its stages, and who had been profuse in his expressions of admiration, in which my method (except the material used) is described, but in which paper he forgot to mention me or his visits to my rooms; but as the controversy between him and the gentlemen connected with him in his first efforts has enlightened the profession upon this point, I shall leave it for them to judge the matter.

I have also heard that some of my visitors, taking advantage of my confidence, succeeded in carrying away some of my remedies; but even a *hospital* analysis failed to detect the vegetable portion of them: this I am also willing to leave to the liberal and highminded of the British profession, confident, from what I have seen of them, of the soundness of their judgment.

Some time since I received a communication from the Board of Governors of the Middlesex Hospital, asking me upon what terms I would make a trial of my method of treatment in the cancer wards of that charity, and after due reflection I proposed to them

certain conditions, which were recommended by the liberal Medical Committee, and at once unanimously and without reserve accepted by the Board.

My first applications were made to patients in the Hospital on the 22nd of January last, with what success may be learned by reading the following report of the Surgical Staff, made March 18th, 1857:—

THE undersigned, being the Surgical Staff of the Middlesex Hospital, have much pleasure in complying with Dr. Fell's request that they should furnish him with a report upon his treatment of certain cases of cancer under their charge in the Middlesex Hospital.

They have learned with great satisfaction that Dr. Fell's object in obtaining this report is, that he may embody it in a work now on the eve of publication, in which he intends to disclose the peculiarities of his method of treatment to the profession.

Before proceeding further, the undersigned consider it due to themselves, to their professional brethren, and to Dr. Fell, to state the general terms upon which, in compliance with the desire of the benevolent founder of the Cancer Establishment of the Middlesex Hospital, the Medical Committee felt it their duty to recommend to the executive authorities, that that gentleman should be allowed to pursue his plan of treatment under their superintendence in the wards.

The terms were proposed by Dr. Fell, and were to the effect:—

1st. That Dr. Fell should, *in confidence*, communicate to the Surgical Staff the nature of the remedies employed by him, the method of their preparation, and the mode of using them.

2nd. That twenty-five cases should be subjected by him to treatment during a period of eight months.

3rd. That Dr. Fell should pledge himself to publish the full particulars of his system of treatment within a period of six months; and that in case of his failing to do so, that duty should be undertaken by themselves.

The undersigned have great pleasure in now stating that Dr. Fell has fulfilled the obligation contracted by him frankly and without reserve; and whilst they regret that the limited period which has elapsed since the treatment in the hospital was commenced (January 22nd) prevents their coming to any positive conclusions upon certain points of great importance, they have yet no hesitation in stating their unanimous opinion—

I. That Dr. Fell's mode of treatment is in entire accordance with known principles of surgery, is ingenious, safe, and easy of application by well-instructed surgeons.

II. That it may be employed in all cases in which surgeons use the knife, and in many others in which no prudent person would recommend a cutting operation.

III. That Dr. Fell confines himself to the enucleation of the tumours merely; and, in the case of the breast, does not remove the entire gland, as is commonly considered

necessary in the excision of mammary cancers in this country.

IV. That it is a great advantage attending this mode of treatment that the patients are not confined to bed or to the house; but that, on the contrary, they are able to obtain the benefit of exercise in the open air. In some instances their health has manifestly improved during the treatment.

V. That the patient being exempt from the *immediate* hazards of a cutting operation, such as exhaustion and hæmorrhage, and being able to pursue the treatment without confinement to bed, they appear little prone to such constitutional affections as erysipelas and pyæmia.

VI. That the enucleation of the diseased mass is succeeded by a healthy granulating and cicatrizing surface. From the inspection of Dr. Fell's private cases of longer duration than those in the hospital, the undersigned have had opportunities of observing that healthy cicatrices are eventually formed.

VII. That all the patients have suffered pain during the treatment; some have spoken lightly of their sensations, others have complained much. No one, however, has sustained that acuteness and severity of pain which characterises the action of caustics, as ordinarily employed; and it has been observed that the pain which has been felt has usually been referred, not to the tumour itself, but to parts at some distance from it, as, in the case of the mamma, to the shoulder and arm.

VIII. That, although the treatment is less expeditious than that usually resorted to, yet, taking account of the

average time that elapses before a patient has completely recovered from a cutting operation, it is probable that the difference between the two modes of treatment, in point of expedition, is by no means great.

IX. That the undersigned have not as yet had time to ascertain the average duration of the benefit conferred by the treatment, nor have they any means of knowing whether, in the event of a return of the disease, there be any difference observable from what is known to take place after excision.

(Signed) ALEX. SHAW.
CAMPBELL DE MORGAN.
CHARLES H. MOORE.
MITCHELL HENRY.

March 18*th*, 1857.

I hope I shall be pardoned for returning my sincere acknowledgments to the Board of Governors and the medical gentlemen connected with the Middlesex Hospital for their uniform kindness and courtesy to me during my connexion with them. I also desire to express my obligations to Drs. Hamilton Roe, W. V. Pettigrew, and Julius; also to Surgeons Jonson, Jordan, Meates, D. Smith, Whitmore, Brunskill, and Pettigrew, who were among my first, and, I believe, are still my friends.

With an apology for delaying the publication,

which has been unavoidable on my part, I leave my method of treating one of the worst diseases that flesh is heir to to the medical profession, only asking for it a fair and candid trial.

J. WELDON FELL, M.D.

Bravo!

70, *Warwick Square, S. W.*

A

TREATISE ON CANCER.

CANCER is considered by most modern pathologists to be a disease of constitutional origin; but there are still many who believe it to be, in the first instance, a local disease. Mr. Parker, of Birmingham, says: "I am of opinion that cancer, like syphilis, manifests itself in two ways; first as a local mischief, the constitution becoming secondarily contaminated."*

In my opinion, cancer, in many cases, is a constitutional disease, existing in the system for some time before it appears externally, which is merely one of its stages. In other cases, again, I believe the disease to be purely local, never having existed previously to its external appearance, and in which no predisposition exists in the constitution for its production.

Although cancer is always the same disease, yet it

* *Treatment of Cancerous Diseases by Caustics.* By L. Parker; p. 11.

occurs in various forms ; and almost every author who has written upon the subject has made his own divisions; thus we find that Velpeau describes cancer under the forms of scirrhous, encephaloid, melanotic, chondroid, colloid, and fibro-plastic, epithelial, keloid, and anomalous cancers. Walshe, on the other hand, gives but three species of the disease; viz., scirrhous, encephaloid, and colloid cancer; but as the object of our present work is not so much to give a detailed pathological and anatomical account of this disease (which has been so ably done by many distinguished living writers), as to describe a new means of treatment which has proved so successful in my hands, I shall, therefore, briefly notice the three forms most frequently met with in this country, viz., encephaloid or medullary cancer, scirrhous or stony cancer, and epithelial cancer.

Encephaloid.—Encephaloid cancer is so called from its soft medullary or brain-like appearance. "This form of disease includes the spongoid inflammation of Burns (1800), the fungus hæmatodes of Hey (1803), and the pulpy medullary sarcoma of Abernethy (1804)."*

This form of the disease is said to be seldom met with in the breast in this country. "So rare, indeed,

* Henry's *Velpeau on Diseases of the Breast*, p. 359.

is well-marked medullary cancer in the breast in this country, that Mr. Lawrence, in his immense experience, has met with but two examples of it; and in our museums it is very rarely seen. This rarity is the more remarkable by its contrast with the occurrence of the disease abroad. In France, according to M. Lebert, "about one-fifth of the cancers of the breast are soft and encephaloid. In America, Dr. J. B. S. Jackson has assured me that the proportion is not less than one-fifth; and I gather from the records of German writers that it is with them about the same." *

"The general history of medullary cancers presents the best-marked type of malignant growths. Among all tumours they appear, in a general view, to be the most independent of seat and of locality; the most rapid in growth; the most reckless in the invasion of diseased tissues; the most abundant in multiplication; they have the most evident constitutional diathesis; they are the most speedily fatal." †

I cannot agree with Mr. Paget and Mr. Lawrence as to its extreme rarity in this country; for (although not nearly so frequent as scirrhus), within the last year I have met with no less than nine cases of true medullary cancer in the breast, of which no fewer

* Paget's *Surgical Pathology*, vol. ii. p. 380. † Ibid., p. 388.

than four cases are at present perfectly well. Mr. Paget, in his invaluable work, has given 103 tabulated instances of medullary cancer in external parts; the seat of primary disease was in the

Testicle	in 29 cases.
Bones (most frequently the femur)	„ 21 „
Limbs (most frequently the inter-muscular spaces) . .	„ 19 „
Eye-ball or orbit	„ 10 „
Breast	„ 7 „
Walls of the chest or abdomen	„ 5 „
Lymphatics	„ 4 „
Various other parts . . .	„ 8 „
	103* „

"Encephaloid cancers acquire a larger size than almost any other morbid formation; with the exception of confirmed cystoid and enchondromatous masses, no growths, so called, ever compete with them in this respect. Tumours, as large as the head of an adult, are by no means uncommon. Abernethy mentions a case where a mass of these dimensions exhibited itself in each groin. Professor P. H. Berard observed an encephaloid tumour on the thigh of a female as

* Paget's *Pathology*, vol. ii. p. 356.

large as the body of a full-grown man. Veins larger than the index finger ramified in the exceedingly attenuated integuments investing it. On the other hand, the opposite extremes of smallness are occasionally seen." *

Encephaloid cancer imparts the feeling of fluctuation, as if it were an abscess containing fluid, requiring great caution in its diagnosis. These tumours have been spoken of as cysted and non-cysted tumours; but Mr. Walshe doubts the existence of true encysted coverings in encephaloid growth. When medullary cancer occurs in the breast, it is always in separable masses connected with the mammary glands, but not incorporated with them.†

When this disease is found in the sub-cutaneous tissues, it generally assumes the melanotic character. When medullary cancer has existed for any length of time in one part, it almost invariably appears secondarily in the adjacent lymphatics and other parts; indeed, sometimes it appears almost simultaneously in most organs of the body. When left to itself, this form of disease generally terminates in ulceration.

In some cases of encephaloid cancer, the ulceration

* *Nature and Treatment of Cancer.* By Walshe; p. 15.

† Paget's *Pathology*, vol. ii. p. 381.

eats into, or hollows out, the tumour; its tissues become softened, and the edges become rounded and projecting, of a reddish livid colour, and there is constantly poured out an immense quantity of fœtid ichorous matter, which never resembles pus.

Ulceration sometimes, in medullary cancer, takes another form; instead of becoming hollowed when the skin is broken, minute medullary fungous growths spring up, discharging the same fœtid ichorous matter, generally mixed with blood; for these minute funguses bleed freely at the slightest touch; and sometimes the hæmorrhage becomes alarming.

Velpeau says: "That encephaloid cancer, when it has reached a certain stage, naturally tends, as has been observed by M. Lebert, to soften, and even in some cases to become liquefied. Thus it has happened, although rarely, that the whole tumour, escaping by degrees through the ulcerated opening in the skin, has become, in some sort, *strangulated* in its roots, after sprouting largely in front under the form of a vast medullary mushroom, and which, having become gangrenous, has ended by ridding the patient of its presence for some time." *

I have never myself been fortunate enough to meet with such a case of self-cure.

* Henry's *Velpeau on Diseases of the Breast*, p. 365.

Scirrhus.—Scirrhus, so called from the word signifying hard, from the stony, hard feeling of all tumours of this species. This nomenclature seems to have been used by Galen, and has been adopted by all his successors in describing malignant tumours of a stony, hard feel. It is the most frequent form of the disease, and, from its nature, the most observable; the feeling of hardness is so well marked, as to distinguish these from all other tumours. Sometimes, however, true scirrhus loses its intense hard feeling when it has been powerfully excited, so as to grow with great rapidity. Another characteristic of this form of disease is its size. It is generally found as a small lump, seldom much larger than an apple; although it sometimes grows to a very large size; indeed, the largest cancer I have ever seen belonged to this species of the disease.

Scirrhous tumours have no enveloping capsule or cyst, but the substance of the mammary gland adheres closely to them; and as the cancer increases, so the structure of the breast diminishes, or becomes degenerate, until it is impossible to recognize them, and the cancer occupies the place of the gland.

"Commonly, the hard cancer extends from the mammary gland to the nipple and areola, involving

these as it may any other adjacent part. When seated at or near the centre of the gland, it commonly draws down the nipple, which descends, as it were, into a round pit sunk below the general level of the breast. As it extends, also, the cancer structures deposited in the nipple make it hard, or very firm and elastic, inflexible, and comparatively immoveable." *

In most cases, scirrhus appears as a primary disease, the lymphatic glands generally soon becoming affected as secondary disease; but what is very remarkable, the secondary disease is not in all cases the same as the primary, for scirrhus has been known to exist in the breast as the primary disease, whilst the glands became secondarily affected, not with scirrhous, but with medullary cancer. Scirrhus appears to increase by the gradual addition of new particles to the surface of the diseased tumour already existing. This form of disease, unlike medullary cancer, is but sparingly supplied with blood-vessels; indeed, some authors state that in scirrhous tumours no blood-vessels can be detected. However, these tumours, like all other parts, whether diseased or no, possess vessels for their nourishment and increase. Scirrhus, as a general rule, increases but slowly; but it increases

* Paget's *Pathology*, p. 308.

at various rates, and in the same cases at times more rapidly than at others. "I believe no average rate of increase can be assigned. Cases often occur, especially in lean, withered women, whose mammary glands share in the generally-pervading atrophy, in which two, three, or more years pass without any apparent increase in a cancer; and the progress even of ulcerated cancer is, in such cases, scarcely perceptible even in the lapse of years. On the other hand, cases are sometimes found of most rapid increase. I saw such a one last summer. A hard cancer grew in five months from the size of the tip of a finger to a mass five inches in diameter. This was in a woman thirty-two years old, in whom the disease began while she was suckling, and immediately before, even while suckling, she again became pregnant. Extensive and speedy sloughing followed this rapid growth, and she died in seven months from the first observation of the disease."*

Scirrhus in almost all cases, when left to itself, tends to ulceration, which takes place in one of two ways. Either ulceration begins upon the surface, and extends into the substance of the tumour, or else the change leading to ulceration takes place in its substance, and works its way to the surface. The

* Paget's *Surgical Pathology*, vol. ii. p. 331.

first form of ulceration is usually met with when the skin has become involved, which first cracks, or excoriates, over which a yellow scab is formed, which, when removed, is soon replaced; this goes on for a little, when a more decided form of ulcer appears, not now covered with a scab, but exuding large quantities of acrid watery fluid. The ulcerating surface now spreads rapidly, but seldom extends to any considerable depth; and, as the ulceration increases, so does the disease, involving more and more the adjacent parts. The second form of ulceration, however, is very different from this. A softening or decaying of the cancerous matter takes place in the interior of the mass. This mass, of a soft and yellowish colour, when thrown out, leaves a deep hole or cavity in the tumour, in some cases of an equal width throughout, in others with a small external opening, but enlarging as it proceeds inwards. The walls of these hollows or pits gradually become decomposed, and so enlarging the cavities, whilst the cancer itself rapidly increases in the adjoining parts. The discharge is abundant, of a thin, watery, and irritating character, never resembling true pus.

Epithelial Cancer. — Epithelial cancer generally first appears in some portion of the skin or mucous

membrane. It is this form that usually primarily attacks the tongue, the lip, the cheek, the anus, the labia, scrotum, os uteri, &c. &c. It is a form of disease seldom met with in the breast; it confines its ravages generally to the integuments and mucous membranes. Its extension is rapid, destroying in its progress adjoining parts, whether they be bone, fibrous tissue, or muscle. It most generally appears a little elevated above the surface, of a warty growth; sometimes, from the papillæ being the seat of disease, they appear like long warty pendulous bodies, growing from small, narrow bases. Again, they occur perfectly level with the integuments, but feel like deep-seated, hard, pea-like masses. Again, they are found slightly elevated above the surface, and slightly sunk below the integuments. Epithelial cancers have a tendency to increase downwards, towards deep-seated parts, yet this is not always the case, for sometimes, like encephaloid cancer, they grow rapidly towards the surface, throwing out innumerable cauliflower excrescences. When this form of disease begins to grow, or increase, the neighbouring glands soon become secondarily affected. Epithelial cancer soon tends to ulceration. "The epithelial cancers in or near the integuments are so prone to ulceration that

the occasions of seeing them as mere growths are comparatively rare."*

In cancers of this variety, ulceration generally takes place by an excoriation of the surface, covered with a scab formed from the matter that exudes from the cracks, underneath which the ulcer is formed, and gradually increases, extending in depth as well as in breadth, the cancer always increasing faster than the ulceration destroying it. Again, especially in that form of epithelial cancer which is imbedded below the integuments, we find that ulceration takes place much in the same manner that it does in scirrhus; but sometimes it throws out cauliflower growths not unlike the ulceration sometimes met with in medullary cancer.

Having very briefly noticed the three most frequent forms of cancer that are met with, I shall hastily glance at a few of the special symptoms of the disease.

Pain.—Perhaps there is no symptom in this disease on which such undue stress has been laid as that of pain. Cancer has always been looked upon as a painful disease, yet in some cases we find that the disease exists for a long time without any pain, and from its absence the patient has looked upon the

* Paget's *Pathology*, vol. ii. p. 431.

swelling as of no consequence, readily believing that a tumour without pain cannot be cancer. This is not so, especially in the encephaloid form of the disease, for occasionally we see cases in which large medullary tumours pass through all their stages without pain; indeed, in some forms of scirrhus we find no pain for several months after its commencement.

"There is not a week in which I do not meet with patients, who, in answer to the surprise that I express at their having suffered from the disease for so long a time without speaking of it, allege as their principal excuse, 'But I have no pain, I have never experienced any suffering from it!'"*

Although this disease is sometimes unaccompanied with pain, yet, unfortunately, it is not always so; for the excruciating agony that the patients suffer is more than words can express. In describing such cases, Paget says, "In such a case the patient could 'wish herself dead,' for the sake of freedom from the fierce anguish of her pain—pain as if a hot dart were thrust swiftly through her breast, or right through her chest—pain startling with a sudden pang, and then seeming to vibrate till it fades out slowly: or sometimes more abiding pain, likened to the burning and scalding of hot water or of molten lead.

* Henry's *Velpeau's Disease of the Breast*, p. 426.

With such resemblances as these, do patients strive to describe the agonies, which are, indeed, beyond description, and of which the peculiar intensity is perhaps best evidenced by the fact, that the sufferers almost always thus liken them to some imaginary pain, and not to anything that they have felt before. The memories of those who have suffered even the pains of child-birth supply no parallel of that which is now endured; the imagination can alone suggest the things with which it can be compared."*

Fortunately for human nature, such cases are comparatively rare; indeed, cancer without pain, and cancer accompanied by such excruciating agony, must be considered as exceptional cases. Generally, scirrhus in the early stages has but little sensibility, examination by pressure and handling causing but little uneasiness at the time, although shortly afterwards a sense of numbness and uneasiness generally comes on. As the disease advances, the pains become more frequent, of a lancinating character, described by some like the stinging of wasps, by others like the probing of knives or lancets. These feelings are not constant, but come on when least expected, with a sudden dart, like an electric shock. Again, the pain is not one usually ascribed to this disease, being that

* Paget's *Surgical Pathology*, vol. ii. p. 340.

of a dull, heavy, aching character. These pains are intermittent, generally most severe at night, and I have no doubt that they are more frequent and more severe in damp than in dry weather. The sufferer can generally foretell a change of weather by the increased pain; indeed, I have some patients under my care at present who from their feelings can foretell a change some hours before it actually takes place.

As to the cause of this pain, some consider it to be owing to inflammatory action; others, again, suppose it to be purely neuralgic. This last cause is the one generally assigned by modern pathologists.

Hæmorrhage from the nipple is frequent in some stages of scirrhus of the breast; and it is often the first warning of the existence of cancer in the womb. It is most frequently met with after ulceration has taken place, and then sometimes it becomes most alarming.

Another frequent and sad symptom which I have met with during the past winter is rheumatic pains; the patient complaining of rheumatism in the shoulder, or in the hips, or elsewhere. In some few cases they in time disappear, or return periodically; but in others they gradually increase until almost every joint in the body is affected, and the patient becomes perfectly helpless. In these latter cases, recovery is very rare;

indeed, although it assumes the form of rheumatism, yet it is a specific action of the disease.

Drawing-in of the nipple is also almost always present in stony cancer of the breast.

Pattison, in his pamphlet *On Cancer*, mentions an important symptom which I have not seen noticed by any other writer. He says—" The sufferer soon feels a numbness in the arm and hand; and there is one peculiar symptom which I have never seen mentioned in any treatise on the subject, viz., a feeling of pain in the back of the arm, immediately above the elbow joint, and also a similar pain across the back of the hand. I have met these two symptoms in almost every advanced case, and often even in those cases where the axillary glands had not yet become affected. There is also frequent numbness at the tips of the fingers; sometimes there is a pricking sensation; these last symptoms, however, are not always present."*

Having viewed some of the symptoms, it is now a proper time to look into the causes that can produce such a terrible disease. Unfortunately we know of none; here we must confess our ignorance.

"Neither temperament, mode of life, civilization, previous disease, nor moral effects have been proved

* Pattison *On Cancer*, 1856, p. 14.

to have any special predisposing influence. The dark and the bilious are not more subject to cancer than the light and florid. The rich are rather more liable than the poor; but this is because they are not so often cut off before by other diseases. The healthy and the well-fed, the happy and the prosperous, are as liable as their less fortunate brethren."*

If we examine into what may be termed the specific causes, we find that we have no proof of the disease being infectious, although Zacutus Lusitanias and Tulpius have quoted cases to prove that it is so; but the former's statement of a solitary case wants confirmation, and the latter's story is very improbable and exaggerated.

Contagion.—Pathologists of the present day do not believe that it is contagious, although Gooch relates the case of a man, in drinking some fluid in which some cancerous matter (that had exuded from an ulcerated breast) had been mixed, in whom the disease appeared. I do not believe either in the contagion or infection of cancer, for I have daily, for years past, bent over from forty to fifty patients, breathing the exhalation from their disease, and receiving the discharge upon my hands, yet I have never experienced the slightest inconvenience.

* Druitt's *Surgeon's Vade-Mecum*, sixth edition, p. 111.

Inoculation has been tried by MM. Alibert, Biett, and several pupils of the Hospital of St. Louis, who inoculated themselves with the ichorous discharge of cancerous ulcers without suffering any particular effect from it. "Dupuytren introduced pieces of cancerous growths into the stomachs of animals without effect. It has also been observed by Bayle, that among a considerable number of men who had habitual intercourse with women affected with ulcerated cancer of the cervix (of which the existence was established by *post-mortem* examination), not one presented the slightest symptom of such a disease. In a single instance only, an eruption of small pimples occurred at the extremity of the penis immediately after coitus, but it disappeared spontaneously in a few days, and differed in nowise from the eruption occasionally produced by acrid leucorrhœal discharge."

"It has been remarked by Jäger that surgeons have frequently wounded themselves in the extirpation and dissection of cancerous growths, without suffering in consequence from carcinomatous disease."

"It has been said that the extension of cancer, from the penis to the scrotum, and from the lip to the chin, is commonly produced by the ichor trickling from the original site of the disease; but the statement is altogether matter of fancy. And the admission of

such influence is opposed by the facts, that the vagina of women affected with cancer of the uterus may remain unulcerated for years after discharge has commenced from the former organ; and that the anterior wall of the vagina generally suffers before the posterior, though the latter is especially exposed to the influence of gravitation." *

Hereditary taint is admitted by all surgeons. Mr. Paget states that, in scirrhus of the breast, *one in six* may be reckoned as having hereditary taint. Lebert says the hereditary tendency is *one in seven.* But how this hereditary taint is first established none can tell.

Violence, as a blow or a fall, is said to be among the causes of cancer; it is true that a blow or other injury may hasten the development of the disease, but there must first be a tendency to its production, or it must exist in the system at the time of the injury; indeed, if this were not the case, every blow, every fall, or every injury would produce this disease. Notwithstanding this opinion, we must remember that it generally primarily appears in those organs that are most liable to injury, or excited by external violence, as the breast, the testicles, the lip, the tongue, &c. &c. Indeed, I believe, in those cases

* Walshe *On Treatment of Cancer*, p. 144.

where the disease is local, that it is in them caused by some external agency. If we inquire at what age this mysterious disease is generally found, we find it existing at all ages, from the fœtus to the octogenarian. Sir Astley Cooper had a case of congenital encephaloid of the eyeball. At birth the eyeball was as large as a walnut. Mr. J. Wilkinson had a case of congenital scirrhus of the stomach.*

Cruveilhier mentions a case of cancer of the womb at eighty-four; and Mr. Hill a case of cancer of the face in a woman at ninety-three.†

Upon referring to Mr. Walshe's table, I find that the disease is most common between the ages of forty and sixty years. The mean age at death is, according to Mr. Walshe, 57·2 years. In the male sex, 59·4 years, in the female, 56·1 years.

Such being the terrible nature of this malady, let us examine its results. If left to itself, in all cases, it must terminate fatally, although there are a few cases on record of self cure, yet this cure is only for a time.

I shall now proceed to describe the various methods of treatment and the results, as professed and reco-

* *Edinburgh Monthly Journal of Medical Science*, No. 1, January, 1841.

† *Cases of Surgery*, 1772.

gnised by our leading surgeons, and, in doing so, I shall adopt Mr. Walshe's divisions of the subject; viz.—The prophylactic or preventive treatment, and the curative. The prophylactic treatment of this disease acknowledges a tendency for its production before its actual appearance. Unfortunately for our knowledge of its nature, we know that no preventive treatment is availing; but, in many cases, it is proper to use precaution. As in those cases where the disease has proved hereditary, a mother ought not to nurse her children; and particular organs may have their specific prophylaxis. The connexion of cancer of the penis with congenital phimosis is established with sufficient certainty to justify early circumcision in individuals thus conformed, belonging to a cancerous family.*

Curative Treatment.—From the many and frequent failures in attempting to cure this disease, it is now supposed by most surgeons to be incurable; on this subject Mr. Walshe thus writes:—"Can a greater perversion of the first principles of logic exist than that displayed by observers, who, profoundly impressed with the frequent failure of all methods of cure, assume as their device the constant intractability of the disease; and, when eventually obliged to admit

* Walshe *On Cancer*, p. 191.

that growths, recognised as cancers, do occasionally disappear under the influence of remedies, have recourse to the plea, that the disease in such instances was not really cancerous, because it was cured." *

The curative treatment of cancer is either internal or external. In the first place, we shall look at some of the remedies used internally; and, from the inefficacy of almost all of them, we shall see that even educated men of high reputation have used and sanctioned preparations which, not only at first sight appear useless, but give rise to sensations of disgust. On examining the writings of different authors, we find that almost every article in the *Materia Medica* has been at one time or another proposed as a specific in this disease; but they have all been found inefficacious, and in most cases worse than useless in affecting the cancer. The late Professor Burns says:—"Cicuta, arsenic, iron, and iodine have all been tried, and have so completely failed, that he must be worse than simple who can now use them with expectation of success. The only reason I have ever heard a sensible man give for prescribing any of these was, 'If we don't prescribe them, the person next consulted will.' It is thus that quackery and the idle parade of physic is kept up, *and old remedies, known to be of*

* Walshe *On Cancer*, p. 193.

no avail, persisted in, rather than inquiry after *new ones, which, if they do not succeed, cannot be more useless than those in fashion.* We have heard, indeed, of instances of success, and the narrators, I doubt not, believed what they told; but it is one thing to cure a simple induration, and another to cure a cancer. I appeal to the experience of any medical man, whether I be not correct in the assertion I have made." *

Such was the opinion of an able surgeon more than twenty-five years ago, and we can feel its truthfulness; for we see at this day men continuing to prescribe old remedies which are known to be of no avail, rather than search out for new ones, which, if inoperative upon the disease, cannot be worse than the old. Perhaps one of the oldest remedies, and, at the present day, the one most frequently employed, is opium and its preparations. In itself, it has no influence upon this disease except in lulling pain; but, as generally used, it possesses many and great disadvantages, and, in most cases, it has to be given in such quantities that it, and not the disease, undermines the constitution, and is the immediate cause of death.

Conium, for nearly one hundred years, has been

* *Principles of Surgery.* By John Burns, M.D., Glasgow.

supposed to possess a specific influence upon cancer. It was first recommended by Störck, in 1761, as a certain specific; and perhaps of all the remedies used, it produces the best results. Mr. Walshe, after stating the results of this drug in the hands of Störck and M. Recamier, says:—"It is impossible to read the narratives of numerous cases on record without receiving an impression that the disease may be permanently arrested in its advance, and, *pro tanto*, cured by the long-sustained use of conium, administered in doses increased progressively to such an extent as to produce some of its poisonous effects. Dr. A. L. J. Bayle,* in his learned summary of recorded experience on the subject, finds that, of 341 cases of cancer treated with conium, 46 were cured, 28 benefited, and in 267 instances the drug failed to produce any beneficial effect. Some of the cases of recovery may not, as the writer grants, have been truly cancerous; but it scarcely seems possible that none of them were so." †

Velpeau considers conium as quite incapable of curing cancer. He has also tried conicine without the slightest effect.

Belladonna also has had its advocates, among

* *Bibliothèque de Thérapeutique*, 1829.

† Walshe *On Cancer*, p. 194.

whom may be mentioned the high name of Cullen, besides a host of French surgeons. Walshe relates a remarkable instance of cure by Van der Block, by this agent:—"A woman, aged fifty-one, was delivered completely of a tumour, possessing all the characters of scirrhus, by the use of infusion of belladonna. Lambergen's plaster (containing the extract of the same plant) being, at the same time, kept applied to the surface. In twelve months the affected breast had become precisely like its fellow, and after the expiration of two years, the woman was seen in a perfect state of health." *

Arsenic has been employed internally for many hundred years. Even in the present time it has its advocates. Mr. S. N. Hill states, as his experience, that this remedy retards the progress of the complaint, often prevents scirrhus from passing into the ulcerative stage, and sometimes dissipates such tumours completely.†

Dr. Copland also believes that, when this agent is carefully employed, Mr. Hill's opinion of its efficacy is not too highly coloured. I think that Mr. Walshe is rather inclined to advocate this remedy, although he does by no means insist upon it as a

* Walshe *On Cancer*, p. 195.

† *Edinburgh Medical and Surgical Journal*, vol. vi. p. 58. 1810.

specific, as we are led to believe from what Velpeau says. Mr. Walshe has expressed his views regarding this agent so clearly, that I copy verbatim what he says upon it:—"The least reflection upon the nature of cancer must lead to the conclusion that the more powerfully alterative a medicine is, the greater the chance, *ceteris paribus*, of its proving beneficial in that disease. This is an *à priori* argument in favour of the *trial* of arsenical preparations by no means to be disdained; and it, of course, possesses additional force, if these can be combined with any other alterative of a powerful character. Now, in the *iodide of arsenic* these conditions are realized. Dr. A. T. Thomson, who introduced the medicine, supplied the earliest evidence* of its favourable influence in cases of cancer; this evidence, though not altogether convincing in respect of the solvent powers of the remedy, was of such a kind as to dispose me strongly to give it a trial under favourable circumstances. I have since done so in several cases, from which (in the greater number, other but not equally energetic means were employed simultaneously) I feel myself justified in drawing the following inferences as to its effects. It is to be premised that in all these cases the species of cancer treated was scirrhus in the non-

* *Lancet*, October 27, 1838.

ulcerated stage, that the breast was the part affected, and that the constitution in some had begun to be affected seriously. 1. Given in doses of one-sixteenth to one-twelfth of a grain twice daily, two hours after eating, the iodide of arsenic is well borne, and may be continued for several months without risk. 2. The system generally soon gives evidence of its action; unusual perspirations, with dryness of the fauces and alimentary canal, occur. Sometimes slight headache is complained of, but this is rare; and I have known most violent periodical headache, which had afflicted a lady for years, disappear whilst she was under the influence of the salt. 3. The pain of the tumour decreases in violence. 4. The size of the breast generally diminishes; and if the tumour itself does not actually lessen in bulk, I have at least found that its enlargement, previously more or less active and apparent, becomes, as far as can be determined, suspended. There is difficulty in establishing the fact, on account of the change in dimensions of the breast generally. 5. The general health improves.

"My experience does not enable me to make any affirmation as to the power which this medicine, unaided, may by possibility possess of causing the removal of scirrhous tumours; one reason of this being, that I have invariably, after a short trial of it

alone, associated external agents in the treatment with it." *

Notwithstanding this strong evidence in the favour of arsenic, Velpeau says:—"But it is evident, from what has been published on this subject, that arsenical preparations are incapable of curing really cancerous tumours:" but he adds, "my natural disinclination to employ these substances has prevented me from prescribing them to anybody. Not being able to do good by their agency, I feared to do injury." †

Mercury.—This drug has had many advocates who believe it to be a specific. It has been strongly recommended by MM. Gama and Bégin; but Velpeau says that, although he has used it in many hundred cases, yet found it to be perfectly inutile. I however, think that it is not only useless, but mischievous, especially in cases of cancer of the tongue.

Gold has had its advocates as an internal remedy; among whom is M. Duparcque, who speaks highly of the terchloride of gold. I have never used it myself as an internal agent, and can, therefore, say nothing about it.

From the power that iodine exerts in certain diseases, it was for some time looked upon as a

* Walshe *On Cancer*, p. 201.

† Henry's *Velpeau on Diseases of the Breast*, p. 456.

certain remedial agent in cancer; but these hopes did not continue long. Velpeau says:—"Personally, I have never tried, internally, either the tincture of iodine, or iodine itself, as a remedy for cancer, but I have frequently employed the iodide, of potassium, of iron, and of starch. I have certainly prescribed the iodide of potassium in several hundred cases; and the truth is, I have never seen this remedy assist, to any evident extent, the cure of a single scirrhous, of a single encephaloid, of a single chondroid, or fibro-plastic, melanotic, or epithelial cancer, whether in the mamma or elsewhere.

The efficacy of the iodide, of starch and of iron, has been just as negative as that of the iodide of potassium; and Ullmann, who states that he has cured so many patients by means of this remedy, since the year 1823, is plainly mistaken, or under a delusion on the subject." *

Notwithstanding the opinion of such a man as Velpeau, we have evidence from Majendie, Copland, and others as to its efficacy. Under these conflicting opinions, I am inclined to believe, with Mr. Walshe, "that a middle opinion is that which careful observation and inquiry justify." †

* Henry's *Velpeau on Diseases of the Breast*, p. 458.

† Walshe *On Cancer*, p. 199.

The preparations of iron owe their celebrity to the writings of Mr. Carmichael. Although there has been no actual proof of any cases having been cured by these agents, yet there is no doubt that much good has been done in alleviating the sufferings in this disease, and in prolonging life.

The preparations of copper have been but little used of late years. Velpeau, in writing on this subject, says:—"Under the name of the Resolvent Fluid of Kæchlin, an *ammoniacal solution of copper* has been stated to cure cancer; and since some practitioners assured me that its reputation was well founded, I felt it my duty to give it a trial. The result by no means answered my wishes. Of the 150 women to whom I have hitherto prescribed it, not one has experienced the slightest benefit; and if I still employ it occasionally, it is entirely because I do not wish to leave unfortunate patients, who may consult me, destitute of hope."*

Aconite, hyoscyamus, stramonium, hydrocyanic acid, &c. &c., have all been extensively tried, and all have had their supporters; but they do not deserve any attention as remedial agents further than their sedative action.

Alkalies, or antacids, were at one time in vogue, I

* Henry's *Velpeau on Diseases of the Breast*, p. 456.

suppose, upon the idea that cancer was the effect or result of acids. Alliott says:—"The cure of cancer consists in the mortification of acids by alkalines and absorbents."*

"Alkaline substances, which have also enjoyed some popularity, merit nothing more than the obscurity into which they have fallen. No one now-a-days seriously recommends, as curative in cancers, the waters of Vichy or the bicarbonate of soda."†

Notwithstanding Velpeau's opinion of antacids, yet we find that there are still men who believe in their efficacy. For within the last year I have had several patients who had been treated by means of alkalies used internally and externally.

Animal substances have been extensively used, and, if we could believe all the statements of their advocates, with success. But Velpeau, when writing on cod-liver oil as a remedial agent for cancer, says—"I have employed it, for in such cases it is allowable to try anything, and have administered considerable doses of it for months together, to patients at all periods of life, and in all varieties of cancer; but have found this remedy, which is so useful in a vast number of affections of the bones and of the lym-

* *Traité du Cancer*, p. 126. 1698.

† Henry's *Velpeau on Diseases of the Breast*, p. 457.

phatic system, altogether inefficacious against cancer."*

Animal charcoal has been tried, and found to be worthless. Milk in which figs have been boiled has been lately a popular remedy; and, although it may appear an absurd one, yet it is not more so than the recommendation of boiled carrots as a diet and also as external applications, which has been followed out in one of our public charities for some years past, but, as might have been expected, with but little success. The grey lizard *(Lacerta agilis)* was first prescribed in this disease by Flores, a Mexican physician, in 1781. Bayle states that a patient of his, affected with a cancerous tumour in the face, swallowed upwards of four hundred grey lizards in the course of two months, without obvious effect of any kind.

Having briefly glanced at a few of the remedial agents employed in hopes of curing this disease, and having seen how inefficacious they all are, we shall now see what has been proposed as external remedies, and the results following their use.

Leeching has been in vogue from a very early date, and many practitioners of the present day highly recommend it. In my opinion, it is always injurious in this disease. I have lately seen cases of

* Henry's *Velpeau on Diseases of the Breast*, p. 458.

scirrhus, where leeching has been ordered regularly three times a week for a month, which has aggravated the disease, and hastened the ulcerative stage. Again, I have seen cases where erysipelas has followed the application of leeches to a scirrhous breast, and where the patient's life has been sacrificed. Mr. Burns says that "the obstinate and senseless reiteration of leeching can only tend to weaken the patient, and sooner break down the constitution."*

Upon the same principle as leeching, viz., "to lower the nutrition of a part," the tying of a nutrient artery was proposed by Harvey, in a case of a cancerous tumour of the scrotum, which he is said to have cured by tying the spermatic artery.†

This plan of treatment has had many zealous supporters, among whom may be mentioned Majendie, and Dr. Hosack, of New York, both of whom operated by tying the principal nutritive arteries of the scirrhous tumours with success. I have never met with a case in which this operation has been performed, and therefore cannot answer for the results.

Mercurial, soap, and belladonna plasters have been, and are still daily applied, in the hopes of producing absorption of scirrhous tumours; indeed, never a week

* *Op. cit.*, vol. i. p. 351.

† *On Generation*, English edition, p. 113.

passes but I see patients who have been wearing these or similar plasters for months, but with no benefit; indeed, in the majority of cases, with absolute harm.

In the same Charity in which carrots are so freely used, they attempt to produce absorption by means of some of the preparations of lead mixed with oil. This mixture softens the tissues, making more room for the cancerous deposits, which, instead of being absorbed, increase with greater rapidity.

Blistering has also been highly spoken of. It is, however, an agent that I should have much hesitation in using in cancerous affections.

Iodine, from the powerful influence it exerts upon non-malignant tumours of the breast, has been extensively used in scirrhus. Mr. Walshe says:—"A trial of iodine externally, provided the part be indolent, and its use excites no irritative action, is certainly advisable; the length of the trial should be regulated by the apparent influence produced on the tumour. Since I wrote these words, in 1840, my confidence in the powers of iodine-friction, especially when combined with the use of iodide of arsenic internally, has increased. Nor does my present experience allow me to conceive a single doubt that tumours, actually and truly scirrhous in structure—tumours which would have run the common course of cancer

—may be arrested in their progress by early and judicious use of these agents."*

Mr. G. N. Hill, Mr. Travers, Sir Benjamin Brodie, and many other eminent men regard the external use of iodine with the same favour as Mr. Walshe. From what I have seen of the use of iodine, even in the earliest stage, and in the most favourable cases, I must confess that I am not nearly so sanguine as to its specific power in cancer as these gentlemen seem to be.

Mr. Samuel Young, in the year 1809, conceived and acted upon the idea, that the continued nutrition of cancerous tumours might be completely prevented, and their absorption insured, by continued pressure. Dr. A. L. J. Bayle has given us the results of his practice.†

"The number of the cases given is nineteen; of these, seventeen related to cancer of the breast, two to ulcers of the cheek and upper lip. Twelve cases terminated by cure; five were considerably benefited; the two cutaneous ulcers improved somewhat. The majority of the tumours were hard, irregular, tuberculated, and the seat of lancinating pain; six of them were ulcerated, and discharged ichorous pus. Even

* Walshe *On Cancer*, p. 206.

† *Bibliothèque de Thérapeutique*, tom. iv. p. 202. 1837.

in the worst cases the tumours diminished in size; but the patients fell victims to the diathesis."

When Mr. Young announced these results, it was tried in the Middlesex Hospital, under the supervision of a committee. Sir Charles Bell drew up the report, which concluded by saying, "that compression could not be regarded as a specific cure, and had no claims to notice *except for its power of alleviating pain.*" This method of treating cancer has been highly approved of by Mr. Travers, M. Recamier, and others, who say they have effected cures by its means. Dr. Arnott is, however, probably the first who invented an instrument to make an equable pressure upon all parts of the tumour. He has published many interesting cases treated with this instrument, and seemingly with success.

I have seen positive mischief arising from its persevering use, and fully coincide with the views entertained by Velpeau upon the subject, who says:—"I was led to try the effects of compression for myself in the treatment of cancer of the breast. Unfortunately, I was not long in finding that all was still error and deception. In whatever way it was applied, —whether with dossils of agaric or amadou superimposed on each other, or with graduated compresses properly adjusted, or with padded plates of metal, or

with bands of linen, or peculiar bandages, or with strips of diachylon—compression, however useful in other cases, had no effect in curing cancer of the breast. It may flatten or depress the tumours into the midst of the tissues, or into the intercostal spaces, and thus, in some instances, mask their existence—which has no doubt imposed upon some persons—but it never leads to their resolution. I am quite unable to explain the success which M. Maisonneuve is said to have obtained; and I am compelled to ask whether, notwithstanding his well-known abilities, this surgeon has not committed an error in diagnosis in the particular case of which he speaks? On reflection, we may even imagine that compression is not always destitute of danger. Without taking into account the embarrassment to respiration, and the pain which it causes, or the excoriations to which it sometimes gives rise, what must it do, if ever, by its purely mechanical action, it succeeds in causing a genuine cancer of the breast to disappear? It must be that the molecules of the tumour are repelled into the circulation, and that we have a general infection instead of a local malady. On this supposition alone, ought we not *à priori* to discountenance its employment? In cases of cancer, ought not the object of the practitioner to be, to bring the disease towards

the external parts, instead of to drive it into the interior? I have seen cancerous tumours disappear to some extent under compression, and the surgeon and the patient both exclaim, victory; but, on looking minutely into the case, there was no difficulty in ascertaining that, in becoming flattened, the tumour had simply depressed the tissues, and got hidden between two of the ribs; consequently, a few days after the removal of the bandage, it will, in such instances, reappear still larger and better developed than at first. I have consequently no hesitation in stating that we ought not to count upon the efficacy of this measure in the treatment of cancer; if it sometimes be successful, we may feel sure that it is only in cases of innocent engorgement, or of non-cancerous tumours."*

Dr. James Arnott was the first who introduced the plan of freezing cancerous tumours, so as to destroy their vitality. He applies intense cold, either by means of bladders filled with a freezing mixture, or metallic balls reduced to a low temperature. He gives a number of cases in his work, which, he says, have proved completely successful. I have never tried it myself; but I have seen a number of cases in which it has been tried, and I am sorry to say they all were

* Henry's *Velpeau on Diseases of the Breast*, p. 460.

aggravated by the treatment, as I conceive the degree of cold applied is not sufficient to destroy the parts, but only to increase the inflammatory action.

Carbonic acid, as an application to cancerous ulceration, was first recommended by Peyrilhè. The benefit is acknowledged to be only temporary, if of any service. I have lately seen a case of ulcerated cancer of the tongue where this was applied; but, instead of checking, it rather aggravated the disease.

Tar, creasote, and similar preparations have been tried; but I doubt if with any good results.

Gastric juice, from its alterative and solvent properties, has been tried in ulcerative cancer. There is no doubt but this agent effects a distinct improvement in ulcerative cancer; but there is no proof of its ever having effected a cure.

Caustics have been employed for many years in the treatment of this disease.

The actual cautery, according to Bayle, was probably the first agent used for this purpose. It is still extensively used among French surgeons; but rarely in this country. "Le Comte d'Arceuil proposed the plan of cauterizing malignant ulceration by concentrating the solar rays by means of a lens, which was attended with success in one case."*

* *Mémoires de la Soc. Roy. de Médecine*, 1776.

Of all preparations employed as a caustic, perhaps arsenious acid holds the most important place. As Mr. Walshe, in his work upon *Cancer of the Breast*, enters fully upon this subject, I copy from it the history of its use:—"Fuschius, who first used it, combined it with soot and serpentery; Guy, in his secret remedy, with sulphur, ranunculus sylvestris, and soot. Rousselot's celebrated powder consists of two drachms of arsenious acid, carefully mixed with two ounces each of the bisulphuret of mercury, and of the resin of Pterocarpus Draco; those of Frère Come, and Dubois, of the same ingredients in different proportions. When about to be used, these powders are mixed with a sufficient quantity of saliva to form a paste, which is laid on the surface (previously properly cleansed) in a layer of two lines thick. Dupuytren was in the habit of using a powder composed of ninety-nine parts of calomel to one of arsenious acid, increasing the latter to five or six parts in the hundred; or a liquid of somewhat greater strength, composed of the same ingredients, suspended in distilled water. Generally speaking, in twenty-four hours after the application of the paste, this adheres closely to the subjacent surface, and a slough separates within a period varying from twelve days to six weeks. The new surface exhibits a sound

aspect, and is capable of granulating in a healthy manner. At least, such is the result in favourable cases, and a number of these are on record. But in some instances a second and third application are required; and the danger increases to such a degree, that it is now matter of received doctrine, that these preparations should only be used in cases of superficial cancer,—in ulcerations, similar somewhat in character to those of lupus and of noli me tangere. The powder of Rousselot possesses the advantage of being less easily absorbed—a point of vast importance, as fatal effects (cases of Fernel and Roux, for example) have more than once ensued from the entry of the poison into the circulation. M. Grandpré has introduced, and successfully employed, the practice of fumigations of superficial cancerous ulcers with cinnabar and arsenious acid; a particular apparatus is of course necessary to prevent inhalations of the vapour. That arsenical preparations have, with some frequency, effected a cure of cancerous ulcers in the manner described, is a fact concerning which no doubt can be held. But the hazardous nature of the treatment makes it desirable that a caustic, possessed of similar destructive powers, and free from its poisonous properties, should, if possible, be found. Within the last few years the *chloride of zinc* has

been introduced with these claims by MM. Hänck and Canquoin. I have seen some superficial ulcers of an intractable character cured with this substance in the Paris hospitals; and the experience obtained in this country is favourable to its employment. According to Mr. A. Ure, it produces a rapid and salutary change on the characters of corroding ulcers. In two cases of cancerous ulceration of the face, where the disease, though of long standing, was superficial, it acted most favourably in the hands of Mr. Lawrence, and the cures have been permanent. Mr. M'Clintock reports three successful cases of the same kind. The preparation employed by Mr. Ure is a combination of one part of chloride of zinc and two of sulphate of lime; M. Canquoin mixes the salt with various proportions of flour. The thickness of the layer of paste must be proportioned to the depth of the eschar required to be produced. Its immediate effect is that of a powerful stimulant, causing great vascular excitement, with swelling, bright redness, and severe pain, the last continuing twenty-four or forty-eight hours or even longer." *

Of the use of chloride of zinc I intend speaking more fully when I discuss the subject of enucleation of cancerous tumours by means of caustics.

* Walshe *On Cancer*, p. 218.

Nitrate of silver is still frequently used. I have seen many cases in which it has been employed in epithelial cancer of the tongue, and I am sorry to say in every such case it has not only aggravated the symptoms, but also hastened the fatal termination of the disease.

M. Recamier mentions remarkable results which he obtained from the use of this agent; but so far as I know, it has been but little used alone by others.

Caustic potash, corrosive sublimate, the chloride of antimony, and other caustics, have been tried in the treatment of this disease, but the results could not have been very successful, otherwise they would have been more in repute at the present day.

"It is well known that there are many plants in the vegetable kingdom which have the power of removing tumours and similar diseased masses. Among these, I think the wood-sorrel is the best and safest. It is commonly used among the Sioux, Crow, Blackfeet, and other North American Indians, from whom I first learned its properties and method of preparation. It causes but little pain, and, when applied to a tumour, it removes it in a few weeks (dependent on the size), leaving a healthy wound, which these primitive surgeons dress with other herbs, and very soon effect a cure which any member of the College

of Surgeons might be proud of. This, without doubt, is the best and safest mode of removing tumours that are non-malignant, and I now use it in such cases, in preference to all other known means." *

Having proved that no external application has any effect in curing this disease, we shall now examine and see whether the actual removal of the tumour by the knife or other means produces better results.

Cancerous tumours may be removed by the knife, but in doing this the morbid growth alone is removed, and, as we shall find, the tendency for the reproduction of the disease either in the cicatrix or elsewhere is excited, and soon after most operations the sufferer is in a worse position than before. At the present time few surgeons recommend ablation by the knife, although for years it seems to have been a disputed point whether operations were justifiable or no. Hippocrates taught "that occult cancers should not be interfered with, because experience had shown that persons submitted to treatment had perished more rapidly than those who had not been thus meddled with."†

Celsus points out that the disease returns even after cicatrization has taken place. The first Monro,

* Pattison *On Cancer*, p. 42. 1856.

† *Aphor.* vi. 38.

"finding that of nearly sixty persons who had submitted to the excision of cancer, four only remained free from relapse at the end of two years, and that, in those in whom the disease returned, it made more rapid progress than it commonly did in others, became a staunch opponent of surgical interference.*

Scarpa, during a long and extensive practice, only knew of three cases of amputation of cancerous breasts proving permanently successful; and he laid it down as a law, that the removal of encephaloid by the knife hastens death.

Mr. Mayo says—"After amputation of a scirrhous breast, *under the most favourable circumstances*, that is to say, when the operation is performed at the earliest period at which the structural character of the disease has declared itself in the gland, no other part being yet invaded by it, and the diseased structure being entirely removed, I believe that in *ninety-nine cases out of a hundred the disease returns* either in the cicatrix or in the axillary or subclavian glands."†

Mr. Druitt says—"The first and most obvious remedy is extirpation by the knife, against which must be alleged the facts, that the removal of one affected part cannot remove the diathesis, and that

* *Ed. Med. Essays*, vol. v.

† Mayo's *Outlines of Pathology*, p. 573.

the disease is almost sure to return in the original situation, or in some other." Again, Mr. Druitt says—"That the removal of the outward cancer, like the pruning of a tree, sometimes seems to rouse the activity of the diathesis, and give increased energy to the morbid growth, if produced afterwards. That the entire removal of all affected particles of tissue is often unattainable. That some patients are killed by the operation itself, and that some have died from being operated on, for what afterwards proved to be no cancer at all."*

Dr. M'Farlane, now Professor of the Practice of Medicine in the University of Glasgow, states (*Medical Gazette*, 24th June, 1838), that of thirty-two cases of well-marked cancer of the breast, which were operated upon by himself, and eighty-six cases that were operated upon by his friends, *not one was permanently cured.* Several of the operations were fatal. He is of opinion that "the operation never arrests, but almost uniformly accelerates, the progress of the disease."

Mr. Fergusson says—"My own experience coincides entirely with that of every unprejudiced observer, that when malignant growths are removed with the knife, their return is but too likely."

* Druitt's *Surgeon's Vade Mecum*, sixth edition, pp. 115, 116.

Professor Miller says—"It is only a small number of the many cases which present themselves to the surgeon which warrant operation."

M. Velpeau thinks "that half the tumours found in the breast ought not to be interfered with."

In a Report "On the Utility of Surgical Operations in Cancer," presented to the French Academy of Sciences by Dr. Leroy d'Etiolles, in 1844, it was shown, from documents furnished by 174 practitioners, that the average time from operation until death is one year and five months; and he adds, that in operating early it does not appear to be the fact that the tumour is prevented from degenerating.

The late Mr. Liston wrote—"Recourse may be had to the knife in some cases, but the circumstances must be very favourable indeed to induce a surgeon to recommend, or warrant him in undertaking, any operation for the removal of malignant disease."

The late Professor Colles, of Dublin, wrote—"For my own part, it is an operation I would not press on a patient, or her friends at all; it is one by which very little service is rendered at any time; after submitting to it the patient will get a relapse, and generally sinks within two years."

Mr. Paget says—"I am not aware *of a single case of recovery;* and as to the influence of an operation

in prolonging life, I believe that the removal of the local disease makes no material difference in the average duration of life."

Speaking of the periods of the recurrence of the disease after operation, he states that in seventy-four cases, comprising twenty-one collected by M. Lebert, and fifty-three by himself, they were as follows:—

Between	1	and	3	months in	23	cases.
,,	3	,,	6	,,	22	,,
,,	6	,,	9	,,	8	,,
,,	9	,,	12	,,	6	,,
,,	12	,,	27	,,	7	,,
,,	2	,,	3	years in	3	,,
,,	3	,,	4	,,	1	,,
,,	4	,,	6	,,	2	,,
,,	6	,,	8	,,	2	,,

"Neither of us," says Mr. Paget, "has met with a case in which recurrence was deferred beyond eight years."

Notwithstanding such strong testimony against operations, yet we find some who believe that such an important step as ablation is justified by the results, and uphold it accordingly. Mr. Travers is of opinion that permanent recovery generally ensues when cancer of the breast is removed before the

supervention of pain. Mr. Warren believes that one case in three is cured by operations. Sir Everard Home, in his "Observations on Cancer," says—"I think the disease may be effectually cured by the removal of the tumour, because the disease is of local origin." These conflicting opinions as to operations have been carefully weighed by Mr. Walshe, who draws the following inferences as to the use of the knife:—"1*st. The operation cannot in any individual case be recommended as likely to cure the disease.*" "2*nd. Excision cannot be undertaken without imminent risk of placing the patient in a worse condition than he or she was previously to the use of the knife.*" "3*rd. The operation should, as a general truth, be abstained from.*"*

Removal by the knife having come into such general disrepute within the last few years, surgeons have turned their attention to other means for removing the disease, more especially to *enucleation by means of caustics.*

Very little has been either written or said upon this important method of treating cancerous tumours in this country until last year, when Mr. Parker, of Birmingham, delivered his important and admirable lecture upon this subject before the Provincial and

* Walshe *On Cancer*, p. 236.

Medical Association. Abroad, however, the attention of surgeons has been called to this method of using caustics, as long ago as the year 1834, when M. Canquoin, of Paris, addressed two communications to the Academy of Medicine, stating the success with which he had removed cancerous growths without the use of the knife. "The preparation was first known as Canquoin's plaster. It consisted of equal parts of chloride of zinc and flour, made into a paste with water. In 1838 M. Canquoin published a complete account of his remedy, by which 600 cases of cancerous disease had been treated with a confessedly great amount of success."*

A case of Mr. Stanley is reported in the *Medical Times* of January 10, 1857, in which it is stated that he has removed a scirrhous breast by using a dilute solution of Sir William Burnett's fluid. The same method of treatment has been tried upon one case in the Middlesex Hospital since this case was published, but it failed. Professor Simpson, of Edinburgh, has also removed some cancerous or other tumours by inserting into them a solution of chloride of zinc, perchloride of iron, or creosote, by means of a trocar. This is said to remove the tumour; but, as we will hereafter show, there is much difference between removing a cancer-

* *Treatment of Cancerous Diseases.* By L. Parker; p. 14.

ous disease and curing it. M. Maisonneuve speaks highly of chloride of zinc, especially as an application to large fœtid and bleeding ulcers. Mr. Parker, in his lecture, acknowledges the great advantages of the same remedy, stating that he has used it in the form of Canquoin's paste, with gratifying success.

Notwithstanding its gratifying results upon disease, it has the disadvantage of being one of the most painful of caustics; the sufferings it occasions often lasting from twenty-four to forty hours. As to the chloride of zinc, Velpeau states that "the majority of patients on whom I have used it complained so greatly, that they had no hesitation in submitting to the use of the knife rather than re-commence its application."*

The mineral acids have lately been extensively used in France in enucleation of cancers. M. Rivaillé has published a treatise upon the use of the monohydrated nitric acid made into a paste with scraped lint. The only benefit of this caustic is its instantaneous action. Sulphuric acid, in combination with vegetable matter, as saffron, is known as Velpeau's *caustique noir*. He thus describes its advantages—"Instead of producing a loss of blood, this caustic rather prevents hæmorrhage. The pain

* Henry's *Velpeau on Diseases of the Breast*, p. 555.

which it occasions is acute and of long continuance; but it neither produces inflammation nor swelling. On the succeeding day, or day but one afterwards, the eschar will be found perfectly dry; the integuments in the neighbourhood neither red nor swollen, and hardly more tender than the sound parts of the body. In a word, he might say that the patient was cured, and that the eschars rested upon a cicatrix that was already formed."*

The alkaline caustics, or those which have potassa for their bases, are, according to Parker, powerful, effective, and manageable remedies in the treatment of many forms of cancer. The well-known Vienna Paste is known either under the name of Heister's or Filhos' Caustic. The former is composed of five parts of hydrate of potassa and six of quick-lime, mixed together as dry powder, and, when used, made into a paste with a little spirits of wine. The latter preparation is prepared in different proportions. Dr. Filhos made his paste with two parts of caustic and one of lime. Velpeau says—"That Vienna paste is the best form of caustic for the destruction of not ulcerated tumours, of little thickness." The gentleman who first used and discovered its properties employed it chiefly in destroying fungous

* Henry's *Velpeau on Diseases of the Breast*, p. 553.

growths of the womb. For some years past it has been the agent used by Professor Simpson, of Edinburgh, in similar complaints.

Dr. Llandolfi, physician to the King of Naples, has lately employed a combination of caustics in the treatment of this disease. His mode of treatment was published in the *Archives Générales* for May, 1855, by M. Lasèque, which was translated for the *Dublin Quarterly Journal of Medical Science* for November, 1855. "Dr. Llandolfi," says M. Lasèque, "does not belong to the habitual blazoners of secret remedies; his method is not enveloped in any mystery. He is surgeon-in-chief to the Sicilian army, and clinical professor of cancerous diseases in the Hospital of the Trinity, at Naples, and he has made it a point of duty to court a publicity in reference to his peculiar treatment which is honourable to himself, and must be beneficial to humanity. In this spirit he has gone through the great scientific centres of Germany and France." "The novelty of Dr. Llandolfi's remedy is the chloride of bromine, which remedy, when employed alone, is made to consist of two and a half to four drachms of the chloride of bromine made into a paste with powdered liquorice. The time for remaining on, and the thickness of the paste employed, must depend mainly on

the depth and extent of the tumour. The means for relieving pain during the period of the application of the caustic are the same as used in the employment of other caustics. Dr. Llandolfi recommends the exhibition of opiates; chloroform may also be employed for this purpose, but the most efficacious and safe plan is the application of benumbing cold, which should be always employed where the situation of the disease permits it. In Italy Dr. Llandolfi employed a remedy composed of equal parts of the chlorides of bromine, zinc, gold, and antimony, mixed with a sufficient quantity of flour to make a viscid paste. In Germany or at Vienna these proportions were a little varied, and the paste was made to consist of chloride of bromine three parts, chloride of zinc two parts, chlorides of antimony and gold each one part, made into a proper consistency with liquorice root. According to Dr. Llandolfi's views, the chloride of zinc is indefensible in ulcerated cancers, in which it acts as an hæmostatic. The chloride of gold is only rarely useful; it is particularly indicated in cases of encephaloid cancer, on which it is said to exercise a special, if not specific, action."*

* *Treatment of Cancerous Diseases by Caustics.* L. Parker; p. 20.

A French commission was appointed to inquire practically into the *working* of Dr. Llandolfi's method, and they reported very unfavourably as to its results. They consider the preparation a mere alteration of Canquoin's paste of the chloride of zinc, disguised and altered by its mixture with the chloride of bromine. It is stated to be much more painful in its application than the chloride of zinc paste, and not so certain or efficacious in its action. The commission reports of but one case of decided cure.

Professor Simpson, of Edinburgh, has lately published a paper in the *Medical Times*, of date 17th January, 1857, in which he advocates the use of sulphate of zinc in these diseases, with what success it cannot yet be ascertained.

Upon examining all these methods of treating cancerous disease we find that they almost all fail, and that most of them are not only useless, but absolutely injurious. The cause of these failures, I am led to believe, is because surgeons, in their anxiety to get rid of the disease, have lost sight of its true character. They have merely endeavoured to remove it, forgetting the strong natural predisposition existing in many cases for its reproduction. Indeed, any man who at the present day can believe

that because a cancer is removed, it is cured, is worse than simple; and it is surprising that there are still many highly-educated men who conscientiously recommend the use of the knife, knowing well that in nine cases out of ten it is certain to return, and that their patient then will be in a much worse state than previously to their interference, or if they had left the disease to run its natural course. When my attention was first attracted to the study and treatment of this disease, it naturally occurred to me that before success could be obtained, it would be necessary to find some active agent exerting a specific effect upon cancerous matter, and which would exert the same influence by absorption, destroying the tendency existing in many cases in the constitution for the reproduction of cancerous cells, and which, taken at the same time internally, would destroy the cancerous diathesis. Many remedial agents were tried without producing the desired effect, and all efforts to cure the disease were for a long time unsuccessful, and apparently hopeless, until I heard of a root used by the North American Indians on the shores of Lake Superior, which the Indian traders told me was used by them with success in these affections. It is a perennial plant,

known commonly among these Indians by the name of puccoon, but from the red, blood-like juice that exudes from it when cut or bruised, is called by botanists the Sanguinaria Canadensis. It grows in great abundance in the wild forests and plains of the far West; indeed, in early spring the ground in many parts is covered by its large white blossoms. Such a plant, with showy snow-white flowers, would naturally soon attract the attention of the savage; but when he found that whenever this plant was injured or a leaf-stalk broken, it exuded a copious stream of a blood-like fluid, he immediately considered it as sacred and a great medicine. And no doubt some poor squaw, suffering from this dreadful disease, was the first who applied it, after having tried all the simple herbarium of the uneducated savage without success, and then, in despair, applied the bruised bloody pulp of the white flowering puccoon. This extraordinary plant, although unknown to civilized man as a remedy for cancer, has been long well known as a powerful emmenagogue and alterative, and, as such, has been admitted into the Pharmacopœia of the United States; and it is a question well worth consideration to ascertain how far its connexion and power over the uterine

functions has to do with its influences in destroying the peculiar cancerous diathesis existing in most cases.

According to Wood and Bache, "sanguinaria, when applied to a fungous surface in the form of powder, acts as an escharotic. It has been given in typhoid pneumonia, catarrh, pertussis, croup, phthisis pulmonalis, rheumatism, jaundice, hydrothorax, and some other affections, either as an emetic, nauseant, or alterative, and its virtues are highly praised by many judicious practitioners." *

The first experiments made with the puccoon were upon ulcerative surfaces, and although requiring months of continued application, yet the removal of the tumour was effected, and the patient cured. It was then combined with various substances with a view to hasten its action; but none appeared to do so well as the chloride of zinc, for with this compound large ulcerated tumours were removed in a few weeks with comparatively little, and in many cases no pain; at the same time obtaining by absorption and by the internal use, all the good effects of the puccoon.

The next object was to adapt the treatment to

* Wood and Bach's *United States' Dispensatory*, p. 628.

non-ulcerated tumours; and, as a preliminary step, the cutis was destroyed by nitric acid, and the paste applied; but it was found that the eschar produced by each application was so thin, that it would require a long time to remove a large tumour.

Incisions about half an inch apart were then made through the eschar, avoiding the living tissues, and the paste spread upon strips of cotton inserted into them daily; this plan succeeded admirably, and is *believed to be entirely original.*

It was also found that although the action of the puccoon was much hastened by the addition of the zinc, yet it was slow enough to allow its complete absorption, thereby enabling it to exert its peculiar constitutional effects, and at the same time removing the diseased mass in a few weeks.

The compound generally used is prepared according to the following formula:—

℞ Sanguinariæ Canadensis, ℥ss. vel ℥i.
Chlor. Zinci, ℥ss. vel ℥ij.
Aquæ, ℥ij.
Pulv. Sem. Tritic. Hibern., q. s.

Mix, and form a paste the consistence of treacle.

Sometimes the sanguinaria is used in the form of a decoction, by boiling it down in water from four to

two ounces: in this case no water is used in mixing the paste.

The proportions of the sanguinaria and zinc are varied in different cases according to the effect produced.

This is spread upon strips of cloth, cotton, or wool, and inserted daily into the incisions; generally in the course of two to four weeks the disease is destroyed, and the mass falls out in the course of ten or fourteen days afterwards, leaving a flat healthy sore, which generally heals with great rapidity. This treatment refers chiefly to those cases that are well marked, or that have made some progress in their destructive career; but we often meet with other cases of an incipient nature, where the disease, although fully developed, is still in a quiescent or dormant state. In such cases I often accomplish a cure by means of absorption, giving no pain to the patient, and not injuring or removing any important part, as the breast, which must occur if the first mode of treatment is resorted to. Not only is this of use in incipient cancer, but I have seen it of much use when applied to the lymphatic glands, which had become secondarily affected. In such cases, I remove the part primarily affected, *en masse*, by means of the sanguinaria paste, applying at the same time the following oint-

ment spread upon cotton over the enlarged gland or secondary tumour. This ointment is composed as follows (and called the brown ointment):—

℞ Sulph. Zinci, ℥vi.
Sanguinariæ, ℥ij.
Myricæ Ceriferæ, ℥j.
Extr. Opii (aquos.)
Ext. Conii, *a a* ʒvi.
Ungt. Cetacei, ℥vi.

Mist. et fiat ungt.

In conjunction with this preparation, I use an ointment of the iodide of lead, generally applying each twelve hours alternately. The following is the formula use:—

℞ Iod. Plumbi, ℈j.
Glycerine, ʒj.
Ungt. Cetacei, ℥ij.

Fiat ungt.

With a steady persevering use of these two ointments I have often dispersed incipient tumours, which I have no doubt were cancerous.

These are the external means of treatment I employ, which, although in themselves eminently successful, yet I am not content with them alone, but also pay particular attention to the general health, ordering a nourishing and sustaining diet, besides

giving internally the puccoon in small and repeated doses. A remedy that exerts so much influence when applied externally, must be exhibited with caution, I therefore seldom exceed half-grain doses, three times daily. This is given in the powder or decoction; in the former cases I give it either alone or combined with the sixteenth or twentieth of a grain of the iodide of arsenic and one grain of the extract of cicuta made into a pill; or, if given in decoction, I generally combine it with the fluid extract of taraxacum.

The ointment of the sulphate of zinc I have been in the habit of applying, with marked success, in cancer of the womb. Unlike the Vienna Paste, it can be applied not only with safety, but with impunity, as it does no injury to the adjoining tender parts.

I have also used these preparations with marked benefit in cases of lupus, both exedens and non-exedens; indeed, I have never known a case in which the judicious use of these remedies has failed.

Indolent ulcers have long been an opprobrium to the profession from their intractable nature; in such cases these applications are most efficacious, as I have known phagedænic and indolent ulcers of long

standing to be speedily and permanently cured in the course of two or three weeks. In such cases I have often accomplished a cure by using the sanguinaria alone, but even then I find much benefit in using the combinations as described in the above formulæ.

Having given in detail the mode of preparing and applying the remedies, it only remains to state the results of the treatment as *compared* with the removal by the knife; and in doing so I shall employ the tables generally adopted by writers upon the subject, viz., that from eight to eight and a fraction out of every ten cases operated upon return within two years; whereas it is found, that out of every ten cases treated by the puccoon, only about three return in the same time.

The first patient suffering from cancer and treated with the puccoon of whom I have any knowledge is still living, in the enjoyment of good health, although the disease was removed fifteen years since.

Another advantage of this plan of treatment is, that a great number of cases that no surgeon, however fond of the knife, would venture to operate upon, can be treated with a fair prospect of success. (Such cases are not included in the above comparative statement.)

CASES.

THE following Cases have been selected from my Case-Book for the purpose of illustrating the mode of treating the different forms of the disease in their various stages. The numbers have reference to the place they occupy in the Case-Book, and are retained for convenience of reference.

NO. I.—CANCER OF RIGHT BREAST.

July 9th, 1855.—Miss E.W——, aged thirty-four years.—In October, 1854, she received a contusion on the right breast by running against a door-latch. The blow was severe, and her breast was painful in consequence. Soon after this she discovered a " small lump, which gradually increased to the size of a walnut by the 9th of January, 1855," when she sought advice at the Cancer Hospital, under the care of Messrs. Marsden and Cooke. They pronounced it to be cancer, and advised an operation, which she declined. She has been a constant attendant as an out-patient at the

hospital ever since. The tumour has steadily increased, and at the present time is about the size of an ordinary orange. Miss W——'s mother and father's sister both died from cancer. This day I commenced treatment by destroying the skin with nitric acid, and then applying over the parts a plaster spread with the puccoon.

Tuesday, 18th. — Dressed Miss W——'s breast; it looked well.

July 11th to 23rd.—Dressed the breast daily by inserting the puccoon paste, spread upon cotton, into the parallel incisions which I made daily into the parts destroyed. On the 23rd all disease was destroyed.

August 3rd. — The tumour came out this day. The surface of the sore looks very healthy; no appearance of disease.

August 21st.—Miss W—— called to-day. Being absent for two weeks in France, I find that the disease has reappeared in another part. Applied the puccoon to the part.

August 29th.—The disease to which I made application on the 21st came away to-day; however, another fungus has shown itself. I made application to it.

September 9th.—Fungus came away; parts looking well.

September 25th.—The parts nearly healed.

October 7th.—The disease has again reappeared on the upper portion of the sternum, to which I again applied the puccoon. (I may here remark that each reappearance of the disease was never in the same spot, but always more and more to the sternum, as it followed the course of the diseased absorbents).

December 1st.—The sore has nearly healed.

December 24th.—Miss W——, in coming to see me upon the 18th instant, caught a severe cold, which has terminated in rheumatism, and is unable to come to my house.

February 1st, 1856.—The ulcer has all healed very nicely, but the rheumatism still continues so bad that she is unable to leave her bed.

April 16th.—Dr. Pettigrew and I called on Miss W—— to-day, and found her very ill from the rheumatism. I have some grave fears as to her recovery, as there appears to be some pulmonary difficulty connected with the case. The breast is quite well, and the cicatrix scarcely observable.

April 29th.—Miss W—— died this morning at seven o'clock. No *post mortem* was made, so I cannot say what was the immediate cause of death; but upon examining the breast no remains of cancerous disease could be discovered.

NO. II.—CANCER OF RIGHT BREAST.

November 1st, 1855.—Mrs. M——, aged sixty years.—Three years ago she first noticed a small lump in her breast, but only applied domestic remedies for some time. These having no effect, she consulted a surgeon, who pronounced it to be cancer. The tumour continued to increase until the middle of April, 1855, when it ulcerated, exuding a thin ichorous discharge. On the 24th April, 1855, she first visited the Cancer Hospital and consulted Messrs. Marsden and Cooke, and placed herself under their

care, but it still continued to increase rapidly. When I saw her, upon the 1st November, 1855, the tumour was the size of a large goose-egg, with an ulcerated surface the size of a penny-piece, discharging a thin, bloody, and very offensive matter. There was also slight enlargement of the glands in the axilla. I made my first application the same day, and continued them until the 12th December, when the tumour was destroyed.

December 23rd.—The tumour came out to-day. It is six inches long, four and a quarter inches broad, and three and a half inches thick. The wound looks very healthy.

December 24th.—Mrs. M—— is very well to-day; eats well, and sleeps soundly.

December 28th.—I have not seen her since the 24th. The wound is doing very well, and healing up fast.

December 31st.—Mrs. M—— came from Richmond this morning, where she resides. The wound looks well, and is healing rapidly.

January 15th 1856.—Mrs. M—— very well, the wound almost healed.

January 28th.—The wound the size of a shilling, and very healthy.

February 12th.—The wound completely healed, and she is as well as ever she was.

October 3rd.—Saw Mrs. M—— to-day, quite well.

April 7th, 1857.—Saw Mrs. M—— to-day; breast quite well, and she in excellent spirits. She says she never felt better, and all her friends say that she looks ten years younger than she did.

NO. IV.—CANCER OF RIGHT BREAST.

February 4th, 1856.—Mrs. C——, aged fifty-five years.—She first noticed a small lump in the breast last April. It was then the size of a pea, since which it has gradually increased until the present time, when it is the size of a hen's egg. She describes the pain as shooting, pricking, just like the sting of a bee. In August, 1855, she placed herself under the care of Mr. Smith, surgeon to the Homœopathic Hospital, in Golden Square, under whose treatment her general health was much improved. I made my first application to-day, first destroying the skin with nitric acid.

February 5th to 18th.—Dressed the breast daily with puccoon until the 18th, when the tumour was destroyed.

February 26th.—The tumour came away to-day; the sore looking very healthy.

April 5th.—Wound nearly healed; general health quite good.

April 28th.—Wound entirely healed, and quite well.

May 6th.—Mrs. C—— called to-day, and was examined by a number of eminent medical men, who pronounced it to be a complete cure.

April 2nd, 1857.—Mrs. C—— remains quite well.

NO. VI.—CANCER OF LEFT BREAST.

February 19th, 1856.—Mrs. T——, aged fifty-three years.—About a year ago she felt a small lump near the nipple.

She at once placed herself in her surgeon's hands, who treated it as cancer; but, the tumour gradually increasing, she consulted Dr. Pettigrew upon the 24th October, 1855, who confirmed the opinion of her medical attendant, and recommended its removal by the knife, but to this she would not accede. After this, she applied a mixture of Fuller's earth and linseed oil, until she came to see me to-day; and as she was very much agitated, I merely made a slight application, desiring her to return to-morrow.

February 28th.—The tumour is about the size of a large egg, and the pain during the last three months has been "shooting and stinging;" the nipple is retracted, and the skin over the disease corrugated. To-day I destroyed the skin by acid, and afterwards applied the puccoon.

March 15th.—I have continued the application of the puccoon almost daily until to-day, when I find the tumour is destroyed.

March 23rd.—The tumour fell out during the night.

March 25th.—I find that a small portion of the disease at the top of the sore has not been destroyed. Applied my applications to it.

April 15th.—The piece that was left has separated, and come away.

May 18th.—Ulcer nearly healed.

June 5th.—Patient quite well.

April 13th, 1857.—I have seen the patient, and she is now perfectly well.

NO. VIII.—CANCER OF LEFT BREAST.

April 3rd, 1856.—Mrs. E. H——, aged thirty-four years. —In March, 1855, she discovered a small lump in the left breast, the size of a large pea. On the 2nd of April she consulted Dr. Cholmondeley, and continued under his treatment until the following June. During this period the tumour increased a little, and darting, shooting pains came on. She then consulted Messrs. Marsden and Cooke, at the Cancer Hospital, and continued under their treatment until she consulted me on the 3rd of April, 1856, the lump rapidly increasing, and the pain much aggravated when under their care. Messrs. Marsden and Cooke told the patient that it was cancer, and proposed an operation, to which she refused to submit. I saw her upon the above date, when I commenced treatment by destroying the cutis by means of nitric acid, and afterwards applying a plaster of the puccoon.

April 5th.—Very comfortable and happy; no pain. Dressed the breast in the usual manner until the 25th inst., when the disease was dead.

May 6th.—Tumour came away. Its size was $1\frac{1}{2}$ inch long by 1 inch broad, and $1\frac{3}{4}$ inch thick. Healed up in a few days, and well at the present time.

NO. XI.—CANCER OF LEFT BREAST.

April 15th, 1856.—Mrs. E. R——, aged fifty years.—About nine years ago she discovered a "small lump" draw-

ing in the nipple. She went to Mr. Lane, and was under his care for twelve months, during which time it gradually increased, and the peculiar shooting pains came on. She then went to Dr. Pettigrew, who skilfully removed it by an operation on the 12th October, 1849. In the beginning of 1854, a small lump made its appearance again, and at present it is about the size of a walnut, with darting pains. She never knew of cancer in any of her family. On Tuesday, April 15th, 1856, Dr. Pettigrew brought her to me, and I made my first application, destroying the cutis in the usual manner. The treatment was continued almost daily, until the 3rd of May, when the tumour was destroyed.

May 12th.—Tumour came out, the sore appearing quite healthy.

June 5th.—Ulcer all healed.

April 3rd, 1857.—I have seen this patient often since she was healed. She continues quite well, and there is no appearance of any disease.

NO. XVII.—CANCER OF RIGHT BREAST.

May 19th, 1856.—Mrs. S. C——, aged thirty-seven years.—About four years ago shereceived a blow on the breast, since which time she has had pain of a "shooting, pricking" character in it. About a month ago she first discovered a lump, which has rapidly increased. She had an uncle who died of cancer in the bowels. She was sent to me by Mr. Brown, of Hans Place, Chelsea, but, as she

was very nervous, I desired her to call again. She again called, when I determined to treat the case by absorption. I made my first application by applying to the whole surface of the breast a plaster of the *brown* ointment; next day I dressed it with the iodide of lead ointment. I continued this treatment, alternating the ointments, and in a few weeks all traces of the disease were removed.

April 6th, 1857.—Mrs. C—— called to-day with a baby in her arms, quite well, not the slightest sign of disease can be detected.

NO. XVIII.—CANCER OF LEFT BREAST.

May 27th, 1856.—Mrs. B——, aged sixty-three years.—Three years ago she first discovered a small lump in her breast, which soon became painful. She can give no cause for its appearance, and there never has been any cancer in her family. The pain she felt has "a striking, shooting, stinging character." It gradually increased, until now it is the size of a large goose-egg. She has been under the care of three different surgeons, who employed iodine and other remedies without any effect, and they all pronounced it to be cancer. I commenced treatment to-day in the usual manner. The disease was destroyed by the 28th June, and the tumour came away on the 8th July, leaving a healthy sore, which was healed by the 1st September. She then returned home, and continues perfectly well.

NO. XIX.—OSTEO-SARCOMA OF THE LOWER JAW.

May 23rd, 1856.—Miss M. A. H——, aged twenty-one years.—Six years ago this disease showed itself in connexion with the wisdom teeth. The tooth of the right side was extracted, but the disease grew with great rapidity until the 13th February, 1853, when Dr. W. V. Pettigrew skilfully exsected the portion of the jaw-bone involved in the disease. The wound healed nicely; it however returned, and increased slowly until about a year ago, when it grew rapidly.

May 23rd, 1856.—Dr. Pettigrew sent her to me this forenoon. The whole angle and side of the jaw being very much enlarged, I told her that I would try and arrest the progress of the disease, and applied the brown ointment, alternating it with the ointment of the iodide of lead.

June 13th.—The patient thinks that the swelling is less.

April 7th, 1857.—The applications were regularly applied for seven months, and the disease was completely arrested until a few weeks ago, when it again began to increase, and it is feared that another operation will become necessary.

P.S.—Mr. Fergusson exsected a portion of the jaw on May 2nd, and Miss H—— died the next day.

NO. XX.—TUMOUR OF RIGHT BREAST.

June 2nd, 1856.—Miss A——, aged fifty-six years.—During the summer of 1855 she first felt pain in the right breast. It was "shooting, pricking pain, like needles."

About three months ago she first felt a lump, which has rapidly increased, accompanied by the same characteristic pain. She consulted Mr. Cowell, who called in Mr. Hewett, of St. George's Hospital, and then Sir Benjamin Brodie. A grooved needle was introduced into it, but blood only followed. They then told her it was not cancer, and advised an immediate operation; to this she would not consent.

On the 2nd June she came to me, when I commenced treatment in the usual manner. It was then the size of a large goose-egg. In the course of making my incisions I met with numerous cysts, which were opened, and from which thick, bloody, grumous matter exuded. As this tumour came away piecemeal, no accurate date can be given of the exact time of enucleation, but she was quite well on the 2nd September.

April 6th, 1857.—I have seen Miss A—— often since then, and she continues perfectly well.

NO. XXV.—CANCER OF RIGHT BREAST.

June 9th, 1856.—Miss M. A. E——, aged forty-seven years.—In the month of July, 1855, she first noticed a small lump, the size of a pea, in the right breast, but took no professional advice until November 1st, 1855, when Mr. Statham ordered it to be painted.

November 13th.—She went to the Cancer Hospital, where she saw Messrs. Marsden and Cooke, who pronounced it to be cancer, and they gave her some ointment to apply to it. She says, "at this time the lump was the size of my

thumb, and I think the ointment made it grow faster." By the 18th February, 1856, it was the size of a hen's egg. She then went again to the Cancer Hospital, where she remained until the 29th, without any treatment. "On that day," she says, "they gave me chloroform, and did something to my breast which made it very painful indeed. I understood they crushed it, to disperse it. A plaster was then put on it, and kept on for three weeks; but the lump still grew with rapidity, and on the 28th of March Mr. Marsden cut the tumour out, the wound healed, and on the 31st May I was discharged. On that day I called Mr. Marsden's attention to a lump near the scar, and asked him if it was a cancer? He said, 'Perhaps so; and if it was he would cut it out.'"

June 9th, 1856.—She came to me this forenoon, and I found a tumour the size of a filbert on the axillary side of the cicatrix, and the cicatrix itself much indurated. Her mother died of cancer in the breast. She returned to the Hospital on the 4th September. It was cut out on the 5th. She left the Hospital on the 2nd November, but there was a fungous growth on the surface of the cicatrix, to which she called Mr. Marsden's attention; he said it would *amount to nothing*. But her fears were well-grounded, for becoming my patient on the 29th November, 1856, I found an unhealthy fungous growth about the size of a florin, which was speedily removed; and as others sprung up they were also removed, and now (April 3rd, 1857), it seems healthy, and as if it would heal.

NO. XXVIII.—CAULIFLOWER EXCRESCENCE OF THE OS UTERI.

May, 1856.—Mrs. B——, aged fifty years.—About the beginning of 1855 she first discovered a constant watery discharge, with frequent slight hæmorrhages, which she supposed were dependent upon the change of life. These continued for about a year, the health becoming much impaired, and the discharge fœtid. She mentioned the fact to her medical attendant, who proposed an examination; but to this she refused to submit, until she was seized with a most alarming hæmorrhage, which continued for three days. She was then examined by two surgeons, and was told that she had a cancerous tumour of the womb. She was much reduced in strength, and began to suffer from dyspeptic symptoms. On the 5th May, 1856, she consulted me. On examination I found that she was suffering from cauliflower excrescence of the mouth of the womb. At the same time I held out to her the hope of relief, and stated that if I did not effect a cure, in all probability I would prolong her life beyond the time she anticipated. I applied daily the red ointment, and in a very short time she began to improve, regain her strength and her appetite. I soon sent her home, instructing her nurse how to make the applications, and although not well, she writes me (March 23rd, 1857), "I am able to make myself useful in my family, and to take moderate exercise without pain or tire." About a week ago she paid me a visit, and was able, without any inconvenience, to take a ride in a carriage.

NO. XXXVIII.—FUNGOID CANCER OF RIGHT BREAST.

June 23rd, 1856.—Mrs. B——, aged sixty years.—In January, 1853, she first felt a small lump in the right breast. In June of the same year, the lump having increased, she saw Mr. Fergusson, who said the tumour was a glandular swelling, and ordered a soothing plaster to be applied. During the winter of 1853 and 1854 the pain increased, becoming at times acute. In August, 1854, she saw Mr. Fergusson a second time, the tumour having increased to the size of a walnut, and the skin having also become very much strained and discoloured. Another plaster was ordered. The following day (August 16th, 1854) she saw Sir Benjamin Brodie, who considered the case hopeless. He ordered the tumour to be covered with a lamb's skin, and sarsaparilla to be taken internally. In the course of a few days the disease spread very rapidly, the whole breast becoming swollen and inflamed, and the general health much impaired. On the 26th August, 1854, Dr. Julius, of Richmond, applied ice and salt to the breast. This was continued at intervals of two months between each application. This treatment was pursued until June, 1856, during which time the general health was much improved, and the progress of the tumour in a measure arrested. I saw her upon the 23rd June, 1856, but did not commence my treatment until the 26th. On that day I made my first application, and on the 8th of August the chief portion of the disease came away. Four small tumours, in the same breast and near the arm, were then removed, the operation taking about a week for

each. During the treatment two pieces of the cartilages, and a portion of two ribs with the cancer adhering to them were removed: the length of the portions of the ribs were $1\frac{1}{2}$ inches and $\frac{3}{4}$ inch respectively. The last portion was removed on the 18th October, the sore looking very healthy, and which was perfectly healed by the beginning of January, 1857. When I first saw Mrs. B—— there was an enlarged gland in the axilla, which I was anxious to remove, but left it untouched at the time, from the repeated assurance of the family that it had existed there since childhood. Within the last few weeks there has been considerable pain in the gland, and it was considered most prudent to have it removed. This has been done, and the wound has healed. The breast has remained perfectly well since the completion of the first operation (April 20th, 1857).

NO. XL.—SCIRRHOUS TUMOUR ON NOSE.

June 28th, 1856.—Mrs. S——, aged sixty years.—This lady has had a small hard tumour, the size of a small pea, on the bridge of the nose, accompanied with the peculiar lancinating pain. Commenced treatment this day, and in three days all disease was removed.

June 30th, 1856.—Sore healed and quite well.

NO. CLVII.—EPITHELIAL CANCER OF TIP OF THE NOSE.

February 19th, 1857.—Mrs. C——, aged thirty-four years. —For the last four months this lady has been suffering from epithelial cancer in the nose. I commenced treatment this morning. On the 22nd all disease was destroyed, and on the 8th March she was dismissed quite well.

NO. CXXXI.—NÆVUS ON THE DORSUM OF THE FOOT.

January 21st, 1857.—Miss S——, aged twenty-six years.—She has been afflicted with this disease for the last six years, and latterly it had become very troublesome. It is about the size of a sixpence, and situated immediately over the dorsal artery of the foot, where any attempt to remove it by the knife would endanger the vessel. I commenced treatment this forenoon; the disease was speedily destroyed and removed, and by the 12th February the sore had healed, and she was quite well.

NO. XLIV.—CANCER OF RIGHT BREAST.

July 22nd, 1856.—Miss C——, aged forty-five years.—About twelve years ago she observed a small lump in the right breast, which gave her no uneasiness or anxiety until about three-and-a-half years ago, when it became painful. She suffered from sharp darting pains, which were much

aggravated at the catamenial periods. The nipple also was drawn in. She consulted Dr. Taylor, of Pau, who applied the tincture of iodine for three months without any benefit. Dr. Taylor sent her to Mr. Walshe, who also used iodine externally. Two years afterwards she consulted Dr. Chadwick, of Bolton, who sent her to Dr. Wilson, of Manchester, and the same treatment was continued, without any benefit. She then consulted Mr. Baines, of Carlisle, who recommended morphia internally, and extract of conium externally. Dr. Padeson, of Lancaster, recommended an operation, to which she refused to submit. Mr. Dumville, of Manchester, also recommended an operation. A consultation of eight surgeons was then held, who decided that an operation was inadmissible. On the 28th of May, 1854, she consulted Mr. Marsden, who gave her lotions, which were of no benefit. The glands of the axilla now began to be enlarged. By the advice of Lady D—— she applied to me on the 22nd July, 1856, and by the end of September she was quite well, and continues so to the present time.

NO. LIII.—CANCER OF RIGHT BREAST.

August 21st, 1856.—Miss T——, aged sixty-seven years. —Miss T—— made the following statement of her case to me:—"In October, 1853, being on the Continent, I discovered a small lump on the chest side of the right breast, the size of a bean. It was pronounced by a medical gentleman to be only a small moveable tumour, of no conse-

quence unless it enlarged, when it would be easily taken out, but I recoiled at an operation. At the expiration of two years the gland had enlarged, and a small white spot had assumed a pink colour. A lady recommended me to a doctor who had done wonders in the cases of tumours for two friends of hers, he being celebrated for curing by absorption. I came to England in October, 1855, to be under his care. The severe applications he used during ten weeks brought the disease into such activity as alarmed me, and I asked the opinion of an excellent medical friend, who pronounced it *cancer*, and urged the discontinuance of the treatment then pursued. He immediately took me to a gentleman of great eminence, but as I decidedly told him that, owing to the suffering life I had led from irritation of the spinal nerves, I would not undergo an operation, assured that it would be instant death to me, nor would I submit to chloroform, feeling that I should never be roused from it, soothing applications were had recourse to, and my health judiciously attended to for seven months, when I placed myself under Dr. Fell's care."

August 21st, 1856.—I saw Miss T—— for the first time this morning, when I commenced treatment. All the tumour was dead by the 12th September, and on the 25th it came out, leaving the sore quite healthy. The diseased mass measured three inches long, two and a half inches broad, and two and three-quarters thick. By the 28th October the wound healed up, and she is now quite well, as the following quotation from her letter, dated 4th February, 1857, will show:—" One advantage in the lapse

of time is, I trust, it makes assurance doubly sure, and affords me the pleasure and satisfaction of informing you that the cure you wrought is perfect, and no appearance of any return. It appears wonderful."

NO. LV.—CANCER OF RIGHT BREAST.

August 19th, 1856.—Mrs. H——, aged forty years.—About six years ago she discovered a small lump in her right breast, about the size of a pea. In the spring of 1853 she consulted Mr. Jackson, of Islington, who referred her to Mr. Wormald, who pronounced it to be a benign tumour, and recommended its removal, as the results might be doubtful. This she refused to submit to, but employed iodine externally for some time with no good effects. Indeed, she found herself better, and much freer from pain when she did nothing to it. After this she consulted Dr. Protheroe Smith, who pronounced it to be malignant, and recommended her to Mr. Bateman, of Islington, when arrangements were made for its removal. Drs. Roe and Sleigh recommended her to consult me, and I saw her for the first time on the 19th August, 1856, when I found the tumour to be as large as a goose-egg, and lobulated. There was retraction of the nipple, and the pain was most excruciating, of a stabbing character. I made my first application the same morning. On the 8th September the tumour was destroyed; and on the 28th of the same month

it came away, its size being three inches and a half long, three inches in breadth, and three inches and a quarter in thickness. On the 31st October she went to the country, before the wound was quite healed; shortly after this a fungous growth sprung up, which was readily destroyed, and she is now quite well.

NO. LVI.—CANCER OF RIGHT BREAST.

August 28th, 1856.—Mrs. G——, aged forty-three years.—In August, 1855, she first discovered a small lump, the size of a pea, in her right breast. Poultices of linseed, hemlock, &c., were applied, which only aggravated the symptoms. A French physician gave her an infusion of belladonna, &c. About Christmas, 1855, it began to grow with great rapidity, attended with lancinating pains. Drs. Delisle and Hawkins advised her to go to London for further advice, with the view of operating upon her on her return. She visited me on the 28th August, 1856, when I found the tumour 4 inches in length and 3½ in breadth, and accompanied with excruciating pain. On the 28th of August I made my first application; by the 7th September it was destroyed, and came out on the 18th of the same month. During this treatment Mrs. G—— suffered no pain; all she complained of was a sensation of heat. On the 3rd November the parts were completely healed, and she returned home to the Island of Guernsey. Some time after her return home a small fungous growth manifested itself, and on the 12th February

1857, she returned to London to have it removed, which was quickly done, and at this date (2nd April, 1857) she is quite well.

NO. LX.—CANCER OF RIGHT BREAST.

September 9th, 1856.—Mrs. D——, aged sixty-two years.—On the night of the 25th March, 1849, she felt much pain in the right breast, and from this time the nipple by degrees was gradually drawn in, and the breast assumed the form of an apricot, with the slit a little inclining crossways. No pain or inconvenience was suffered from that time till early in the month of October, 1854, when she felt very unwell, and on examining the breast when she retired to rest, found it much inflamed, a bright red spot the size of the top of a tea-cup being visible, but no pain was felt. The part was bathed with Goulard's lotion, and the inflammation gradually subsided. Soon after this two very small, hard, knotty tumours were felt, which increased upwards, forming hard lips on each side of the slit. In January, 1855, she showed it to her medical attendant, who confirmed her fears as to its being cancer, advising, at the same time, that nothing should be done, except keeping it clean, and if it came to a sore to apply only a little ointment to prevent the dressing adhering. About a month after this it ulcerated, the sore becoming very painful, and the discharge very offensive Things went on so until September, 1855, when Mrs. D——

felt very unwell, the discharge became very offensive, sometimes of a greenish brown colour, often mixed with blood. In January, 1856, it was again very offensive, and conglomerated masses worked themselves out of the wound.

From February to July, 1856, Mrs. D—— was as usual, the discharge continuing night and day, but in no way affecting her general health, for she was able to walk and sleep well. The breast continued to shrink and discharge copiously until the 9th September following, when she placed herself under my care. At this time the cleft or fissure referred to had extended across the breast in a diagonal direction. The ulcerated wound presented a frightfully mangled and raw appearance, the inflammation extending considerably beyond the part affected. The fissure was sufficiently wide to admit the finger being laid in it, the mass involved in the disease being six inches long by five inches broad. I made my first application this day. The disease was destroyed by the end of the month, and came out on the 12th October, and by the 28th February, 1857, the sore was completely healed, and she returned home quite well, and continues well to the present time During the treatment three of the ribs were exposed, and slight exfoliations took place.

NO. LXVIII.—CANCER OF RIGHT BREAST.

September 20th, 1856.—Miss A——, aged forty-one years. —About Christmas, 1855, she first observed a lump in her

right breast, accompanied with pain of a darting, shooting character, and also with a discharge of a bloody character from the nipple. The following January she consulted Mr. Marsden at his own house, who pronounced it to be cancer, and prescribed a lotion, which not only afforded no relief, but caused the disease to increase with great rapidity. In May last she entered St. George's Hospital, and was under the care of Mr. Cutler, who proposed an operation. She then consulted Dr. Protheroe Smith, who agreed with Mr. Marsden and Mr. Cutler, in pronouncing it to be true cancer.

September 20th, 1856.—I saw Miss A—— for the first time to-day, and advised her to submit to my method of treatment.

September 23rd.—Made my first application to-day in the usual manner.

October 21st.—The tumour came away this forenoon, leaving the sore perfectly healthy. It measured 4½ inches long, 4 inches broad, and 3½ inches thick.

December 1st.—Miss A—— was dismissed quite well to-day. Cicatrix perfectly sound.

April 15th, 1857.—Miss A—— continues quite well to the present time.

NO. LXXIII.—CANCER OF LEFT BREAST.

October 1st, 1857.—Mrs. K——, aged fifty years.—About six months ago she first noticed that the nipple of the left breast was drawn in. At that time there was no pain. She soon afterwards observed a lump, which gradually increased,

when she consulted Mr. Cutler, of St. George's Hospital, who recommended an operation. A consultation was then held of several celebrated surgeons, who all advised its removal by the knife.

October 1st, 1856.—She applied to me this morning. I found the tumour the size of a large goose-egg. The nipple was also completely retracted, discharging thin serous fluid. The breast was tender to the touch, and she was constantly afflicted with the sharp, darting, shooting pains. I commenced treatment this day, first using the nitric acid.

December 4th.—The tumour came away to-day; it measured 5 inches long, 3½ in breadth, and 3¾ in thickness.

The sore continued to heal rapidly until the 15th January, 1857, when it was quite well.

April 15th, 1857.—Mrs. K—— is in excellent health, and the breast remains quite well.

The report of the two following Cases has been kindly furnished by the surgeons of the Middlesex Hospital.

OPEN CANCER OF RIGHT BREAST.

Elizabeth M——, in her eightieth year, frail and emaciated, was admitted into the Middlesex Hospital, January 6, 1857, under the care of Mr. Shaw, with a cancer in her right breast, of twelve months' growth, and in which ulceration had commenced three months before her admission.

From the centre and axillary side of the mamma there

projected an irregularly globular mass of scirrhous cancer, seven inches in diameter at its base, and excavated to the extent of four inches in breadth, into a foul ragged ulcer, with profuse fœtid discharge. In the greater part of its circumference the margins of the cavity consisted of round bosses of a purple colour; the depth of the ulcer was an inch and a half, but, owing to the elevation of the whole mass above the level of the chest, the base did not adhere to the ribs, but only to the pectoral muscle, and the tumour was partially moveable; the skin covering the outer borders of the cavity was thin and violet-coloured, and for some distance around the base it was red and œdematous. There was no disease in the axilla or chest. For the first fortnight the treatment consisted in applying palliative remedies to the ulcer, and giving diffusible stimulants and carminatives, with nourishing diet. Although Burnett's solution was employed plentifully about the bed and outside the dressings, the bad smell from the breast was but imperfectly corrected. On the 16th, lint moistened with Burnett's solution of the strength of one part to seven of water was inserted into the cavity of the ulcer, and frequently changed; but as it caused much pain, it was desisted from in three days, and a lotion with chlorate of potash substituted.

On the 22nd of January Dr. Fell commenced his treatment. For the first three days he employed his remedy diluted with stramonium ointment; afterwards he applied it undiluted, previously scoring the dead surface slightly at each successive dressing, or first scraping away portions of the friable eschar, and then incising the surface before

putting in his remedy. At the end of a week the whole morbid mass had perceptibly shrunk, without occasioning particular pain, or more than slight irritation in the adjacent parts. The surface of the ulcer consisted of a dry, ash-coloured slough, the incisions in the firmer parts of which extended to the depth of half an inch; at the bottom of the ulcer there was collected each day a few drachms of thickish fluid, which came apparently from an abscess opening from beneath the adjoining red skin. The effect of the application was to destroy at once the offensive smell which formerly extended beyond the bed.

February 19th.—The shape of the diseased mass, as well as its size, is much altered. The large bosses constituting the margins of the ulcer have shrunk, and the uneven excavations forming its bottom have united into one funnel-shaped cavity, which has been considerably reduced below its original dimensions by the general contraction of all the diseased part. About this period the measurement of the mass had diminished to $3\frac{3}{4}$ inches transversely, by $2\frac{3}{4}$ inches vertically.

February 21st.—A line of demarcation has been gradually forming around the eschar, and it is now in some parts of considerable depth. Portions of the more projecting parts of the slough, with the view of diminishing its weight, were cut away; the remainder was incised, and dressed as before.

March 18th.—For a few days poultices have been applied. The eschar having become loose, was easily removed with the forceps and scissors.

March 20th.—The base of the cavity, which is much

diminished in depth, and scarcely exceeds two inches in breadth, is a healthy granulating sore. Except a small portion of the upper and inner part, the margins are sound; but the edge is hard, and the ulceration presents the characteristic appearances of cancer. A small quantity of the undiluted paste was applied to the unsound portion of the edge, the cavity being filled with cotton wool spread with stramonium ointment.

March 31st.—The paste has been daily applied to the part of the edge where the disease remained, and the eschar has almost separated. Cicatrization has proceeded rapidly in the remainder of the sore.

April 19th.—The whole cavity has healed, except a part about the size of a thumb nail, where the granulations are healthy. The surrounding parts, embracing a portion of the mamma, are soft and natural.

For completing this report it remains to speak of the pain, and of the effects on the constitution produced by the treatment. As to the first, it is to be admitted that the patient frequently expressed herself strongly as suffering pain; she sometimes also said that the pain continued even when she was asleep; but at no time did she manifest any unwillingness to have the applications renewed. She declined opiates when proposed, and, according to the nurse's reports, she seldom passed a night without long and sound sleep. From the day she was put under Dr. Fell's treatment her general health greatly and strikingly improved; her appetite was keen, her digestive functions were regularly performed without the assistance of medicine, and she soon gained

perceptibly in flesh and healthy appearance. With few exceptions, she was out of bed early for several hours together; latterly, as an apology for not being dressed at our visits, she informed us that she was unprovided with her proper clothes; that when she first entered the hospital, neither she nor her friends expected she would survive a fortnight, and that they had therefore disposed of her day clothes. Soon afterwards a new dress was procured, and she was then seen, strong and hale for her age, walking actively about the ward; she also attended divine service in the chapel, and took exercise in the garden. She invariably expressed herself in terms of warmest gratitude for the benefits she had experienced.

EXTIRPATION OF A CANCEROUS TUMOUR WHICH GREW FROM THE SITE OF THE LACHRYMAL SAC, AND OBSCURED THE EYE-BALL.

Jane K——, aged forty-nine years, a charwoman, was admitted into the Middlesex Hospital, under the care of Mr. Shaw, 20th of February, 1857, for a scirrhous tumour, which occupied the hollow below the left eye-brow, and by the side of the nose, and concealed the eye-ball. The tumour was oval. In a vertical direction, it extended from below the upper and inner angle of the orbit, on a level with the uppermost part of the eye-ball, along the side of the nose, to the ala nasi, measuring two inches in that direction; transversely, it reached from the side of the root of the nose,

with which it was in contact, across the front of the eye, to the malar bone, measuring an inch and a half. The only part of the eye-lids visible was the external commissure; by depressing the tumour and elevating the upper lid, the eye could be partly seen, moveable, and in its proper position, and, except for some increased vascularity of the conjunctiva, in a sound condition. The base of the tumour was broad, the mobility was slight; the part which was principally fixed being at the site of the lachrymal sac. The skin was of a livid purple hue; at the uppermost part the tumour was truncated by an ulcer of the size of a shilling, in the centre of which was a deep depression of the breadth of a quarter of an inch.

The patient had been subject for eight months to a weeping of the left eye, and occasional slight attacks of inflammation. Five months ago, she observed below the inner canthus a lump like a pea; that increased in three weeks to the size of a hazel nut, but it continued moveable, and the skin preserved its natural colour. A surgeon appears at that time to have taken the humour for a fistula lacrhymalis, and to have attempted twice to introduce a style into the nasal duct. But the tumour continued to enlarge, and owing to the style being constantly pushed out as the tumour grew, it could not be retained. Ulceration then spread from the part where the style had been introduced, causing the ulcer seen at the apex of the tumour to be formed. The patient subsequently came under the charge of Mr. Wharton Jones, who, after consultation with Mr. Shaw, requested Dr. Fell to undertake the treatment of the tumour.

February 23rd.—A thin layer of the undiluted paste was applied on cotton to the surface of the ulcer.

24th.—The ulcer is covered with a black, almost horny scale. This was scored to-day. The whole mass seems broader, and is redder below.

25th.—Redness less; the pains which she experienced before the treatment began have not increased, but after each dressing she has decided "darting" pain, which continues into the night.

26th.—The mass has diminished in depth, whilst there has been no alteration in the lower part of the tumour. The shrinking must, therefore, arise from the action of the remedy on the upper part of the tumour. The pain from the application is less; that which she experienced before the treatment began is unaltered.

March 2nd.—The change is most remarkable. The upper part of the tumour is much sunken, and more of the upper lid appeared. The skin covering the front of the tumour has been gradually destroyed, and the ulcer, which at first was horizontal, is now nearly vertical. The depth of the incisions is not more than half an inch, but that measurement does not nearly represent the depth to which the tumour has been destroyed. The undestroyed skin over the tumour is assuming a very healthy appearance, and is becoming freed from its connection with the diseased growth.

7th.—Half an inch more skin has sloughed as the tumour beneath it yielded to the action of the remedy. She feels during the dressing as if something were being put into her eye. The conjunctiva is inflamed. A nitrate of silver lotion was ordered.

11th.—The dressings were discontinued. The stramonium ointment was applied over and around the eschar.

14th.—Some redness has come on upon the nose, and extended to the inner canthus of the right eye, which is œdematous. A gland over the left masseter became enlarged and tender, and she complained of great pain, as it were in the malar bone. The redness continued several days, without spreading as erysipelas does, and was gone after a brisk purging, by the 25th.

27th.—The eschar loosened itself all round, rose above the surrounding surface, and fell out this day. A healthy granulating surface was exposed, reaching to the lachrymal bone; but so remarkable had been the contraction of the healthy parts before the fall of the tumour, that the area of the healing sore was not equal to more than half that of the tumour. The inner half of the lower lid and the palpebral conjunctiva belonging to it were removed in the tumour.

April 19th.—Except a part at the inner canthus not more than half an inch square, where the granulations are healthy and on a level with the adjacent skin, the whole surface has cicatrized. When made to close her nostrils and blow her nose, no air has been observed at any time to escape through the nasal duct, at the wound. In the process of healing, owing to the contraction of the newly formed skin on the side of the nose, the left ala nasi has been slightly drawn upwards.

May 1st.—Patient discharged well.

THE END.

LONDON:
SAVILL AND EDWARDS, PRINTERS,
CHANDOS STREET.

2