

Cancer : its true nature, treatment, & cure : illustrated by cases / by John Pattison.

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CANCER:

ITS

TRUE NATURE, TREATMENT, & CURE.

ILLUSTRATED BY CASES.

BY JOHN PATTISON, M.D.,

31, LOWER GROSVENOR STREET.

REMARKS ON LUPUS AND ULCERS,
AND THEIR PROPER TREATMENT.



"You must be prepared to hear my opinions attacked with all the virulence of established interest, and all the pertinacity of confirmed prejudice; you will hear them made the subject of every species of satire and invective; but one kind of opposition to them you will never hear; you will never hear them met by quiet, steady, rational argument; for that is the one way in which they *cannot* be met."—RUSKIN'S LECTURES ON ARCHITECTURE, 1854, page 100.

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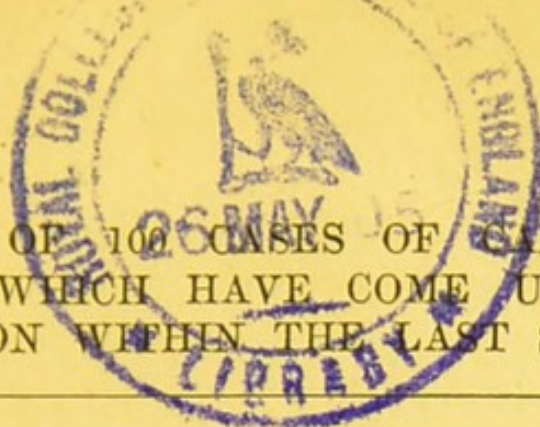
1855.

I have lately received the prescriptions, and directions for using Dr. Landolfi's, (of Naples,) Cure for Cancer, yet notwithstanding its high reputation on the Continent, I prefer my own method, which I have lately been able so to modify, that it can now be applied with little or no pain to the Patient.

31, LOWER GROSVENOR STREET,

GROSVENOR SQUARE,

30th June, 1854.



A TABLE OF 100 CASES OF CANCER OF THE BREAST WHICH HAVE COME UNDER MY OBSERVATION WITHIN THE LAST SIX MONTHS.

CAUSES.

Hereditary.	Blows or Injury.	Mismanagement in Nursing.
30	54	5
Developed at Change of Life.		Causes unknown. 11

SITUATION.

Right Breast.	Left Breast.	Axilla.	Simultaneously in both Breasts.
29	54	16	1

AGE AT WHICH DISEASE APPEARED.

YEARS.							
2 to 10	10 to 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80
1	6	3	28	36	14	10	2

HOW DISEASE FIRST APPEARED.

OPERATIONS PERFORMED.

Milk Abscess	Small Tumour	Drawing in of Nipple.	Scratch in Axilla.	Sudden Enlargement.	
7	51	39	2	1	31

HOW LONG AFTER OPERATION BEFORE RETURN OF DISEASE.

CAUSTICS BEEN USED

NOTHING DONE.

Within 12 Months	Within 2 Years	Within 3 Years	Within 7 Years	Within 11 Years		
20	6	2	2	1	12	57

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LETTER No. 1
TO THE HONORABLE THE GOVERNORS AND DIRECTORS
OF THE MIDDLESEX HOSPITAL

"I am totally at a loss to conceive why the medical art alone should not, in these days of reform, avail itself of the improvements which time and experience bring with them to all other arts, rather than persevere with stupid obstinacy in killing patients *secundem artem*."

Letter of Bishop Bathurst, vide his Life, page 395.

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FOR ten years I was actively and extensively engaged in Surgical Practice in the United States, and paid especial attention to cancerous and ulcerative diseases. I was induced to attend particularly to such cases from having, in common, I believe, with all other Surgeons, experienced the utter inefficacy of the knife or the Pharmacopeia in curing, or even alleviating them. During some experiments upon various remedies I met with some which promised better results than any other with which I had been previously acquainted. I followed up this discovery, used the remedies freely, and had opportunities of testing them largely; and when convinced of the safety and superiority of their action, I came over to England to offer it to the Profession. On my arrival, in October, 1852, I proposed to treat with these new remedies some of the cases reckoned incurable in the Royal Infirmary of Glasgow; and in reply was informed, with more brevity than courtesy, by Professor Laurie (then acting as head surgeon of that hospital), that he would not countenance Quackery. In November, 1852, I addressed the following letter to the Governors of the Middlesex Hospital,



stating the nature of my discovery, and making the following proposal:—

## LETTER, No. I.

TO THE HONOURABLE THE GOVERNORS AND DIRECTORS  
OF THE MIDDLESEX HOSPITAL.

GENTLEMEN,—For the last ten years I have been actively engaged as an operating surgeon, and during the greater portion of that time I have paid particular attention to an extensive and exceedingly troublesome class of diseases. In company with Dr. Walter of Louisiana, I have conducted many experiments, and at last we have discovered a remedy which we believe is certain and efficacious in the following class of diseases, viz., Simple, Malignant, and Cancerous Tumours, Malignant, Scrofulous, and Sluggish Ulcers (especially that flat ulcer, so commonly found in debilitated and worn-out constitutions, and erroneously supposed to be owing to a varicose state of the veins), Caries of Bones, Lupus and Malignant Cancer. All the above-named diseases, with the exception of the last terrible disease, are ably and successfully treated by all your distinguished surgeons; yet we claim that our method of treatment will radically cure these diseases in one-third of the time they at present take, thereby saving much expense to your Institution. Of the last named disease, Malignant Cancer, we claim to cure fifty per cent. more than at the present done by any other method of treatment. The *modus operandi* of our treatment is to remove the whole diseased matter *en masse* (by a peculiar preparation), leaving a healthy sore free from all disease, which any surgeon can rapidly heal up. Your surgeons may say that this is the action of a caustic, and that chloride of zinc, potassa cum calce, arsenical preparations, &c., will produce the same effect. To this I merely reply, that our remedy



may act like caustic, yet it possesses the peculiar action different from all other caustics, viz., that it possesses no action or power on healthy tissue, affecting it no more than the mildest dressing, yet acting with vigour on diseased textures, separating in a few days the unhealthy from the healthy. Further, in the treatment of Ulcers, the great difficulty in the healing of them is well known to depend on the unhealthy nature of their edges; but I have found that in the majority of these cases, not only the edges, but a great portion of the adjoining tissue, is also in a state of disease, and until all disease is removed, the cure cannot be permanent. Again, in Malignant Cancer, it is an admitted fact, that the whole system becomes rapidly impregnated with this terrific poison. Now, we know that any therapeutic agent applied to a raw or ulcerated surface is rapidly absorbed into the system, and if there be a combination of therapeutic agents (innocuous to health), but which have the power of destroying and neutralizing the poison of schirrhous, and if such agent can be applied to an ulcerated or raw surface, and allowed to be absorbed into the system, until the system becomes saturated therewith, is not this the only proper and true method of cure to be used? We claim, as having discovered and used such a therapeutic combination with success. Although we claim this as a remedy, yet it must be plain that in all cases it cannot cure, viz., in cases where the disease has advanced to its last stages, and the vital powers of the patient have been worn out, and also in many of these cases where the knife has been resorted to, (INDEED FOR THE LAST FEW YEARS, SO CONVINCED HAVE I BEEN OF THE EVIL RESULTS OF ATTEMPTING TO REMOVE MALIGNANT CANCER WITH THE KNIFE, THAT WITHIN THAT PERIOD I HAVE REFUSED TO OPERATE IN MANY CASES), but we claim we can



cure at least fifty per cent. more than at present is cured by any other system.

Gentlemen,—Having now fully stated what I believe I am able to do, and knowing, from your situation as Governors of the splendid charity over which you preside, that you will be willing to introduce, as far as lies in your power, anything for the relief of suffering humanity, I humbly beg permission to be allowed to introduce it into your Hospital on the following terms:—

*First*,—In order to convince your Honourable Board that there is nothing *dangerous* or *unprofessional* in my mode of treatment, I shall be willing to reveal and show my method to any one surgeon of well-known standing, and a person known to be a man of honour, whom you may choose, and whom you can prevail upon to undertake the trust (I should prefer Mr. Lawrence or Sir B. Brodie), on his pledging his word of honour not to reveal it to any one, or to practice this new method without my written consent to do so; then that gentleman can inform your Honourable Board whether it will prove dangerous or not, and superintend the cases.

*Secondly*,—That a limited number, say twenty patients—(having not yet recovered from a severe accident, I could not at present attend to more)—afflicted by the above class of diseases, shall be chosen by the Surgeon of the Hospital and myself (fair cases), and removed into a separate ward for the time being, under the sole control of the gentleman you may choose, and myself, and that proper and trustworthy nurses be placed in said ward under our control.

*Thirdly*,—That drawings or wax models of the worst cases of disease be taken previous to commencement of treatment, and again after the removal of all disease; said drawings or models, or copies thereof, to belong to me, without expense.



*Fourthly*,—That when I have removed all disease, and reduced the sore to a state of a healthy sore, the patient shall then be considered as cured, and placed under the care of the House Surgeon, for treatment of simple sore.

*Fifthly*,—That the diseased masses, when removed, shall belong to me; and, *lastly*, having accomplished these cures in the manner above stated, I shall then receive an acknowledgment to that effect from your Honourable Board.

I remain,

Gentlemen,

Your most obedient Servant,

JOHN PATTISON, M.D.

Graduate of, and late Demonstrator and Prosector of Anatomy,  
in the University of New York.

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## LETTER, No. II.

COPY OF FIRST LETTER FROM THE GOVERNORS OF THE

MIDDLESEX HOSPITAL TO DR. PATTISON.

Middlesex Hospital, 23rd Nov., 1852.

SIR,—I beg leave to inform you that your letter of 17th instant has been read at the Board this day, and the Governors have referred it to the consideration of the Medical Officers of the Institution, and as soon as the Board receive their report, I will communicate again with you.

The Board desires to submit to you that, as you have named two eminent English Surgeons whom you would prefer to see your remedies applied, who are not connected with this Hos-



pital, whether it is not desirable you should in the mean time communicate with them.

I am, Sir,

Your most obedient Servant,

MICHAEL SMITH, *Chairman.*

To John Pattison, Esq., M.D.

### LETTER, No. III.

OF THE GOVERNORS OF THE MIDDLESEX HOSPITAL TO  
DR. PATTISON.

Middlesex Hospital, 30th Nov., 1852.

SIR,—I beg leave to inform you that your letter having been duly considered by the Medical Committee, as well as by the Board of Management of the Hospital, they find that a fundamental Rule of the Institution requires that—"the Surgeons shall enter into a book respectively the names of their patients, with a general statement of their cases, and should any extraordinary circumstances occur in the progress of a case, or should any remedy be providentially discovered, a record shall be made thereof, and published for the benefit of society."

The Governors, therefore, are, as you will perceive, precluded from availing themselves of your proposal.

I have the honour to be, Sir,

Your most obedient servant,

MICHAEL SMITH, *Chairman.*

Dr. Pattison.

Having thus had a fair trial of my remedy rejected by two



public hospitals, I felt it to be inconsistent with my own self-respect to subject myself to further refusals; and hurt at the illiberality of the Profession, and at their want of courtesy towards myself, I resolved that, for some time to come, I would practice independently. Having now done so extensively for the last three years, I beg to lay before the public a few of the cases that have been under my care, together with my views of the nature of the diseases which I treat, and the results of their treatment by the Profession. I will first notice Cancer, which I consider to be a constitutional, and not a local, disease. It is denied however by some, that cancer is a constitutional disease, and certainly its recurrence after an operation is no proof of its being so. (*Treatment of Cancer by Dr. Arnott, Second Edition, p. 11.*) I regard it as a disease of debility, which may lie dormant in the system for years, until something calls it forth, as a blow or a bruise, change of life in the female, the suppression of any established discharge or bleeding. In the table of one hundred cases of cancer of the breast, we find that in fifty-four cases, a blow or injury was the exciting cause; that thirty cases were hereditary, and generally developed at change of life, and that five cases arose from mismanagement in nursing; leaving thirty-one cases for which the exciting cause was unknown. It is stated by Mr. Paget, in his Lectures on Surgical Pathology, that in hard cancers of the breast, *one in six* patients may be reckoned as having *Hereditary* tendency thereto. Lebert, a French surgeon, says that the *Hereditary* tendency is *one in seven*. My experience, as proved by the above table, shows that it is much more common than these two gentlemen state. In one hundred cases of cancer of the breast, I found hereditary taint in no less than 30 per cent., or one in  $3\frac{1}{3}$  persons. The average proportion of the seat of cancer is stated by M. Touchon, out of 9118 cases re-



corded in the mortuary registers of Paris, from 1830 to 1840, thus :—In the Uterus, in 2996 cases ; in the Stomach, in 2303 ; and in the Breast, in 1147 ; or, taking the proportionate round numbers—in the *Uterus* in about one-third of the cases ; in the *Stomach* in about one-fourth ; and in the *Breast* in about one-eighth.

My practise for the last three years in London has convinced me of the correctness of the above statement, viz., that the most common, and yet the most frightful form of this disease is in the womb ; and that the breast is not so frequently a seat for this malady as the stomach. When cancer attacks the womb, it most frequently commences in the neck, and not in the substance of the womb itself. When it attacks the breast, the left breast is more generally attacked than the right, for in one table we find fifty-four cases of disease in the left breast, and only twenty-nine cases in the right. The cause of this I am unable to explain. Of the causes that give rise to this terrible malady, we must confess our ignorance. “ Neither temperament, mode of life, civilization, previous disease, nor moral effects have been proved 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.” (*Druitt's Surgeon's Vade Mecum, Sixth Edition, p. 111.*) Although we can trace this disease to no cause, yet there are a variety of circumstances that develope it, without which the disease might lie dormant for life, and the cases are very rare in which we cannot find some trace or cause for the appearance of this disease. Thus in cancer of the tongue, the general exciting cause is irritation, produced by a tooth,



mismanagement and violence during childbirth often given rise to ulceration, degenerating into cancer of the womb, and a blow or injury on the breast is in many cases the exciting cause of cancer in that region. It is a well known fact, that in times of great commercial distress, cancer of the stomach becomes very common, the mind distressed acting upon the digesting organs, is in many instances the exciting cause for the appearance of this form of the disease. Was not distress and mortification the exciting cause of this same disease which destroyed the first Emperor, Napoleon, when confined in St. Helena? Change of life in the female often calls forth this plague, which until that period may have lurked unsuspected in the system. I have also found the disease arising in no less than five cases out of one hundred from mismanagement of the breast in nursing. This is frequently the case with young mothers, who too often follow the advice of their ignorant nurses, instead of consulting the accoucheur. It is a common thing with these "*sages-femmes*" to rub and pinch the distended breast, often causing thereby an amount of inflammation productive of the most serious consequences. The following case came under my own observation some months ago. Mrs. F., a young married lady, was confined of her second child, in June, 1853. There was some little difficulty about nursing from the right breast, when the nurse, instead of consulting the accoucheur, rubbed and pinched it in order as she said to soften it. Violent inflammation took place, which terminated in cancer, and death put an end to her sufferings within the year. But unfortunately we have not alone to contend with the ignorance of the nurse, but often with the ignorance of the surgeon, as the following case will illustrate; and I am sorry to say it is not the only one. About a month ago Mrs. Seward, a poor woman, came to me asking advice regarding her breast.



Upon examining the breast, I found it swollen, and excruciatingly painful, and heard from her the following statement of her case :—She had been confined in the latter part of March ; shortly afterwards her left breast gave her trouble, and she consulted her surgeon and accoucheur in one of the north eastern suburbs of London, who prescribed the following (to say the least) very injudicious remedy, viz., “to iron it several times a day with a hot iron.” A few days of this treatment did much mischief, but I was fortunate in this case, in being able to restore the breast to a natural state by fomentations of hops and camomile flowers. Having now slightly glanced at some of the causes which excite this disease to action, let us now look to the means adopted by the Profession for its cure. 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 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.” (*Druitt's Surgeon's Vade Mecum*, 6th Edition, page 115 and 116.) We see that Mr. Druitt, although proposing ablation by the knife, yet acknowledges its danger, and the slight prospect of success it affords. Let us now hear what other distinguished men say.

Dr. Macfarlane, 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 uprejudiced observer, that when malignant growths are removed with the knife, their return is but too likely."

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

M. Velpeau, of Paris, thinks "That half the tumours found in the breast ought not to be interfered with."

Mayo, in his "Outlines of Pathology," says—"After amputation of a schirrhous breast, under the most favourable circumstances, I believe that in ninety-nine cases out of one hundred the disease returns."

In a Report "On the Utility of Surgical Operations in Cancer," presented to the French Academy of Sciences by Dr. Leroy d'Etoilles, 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—"He is 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."\*

Referring to my table, it will be perceived that as in Mr. Paget's, cancer most generally returns within the year, for out of the thirty-one cases operated on, we find the disease returned.

In 20 cases within 1 year.

|   |   |   |   |    |   |
|---|---|---|---|----|---|
| „ | 6 | „ | „ | 2  | „ |
| „ | 2 | „ | „ | 3  | „ |
| „ | 2 | „ | „ | 7  | „ |
| „ | 1 | „ | „ | 11 | „ |

Mr. Paget say he has never met with a case in which re-

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\* Paget's 'Lectures on Surgical Pathology,' vol. ii, p. 347.



currence was deferred beyond eight years. I have met one in which it was deferred 11 years. This was in the case of a lady living in the East Indies; the warm climate may have been favourable to the disease lying so long dormant, as it showed itself shortly after her return home.

Such are the authoritative opinions of the ablest surgeons, as to the beneficial results of operations for the cure of cancer, and my own experience entirely coincides with theirs; for within the last ten years I have operated on from fifty to sixty cases of cancer of the breast, and with the exception of only two cases, the patients have died within three years of the operation. Yet patients still submit to operations, and (more wonderful!) surgeons still perform operations! many of them, I doubt not, with compunction and unwillingness, anxious to afford even the remotest chance of benefit, and hoping against hope. But what can be said in defence, or in palliation, of the two operations that I find recorded in the Medical Journals of last year, and the abridged details of which I will now relate, maintaining that in both instances surgical interference was unwarrantable, unscientific, and hopeless from the first?

“ M. H., aged 37, admitted into Guy’s Hospital, under Mr. Birkett, with a large tumour of the breast. The left breast was transformed into a very large, pendulous, tuberculated mass of cancer; its surface was shining, red, irregular, and here and there were small apertures in the skin, in the centre of which there was a yellow body, somewhat resembling a slough; the tumour was very hard in all parts, and quite moveable upon the pectoral muscle; the *axilla* was occupied by a large mass of indurated glands, as well as by a new growth of cancer, which was separate from the mammary tumour. The patient often experienced sharp, darting, shooting pains;



the general health was good, but her aspect was *most cachetic, and indicative of disease*; so greatly, indeed, did her appearance betoken general cancerous diathesis, that an operation seemed to offer but slight hopes of benefit. Mr. Birkett amputated the tumour on the 19th April; profuse hæmorrhage occurred, but the entire mass was removed, *with the exception of the axillary tumour*, which extended so deeply, that it was deemed most prudent to leave it. A small *independent growth was also removed* from over the fifth intercostal space. Until the beginning of June the axillary tumour did not enlarge, *but about this time it became red, swollen, and painful*. The cicatrix is quite healthy, *but towards the sterno-clavicular articulation a tumour has been developed, which slowly increases.*"  
—*Medical Times*, 20th August, 1853.

"E. W., married—had enjoyed good health till the early part of 1850—in February of this year (1850), she suffered much from head-ache, and observed a small swelling on the left side of the frontal bone; it increased, and became painful with aggravation of the head-ache. She bore it, however, till April, 1851, when she submitted to an operation for the removal of the swelling. The incisions made for this purpose caused profuse and alarming bleeding, *which made it necessary to desist when the removal had been only partially accomplished*. She was so weakened by the loss of blood, as to be incapable of the least exertion for a fortnight; and six or eight weeks elapsed before she had regained her usual strength. *The swelling was soon re-produced*, and a *second operation* was undertaken for its removal, ten weeks after the first attempt. The hæmorrhage was considerable, but not dangerous, on this occasion. Although the soft parts had been freely excised, *the tumour began to grow again before the wound was healed*. She now passed some months in the country, for the recovery of her health, and then



sought advice at St. George's Hospital, where the nature of the affection was justly appreciated, and *operative interference declined*, in the belief that the disease was incurable. Mr. Lawrence saw this patient in November, 1852, when there was a swelling on the surface of the skull, occupying the left side of the frontal region, somewhat irregular in figure, about two inches diameter at the base, and rising more than an inch above the level of the bone. It pulsated strongly, and was so acutely sensitive, that the patient could not bear any covering on the head, or the slightest touch. All the arteries proceeding towards the part, and on each side of it, were unusually large, and beating powerfully. There was great pain in the part, and severe head-ache, especially at night, not admitting of relief from narcotics. She was admitted into St. Bartholomew's Hospital, and Mr. Lawrence operated on the 15th December, 1852. An incision, between three and four inches in length, was made along the posterior half of the base of the tumour, keeping clear of the mass by a considerable margin. A most violent bleeding ensued from numerous arteries of the scalp, which could not be tied, from the density of the surrounding structures, and the hæmorrhage could only be partially restrained by pressure. *Thus, the loss of blood was so great, that the patient seemed likely to sink under it.* She soon revived upon the free admission of air, the dashing cold water on the face and chest, and the use of brandy. The operation was completed by an incision in front, not followed by any considerable bleeding, and then rapidly detaching the mass on a level with the bone, in doing which the presence of bony spiculæ in the base was observed. *It was now found that the growth passed into the interior, through an opening in the cranium,* more than half an inch in diameter, at which the pulsation of the brain could be felt; a firm compress of lint was applied, and the



patient removed to bed. The patient died in a fit on the 21st February. Mr. Lawrence states that ‘the *true nature of the affection was not suspected* either by my colleagues or myself, previously to the operation.’”—*Medical Times and Gazette*, 6th, August, 1853.

I have quoted these two cases at some length, in order to show that leading surgeons, in spite of all experience, will persist in recommending operations even in cases as hopeless as the above. The love of operative interference and surgical notoriety have even led to extirpation of portions of the womb, with tumours attached to them, and the question of its prudence and risks, its dangers and its horrors, have actually been overlooked or disregarded, in a fierce contest as to whether such an operation comes within the province of the surgeon or the accoucheur! One surgeon, Mr. Syme, of Edinburgh, declares that “excision of the os uteri is an operation perfectly safe and effectual when employed for the removal of growths not possessing a malignant disposition.” Yet even he admits that “in this region the difficulties of diagnosis are great, and the execution of operative manipulation is beset with many obstacles.” He goes on to express surprise that accoucheurs should venture to intrude into the management of such cases, all which he would claim as exclusively his own, and says that the frequency of pelvic abscesses, which are so common, may be accounted for by the liberties that accoucheurs allow themselves to take with the uterus, in defiance of decency, danger, and common sense. It is not my intention to enter upon the ridiculous question in dispute, I only allude to the subject as another proof how surgeons overlook the good of the patients in their craving after operations; and it is to me humiliating to see such a miserable question of precedency engaging the time and the attention of the Profession. I object not to the ope-



rator, but to the operation ; yet I cannot see that a surgeon, such as Mr. Syme, is more competent to master the difficulties of diagnosis in uterine complaints than an accoucheur, such as Professor Simpson, who of such diseases must (to quote an old saying) "have forgotten more than the other ever learnt ;" or how Professor Simpson's decency and common sense in uterine examinations are inferior to Mr. Syme's.

Cancer of the uterus, Mr. Syme tells us, "is well known, happily, to be a rare disease." (*Edinburgh Monthly Journal*, July, 1845.)

His statement is, however, contradicted and controverted, by the statistical table previously referred to by M. Touchon, who out of 9,118 cases of death from cancer, recorded in the Mortuary Register of Paris, from 1830 to 1840, found that *the disease was seated in the uterus in about one-third of the cases.*

This statistical table is quoted and adopted by Dr. Walshe, and also by Dr. G. Budd. The accuracy of such a register, and its adoption by such authorities, leave no doubt that Mr. Syme is not aware of the frequency of cancer of the womb.

Cancer of the womb, as has been shown, occurs in the great proportion of one-third of all cases. This statement is in accordance with the observation of my own experience. For so serious and fatal a malady the Profession have but two modes of treatment—by the knife, and by the destructive agency of powerful caustics. The late M. Lisfranc, of Paris, boasted that he had performed the operation of amputating the neck of the womb in above one hundred cases. Some more prudent surgeons investigated the cases, and it was ascertained that not one of these hundred cases had terminated successfully. The risks of the operation from abdominal inflammation, and from loss of blood, are so great, that no surgeon of ordinary prudence would recommend it. Of all forms and



situations of inflammation that of the abdomen is the most formidable, not only on account of the rapidity of its course, which generally proves fatal in thirty-six to forty-eight hours, but also from some peculiarity in the nature of the inflammation; any inflammation of an inward part is dangerous, as inflammation of the lungs, heart, &c.; but peritonitis, or inflammation of the lining membrane of the bowels, is more dangerous than any other, and the operations by the knife upon the womb are almost certain to be followed by it. In addition to the risk of this inflammation, we must also take into consideration that the medicine chiefly relied on in its treatment is mercury, and that no physician would pronounce a person with peritonitis to be out of danger until salivation was produced. This cure to a delicate female with uterine cancer would be worse than the previous disease. Operation is likewise objectionable, on account of the serious risk of bleeding—and the bleeding occurs in a situation where it is not always possible to check or to control it. Patients in the class of diseases we are considering are not able to stand the loss of blood, they are already too much enfeebled by suffering and disease. I have stated the risks of operation by the knife, even supposing that the operation was justifiable, which I maintain that it is not. It is impossible to ascertain beforehand the actual extent and limits of the disease, and whether or not the BODY of the womb is free from the cancer visible at its *neck*. It almost invariably is so affected; and even were it free from disease, the operation on the uterine neck would be very likely to excite a fresh development of cancerous action in the body of the womb.

Caustics are, probably, the worst and most frequent remedial agent used, especially in cancer of the womb. In my opinion caustics are much more dangerous than the knife, for they often act, not as a curative agent, but as an exciting cause of



cancerous action. I see examples of this almost every day. I have at present under my care a lady, who, having a small pea-like tumour in her breast, which gave her no pain or uneasiness, went to Sir Benjamin Brodie, in the early spring of 1854, when he attempted to destroy it with caustic. The tumour was destroyed, but left behind it a deep cancerous cavity. This case, and this valuable life, is only one example of the many I see daily sacrificed to the use of caustics. But if caustics prove too dangerous when applied to an external organ, like the breast, what must it be when applied to the tender womb? If we consider the action of caustics, they are, of course, destructive; and, were it possible to confine this destructive action to disease only, their employment might, in some few cases, be advantageous; but it is wholly impracticable to do so. They must destroy sound and healthy as well as diseased textures. If used in the solid form (as potass fusa, or the potassa with quicklime), they immediately liquify, and spread over all parts in the vicinity of the disease—exciting inflammation, and many of its various results, as ulceration, bleeding, sloughing, and, in many cases, permanent contraction of parts, requiring operations subsequently to restore them somewhat to their natural condition. Their application is not once only, but of repeated necessity; and the objections to their use, above stated, are in force on every separate application. Months after the commencement of their use they are as dangerous as at first. They are most unsatisfactory with reference to the affection which they attempt to cure, and they are positively dangerous to the healthy structures surrounding the disease. With my new remedy I am enabled to treat the above class of cases, whether they be of simple ulceration, or of cancer, not only with benefit, but



also without danger. My agent is a powerful one, but powerful on diseased tissues only, on healthy structures harmless.

Of narcotics, as a remedial agent, it is needless for me to speak, as they seem to be the mainstay upon which the medical profession depend, not for the purpose of affecting a cure, but as a means for assuaging pain. Dr. James Arnott says—“Although opium and its preparations afford relief from pain, this benefit is obtained at the expense of much disturbance of the digesting and cerebral systems, and much deterioration of the general health.” (*Arnott on Cancer*, 2 Ed., p. 13.) Since I have been in London, I have seen more than one patient die, not from the effect of the disease, but absolutely from the enormous quantity of opiates given to relieve pain. Not long ago, I was called in to see a lady living in the neighbourhood of Hans Place, Knightsbridge, the patient of a celebrated accoucheur of Grafton Street. This poor lady was treated for cancer of the womb, and had been kept for some time under the constant use of opiates. When I saw her all appetite had gone; she could take nothing, was constantly drowsy and disinclined to be disturbed, eyes shut, pupils contracted, and pulse feeble and weak. I immediately recommended that no opiates should be given, that stimulants and tonics were the proper treatment; and when I saw her, about three weeks afterwards, I found her so much improved as to be able to sit up the greater part of the day, and with even the prospect of being again restored to health. If the large doses of opiates had been continued one day more, I have no doubt her life would have been sacrificed. The alterative treatment has been tried without success—indeed, the profession seem to despair that this disease should ever be cured. Several of my patients consulted Sir Benjamin Brodie; his views were in every



case unfavourable, and his treatment a mere placebo; as to operations his words are, "We find that in the larger proportion of cases in which the operation is performed, the patient is not alive two or three years afterwards; and in a great many cases, instead of the operation stopping the disease, it *actually seems to hasten its progress.*" His prescriptions seem (as far as my experience goes) limited to four plaisters, one a Mercurial plaister, one with the Iodide of Potassium, one with Soap, and a fourth with Belladonna—no rules given as to diet—no medicine prescribed. His advice, clearly, though not avowedly, is to do nothing. Yet I am glad and proud to say that my treatment and new remedy have accomplished cures, and afforded relief in instances where Sir B. Brodie had been previously consulted without benefit. "Cicuta, arsenic, iron, iodine, have all been tried," says Professor Burns, "completely, 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 no avail, are persisted in, rather than inquiry made after new ones, which, if they do not succeed, at least 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 every medical man whether I be not correct in the assertions I have made."\*

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\* *Principles of Surgery*, by John Burns, M.D., Regius Professor of Surgery in the University of Glasgow.



Such is the confession of a most distinguished surgeon and physician, and what is better, AN HONEST MAN. There is no doubt that the feeling which has arisen in the Profession, as to the utter uselessness of attempting any method of cure for this disease, has given rise to the most absurd prescriptions for its treatment, such as the use of carrots, both as food and external application. This latter form is the favourite dressing of the distinguished surgeon physician of the Cancer Hospital. Starvation, with leeching and bleeding, have been recommended; also boiling figs in milk, and applying the boiled fig to the part, and carefully drinking the milk. These and other equally foolish modes of treatment have, to my own knowledge, cost the lives of hundreds.

Before speaking of my method of treating this class of diseases, I must here remark, that one gentleman has made a step in the right direction, I refer to Dr. James Arnott; this gentleman adopting the true pathology of the disease, viz., that cancer consists of an assemblage of hydatids or cysts, possessing an independent vitality. Viewing it in this true light, Dr. James Arnott has brought forward the idea of congealing or freezing these cysts, so as to destroy their vitality, and by this means, combined with pressure, to affect a cure. To Dr. Arnott is the honour of first moving in the right direction. I have tried this method of congealing several times, but never with success, as I am afraid that sufficient cold cannot be produced to destroy the cyst, without also injuring, to a serious extent, the adjoining parts, and if not successful it is liable to increase rather than retard disease, in proof of which I will now mention one case, and as the freezing was done at a public hospital, it was no doubt properly performed. There came to me, on the 1st February, 1854, seeking relief, a poor



woman named Caroline May, aged 43, the history of whose case was as follows :—" Has been married four years, last April received a blow on the left breast when stooping over a chair. (*This was the exciting cause of the cancer.*) Has been in the Westminster Hospital for two months, and the treatment pursued there was leeching, in the first instance, and afterwards *repeated* freezing. Since then it has advanced with great rapidity, and when I saw it, it was of enormous size, and of such stony-like consistency throughout, that I refused the case. As the woman's circumstances were such that it was not possible for her to obtain those comforts which she required, I urged her to return to the hospital." From this and other cases in which I attempted to carry out Dr. Arnott's system of freezing, *I have come to the conclusion that the degree of cold cannot be applied sufficiently low as to destroy the vitality of the disease, without, at the same time, causing so much inflammatory action in the adjoining parts, that much mischief often must and does ensue. Further, if congealation should in some very few cases destroy the disease in one part, it cannot, and does not, alter the diathesis or tendency to its reproduction in other, and more vital parts, and in this way, like the knife, hastens the fatal termination of the case.* In conjunction with freezing, Dr. Arnott also recommends pressure. Now, although modern skill has invented means by which constant and equitable pressure can be applied to any part of the body, yet it is in but few cases which I have seen that the patient is enabled to bear it, of a sufficient degree of force, and long enough to be of service.

From the foregoing remarks it appears that the actual result of what is done and can be done for cancer, by the first surgeons of the day, is in private hands *absolutely nothing*. In hospitals it is as bad, for in an hospital (*Cancer Hospital, Brompton*, especially set aside for cancer), they report a cure



of scarcely one-and-a-half per cent. With the treatment adopted within this Institution I am not acquainted; but the Report of the Cancer Hospital returns the number of cases as 650. *Of cures by successful operations, eight, or barely one-and-a-half per cent.*; of disease arrested or relieved, 146, or about one-fourth. Several patients who have benefited by my remedy, had been under the care of Mr. Marsden, Surgeon to the Cancer Hospital, and their chief treatment consisted of carrot poultices.

The published statistics of the Cancer Hospital, as mentioned above, give the melancholy number of *eight patients cured*, and that *by operation*, out of *six hundred and fifty cases*. But according to the testimony of other surgeons, I may be permitted to doubt the fact of the eight cases. I would ask what period elapsed between the performance of the operation, and the publication of the cure? A patient may enter a hospital, be operated on the next day, and dismissed on the tenth day, but would any surgeon, of repute or authority, publish that case as one of cure? What is the evidence of Sir Benjamin Brodie? He says, "*Instead of the operation stopping the disease, it actually seems to hasten its progress.*" Would he have published these eight cases as cures? I must notice the honest candour of two French surgeons, M. M. Manoury and Thore, who, "after taking into consideration the number of cases which leave the hospital, and return at some future period, *either to die or again be operated on*, have adopted the term 'left the hospital' instead of that 'cured,' as expressing more correctly the state of the patients at the time of their dismissal."

It is now time to speak of my peculiar method of treating this disease, and in doing so it is necessary to say something of the nature of cancer. I held the same opinion as Dr. James



Arnott, for he says :—" When the interior of a cancerous tumour is examined by a microscope, it is found to consist, in great part, of a congeries of exceedingly minute circular or oval cells, containing within their membranous walls round bodies, or nuclei, from which it is supposed that other cells originate. Microscopic cells are discovered in the healthy structures of the body, as well as in other morbid growths, but those contained in cancer have a peculiarity of form, sufficient, in the opinion of many observers, to distinguish this from all other tumours. It cannot be doubted that these cells possess a vitality as independent of the textures in which they are lodged as that of hydatids, worms, or other parasitic animalcules. Their only dependence is on the liquid or juice in contact with them, and from which they derive their nourishment. The recent discovery of these cells in cancer may be said to accord with an opinion formerly entertained (and by the illustrious Jenner amongst others) that cancer consisted of, or originated from, an assemblage of hydatids, or cysts. There has been much dispute about the name which ought to be given to these vesicular bodies ; but if it be acknowledged that they possess an independent vitality (which is disputed by no one) this is a matter of very little importance." (*Treatment of Cancer, by Dr. James Arnott, 2nd Edition, page 9*). According to Dr. Hodgkin, all forms of cancer consist of compound cysts, varying in their solid and fluid contents ; and Mr. Druitt says, " Cancer is a disease evidenced by the development of peculiar cells, called cancer cells, or of their nuclei." (*Druitt's Surgeon's Vade Mecum, 6th Edition, page 107.*) Such being the nature of cancer, it occurred to me that it could only be cured by some remedial agent, that would either by absorption destroy the vitality of the cells, or, if brought into actual contact, remove them. This idea has been acted upon



by some, when arsenic and other poisonous preparations have been used, but, unfortunately, when it destroyed the cancerous cells, it also destroyed the life of the patient. This I saw exemplified in a case which I attended in New York, in 1841. A lady with cancer of the right breast, which had advanced so far, that I, even in those days, refused to operate (for then, like every young surgeon, I was fond of using the knife upon all occasions). Upon my refusal to operate, she consulted other surgeons, who gave the same opinion. She then called in an Empiric, who applied some arsenical paste; the parts separated and came away rapidly, but in a short time, I think about ten days, when one half of the disease seemed to be removed, she was seized with symptoms similarly to those produced by arsenic taken internally, and died in much agony in a few hours. My preparations on the other hand are safe and simple, they can be swallowed with impunity, and can be applied to a healthy sore without bad effects; but when applied to disease, it immediately attacks it, destroying the vitality of the cancerous cells in the first instance, and then removing them, and not only destroying them from one portion, but also being absorbed into the system, destroying the peculiar diathesis for the reproduction of disease that may exist elsewhere. We see that by looking to the results of operation for this disease, it is almost certain to return; and this shows that the knife, although perfectly able to remove the mass, does not remove the diathesis, and a cure can only be accomplished where this can be done. This can be effected by my new remedy, as the cases which I have had during the last three years abundantly prove.

My treatment of the disease is two-fold—to improve the tone of the general system by the most nutritious diet, active exercise, when possible, in the open air, and by strict attention to the digesting apparatus; and, at the same time, the application



to the diseased part of a remedy which *penetrates the cancerous tissue by a sort of special action which is limited to it*, and by which the subjacent morbid tissue seems struck with death. Unlike caustics of all kinds, the red-hot iron, pure corroding acids, or decomposing potassa fusa, my remedy *acts on diseased tissue only*, and exerts no hurtful effect upon sound skin. The above-named powerful and destructive applications are both dangerous and painful; the utmost prudence cannot guard against the destruction of healthy, as well as diseased parts, and the inflammation caused by these caustics excites the disease to fresh action, so that frequently more harm than good follows their employment; they are always uncertain, and always severely painful. This new remedy possesses immunity from all such objections, and, whether applied outwardly or inwardly, it will only act on diseased structure; so ineffectual is it on healthy tissue, that in cases of cancer, where the skin remains sound, it is necessary to destroy it by some other means, in order that the application may be brought into contact with the disease. Its application causes uneasiness, and sometimes pain; but I regulate and proportion its strength according to the peculiar circumstances of each case, so that it can be applied to the delicate and timid, as well as to the robust. I have applied this remedy with the most satisfactory results in a class of cases now acknowledged to be common, viz., ulcer of the os uteri, with induration. I have been enabled to remove the induration, and render the ulcer, which in general is easily healed over, not liable to re-appear. In the hands of the Profession this desirable end is only gained by the application of severe and dangerous caustic remedies. In fact, the urgent cautions laid down for their application shows the risks incurred. The caustics and caustic paste liquify, and run over



healthy and delicate textures, and often become an exciting cause for the degeneration of the simple ulcer into malignant cancer. Ulcers in this situation are, as I said, of frequent occurrence—I can scarcely venture to say how frequent. The symptoms attending them are general lassitude and debility, pain, more or less severe, in the back, especially at the lower extremity. This pain is peculiar in character, and is frequently described as if the back was broken; or, as some patients say, they “feel as if they had no back;” there is a sense of weight and downbearing in front, aggravated by exercise or fatigue, in most cases a fulness and uneasiness, if not actual pain, in one side or other, just above the groin, and there is a discharge of white, yellow, or greenish colour. The general system partakes of disturbance, bowels are irregular, appetite impaired and capricious, much sinking and exhaustion at the stomach, and a distressing state of nervous depression, against which the patient struggles in vain. The cause of this state of debility and nervousness exists in the ulcer of the neck of the womb. Tonics, sea air, bathing, wine, lying down, and the usual routine of treatment may alleviate the symptoms, but so long as the ulceration, *and its generally accompanying induration*, are unattended to, the patient will not get well. My remedy has the vast advantage over destructive caustics, that it will not affect, far less destroy, the tissues that are sound; and in the above class of cases patients under my remedy will be restored to health, not only more safely, but also more rapidly, than by the use of powerful and dangerous caustics.

This preparation can be applied even to the most delicate and vital part of the frame, without fear, and without danger—it can be applied until all disease is removed, so that re-appearance is not to be dreaded, and it causes but little pain or uneasiness, so that the most delicate can bear its application.



Further, unlike caustics, which increase pain, my remedy removes, after a time, the pain peculiar to cancer, and being applied to an abraded surface, it is rapidly absorbed into the system, affecting it powerfully, and preventing the outbreak of cancer in other situations. The cases of cancer of the womb that have come under my care, have often been so far advanced, that I could hold out but little hopes of doing good. Had I seen them earlier, many more cures would probably have been effected. But patients too often consult their ordinary medical attendant as to the expediency of placing themselves under my care, and with the proverbial liberality of the profession the medical opinion is nearly invariably against such a step. What can be more useless or more unreasonable than to ask an opinion of my remedy from those who have had no opportunity of judging it; or what can be more selfish and illiberal than for a medical man to express a decided opinion of my mode of treatment, when he must at the same moment confess that he is totally ignorant of its nature or its results. Delays are truly dangerous with affections of so serious a character; and I would emphatically state that the prospects of a cure are very much in proportion to the stage of the disease. I do not wish to be understood as saying that application to me will be productive of no good after a certain period; for many cases have come under my care where I have frankly stated my inability *to cure*, but have been able materially and substantially *to relieve*—to keep progressing disease in check, and to partially renovate and recruit the sinking frame. For this respite from suffering patients express themselves most grateful, and there are few cases in which it is totally beyond my power to alleviate suffering, even where I cannot cure. One other point of importance in the different treatment by the



Profession and myself is, that I am enabled to dispense with the use of opiates. The Profession have no alternative but to use them freely, as their only means of lulling pain and procuring sleep. Their sickening, depressing, deadening effects, are but so many aggravations of sufferings already ample. My remedy removes pain, and, therefore, opium is not required—my patients enjoy freedom from constant pain, their nights are tranquil, and their days unclouded by narcotics.

If such relief can be given, why will people listen to the word INCURABLE; it is a sad one, and falls heavily on the hearts of those to whom it is addressed—yet it is daily spoken, gravely, but kindly, in the luxurious homes, as well as in the public charities of Britain; spoken to high and low, rich and poor, young and old—banishing hopes, and realising fears—shadowing the present, and darkening the future! and the very men who speak that word—who pronounce that sentence, also tell the sufferers that my remedy should not be had recourse to—that the cures of other cases, the personal testimony of the cured, the experience of many, and the percentage of recoveries, are all fallacious, or that they ought not to be listened to;—that if they are correct, they ought not to be so, because, forsooth, they—the surgeons—are not personally acquainted with the means by which the cures are made. I am told, with the hauteur of professional exclusiveness, that our first duty is to our professional brethren, and not to the patients,—that we should suffer these latter to go down to the grave in agony, rather than abate one jot, or thaw one icicle of professional etiquette. And even now I hear daily the sincerity of my offer to Dr. Lawrie and the Middlesex Hospital questioned. It is no wish of mine that I retain this remedy to myself, and I AM QUITE PREPARED AND QUITE



WILLING TO THROW IT OPEN TO THE WORLD THE MOMENT I AM ACKNOWLEDGED BY THE PROFESSION AS ITS DISCOVERER, AND THE TRUTHS THAT I HAVE ADVANCED ADMITTED.

In my first pamphlet published in this country, soon after my offer of my remedy to two public hospitals had been refused, I stated that I thought I could cure twenty-five per cent. of cancer cases. Since then my experience of the disease in this country has confirmed my statement, and I feel no hesitation in repeating it. And in many cases (alas! too many!) where I am consulted after delays, and procrastinations, and mistrusts, and where I cannot conscientiously hold out hopes of a cure (I say *hopes*, because I never hold out a cure as a certainty, such power is not mine), I yet can conscientiously venture to offer a reasonable prospect of material amendment, of pain assuaged, health improved, and the progress of disease arrested.

Before concluding these introductory remarks, I feel called upon to make an observation on a personal matter, but one serious to myself. It has ever been my wish to deal fairly with my patients, and to speak and act with candour. But the Medical Profession have (with, I am glad to say, a few honourable exceptions), imputed to me motives of a totally contrary nature. They have allowed themselves to impugn my motives, to question my honesty, to disbelieve my statements. Many of them have done to me all these acts of charity, in the apparently natural jealousy of their professional character; but others have gone out of their way in the zealous activity of their endeavours to dissuade patients from consulting me, and have not scrupled to express a decided and unfavourable opinion of my remedy—of the nature of which they are ignorant, and of the action or effects of which they never have had an opportunity of judging. I



mention their injustice and illiberality to show how useless it is for those who are disposed to consult me, to seek for the sanction or concurrence of their regular medical attendants. In some few honourable instances, the family attendant has honestly and modestly stated his inability to express an opinion of a remedy of which he has no knowledge. In all such cases he has ever been welcomed by me, and my treatment of the case conducted under his own observation. Secrecy was not my original intention, but it was forced upon me by the profession; in the meantime, no gentleman (as many can testify) will ever be denied the proper opportunity of witnessing my treatment.

I would beg to suggest to patients the propriety of ascertaining, when they hear remarks made in depreciation (if not denunciation) of my remedy, the extent and nature of the experience which can alone give weight to an opinion, or redeem it from malice and absurdity.

Before concluding it may be proper that I should give some detailed account of my method of practice. It is only within the last few months that I have ascertained that these remedies can be applied to an unbroken tumour with the same success, though slower in its operation than if applied to an ulcerated surface. In my former pamphlets I always mentioned the necessity of destroying the surface by some application, such as a blister or Vienna paste, for I conceived that the remedy having no effect on healthy parts, could not therefore touch a deep-seated tumour; but in this I was deceived, for having used it now in several cases of unbroken cancer, I have had the satisfaction of finding that it is absorbed through healthy tissues (*without injuring or affecting the healthy skin*) into the diseased tumour, causing death to the peculiar cancerous cells, and becoming afterwards slowly absorbed.



In broken cancers especially (that true type of cancerous disease which is so frequent, I mean an ulcer with a hard and indurate base, and exuding thin foetid watery matter), I apply one of my applications either every day or every second day, modifying its strength so as to give but little pain, although at the same time acting energetically upon the disease. These applications are kept on from two to eight or ten hours; this is no inconvenience, as the pain, *if any*, is always during the first hour. After this is removed, I either apply a poultice of the ground bark of the slippery elm bark (*Ulmus Fulva*), made with cold water, or some ointment of a stimulating or soothing nature, dependant altogether on the state of the disease, as I seldom treat two cases precisely alike, but am always guided by the temperament and diathesis of the sufferer. In addition to this treatment, which may be termed external treatment (although the peculiar remedies are absorbed into the system as certainly as if taken by the mouth), I also pay particular attention to internal treatment, by keeping up the general health, by giving vegetable and mineral tonics when required; and as an alterative, I only use either the compound extract of *aurelia spinosa*, *taraxicum*, &c., &c., as prepared by Messrs. Hopescotte and Co., of Glasgow, or Bush's Indian Alterative, prepared by the same parties.\* I have never experienced any good effect from any other alterative than these two, which have a most powerful and wonderful effect on the constitution. The use of alteratives have been in a great measure abandoned by the Profession, on account of the small success attending their use;

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\* These preparations can be obtained from Mr. Bucklee, 86, New Bond-street, London, or from Messrs. Duncan and Flockhart, Edinburgh, and Messrs. Frazer and Green, Buchanan-street, Glasgow.



but if these two, especially Bush's Alterative, were fairly tried, I have no doubt it would soon be universally acknowledged that two powerful vegetable alteratives had at last been discovered. As for sarsaparilla, in all its preparations I have found it perfectly *inert* and useless, even when taken in enormous doses. In addition to this I recommend the most nourishing diet, with the liberal use of malt liquors or wine. This treatment, if followed out only for a few days, often acts as a charm. I have seen, and see daily, patients coming to me with large draining sores, feverish and broken down with nights and days of pain, their only relief from suffering obtained from opiates, appetite gone, and feeling exhausted and jaded. But shortly after my applications are applied, the peculiar pain of the disease, if not totally destroyed, yet comes but seldom; no opiates are required, natural sleep is obtained at nights, the digesting functions again act properly, and the sufferer's life is prolonged (even if a cure is not affected) with comfort to herself and all around her. In proof of what I have mentioned, I will now submit the following cases to my reader. They are all *bona-fide* cases, and any respectable person, by applying to me, can have the addresses of any of them; besides, if these are not satisfactory, I have obtained permission from numerous other ladies, who have been either cured or relieved, to refer to them, but at the same time who naturally object to have their cases published.

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## CASES.

David Wilson, aged 35, Nursery Gardener, Glasgow.—In 1849 a sore appeared on his right cheek, which was pronounced by many medical men to be a cancer. He



was under treatment for three years without any amendment, and for two months was under the care of Professor Laurie, senior surgeon to the Royal Infirmary of Glasgow, who made numerous applications of various caustics, and had resort to the use of red hot irons. The sore healed for a few weeks, but soon broke out again, gradually enlarging and becoming worse, with considerable pain, and discharging offensive matter.

On the 13th October, 1852, I applied my new remedy; four applications only were made on alternate days. On the eighth day (the 21st October), the cancer came away in one mass, leaving a healthy sore, and all pain and hardness disappeared. The sore has quite healed up, the scar, or trace of it, is trifling, and the cure has been efficient.

Mr. Wilson, who resides at Woodland's Road, Glasgow, will confirm the above report.

Miss M——, aged 28, of Parson Street, Glasgow, had a malignant sore, the size of a shilling, on the right cheek for seven years. Was under the care of Dr. Ritchie and Professor Laurie, of Glasgow, who tried every means to heal it up, by the use of strong caustics and hot irons; but it gradually grew worse, causing much pain, and great uneasiness, to the sufferer and her friends. She came under my care on the 28th February, 1853. On the 20th March the diseased portion separated *en masse*, and on the 9th April she was dismissed perfectly cured, the sore being healed over by a firm cicatrix.

When in Glasgow, last August, this lady came to see me, and although the original part was quite well, yet there appeared a suspicious looking pimple near. I prevailed upon her to come up to London, and in the course of two or three weeks all suspicious appearances disappeared, and she was quite restored.



Mr. Lauder, aged 35 years, cancer of the lip, is foreman in a manufactory in Glasgow. About Christmas last, in coming out of the gate of the works, he was accidentally struck on the lip by a boy with a switch. It was painful at the time, and left a small hard lump. About three months ago it commenced growing and shooting out a stem like a tobacco pipe stem, three quarters of an inch in length. He went to a doctor, who burnt it with caustic, which made it bleed profusely, and gave great pain; it grew almost immediately again, and was burnt down with caustic several times. He came up to me on the 20th July, 1854, when, upon examination, I found a small cancerous tumour in the lip, in a state of ulceration. I at once commenced treatment, and he returned home, perfectly well, on the 22nd August, having been just one month under treatment.

Mr. C., aged 28, Auctioneer in Glasgow, has a hard ulceration in the cheek and left ala of the nose, with severe lancinating pain, especially at night. Has been for the last three years under the care of Professor Laurie, of Glasgow, and submitted to the usual treatment by caustics, and had also an operation performed. Under these measures the disease healed over, but re-appeared. Mr. C. consulted me on the 4th April, 1853, on which day I made my first application. On the 20th, the disease had come away, leaving a healthy sore. Being obliged to return home, he left London on the 23rd April, the sore not being quite well. In a few days after his return home the cure was complete. I saw Mr. C. in July quite well.

Miss P., of Glasgow, aged 48.—This lady had suffered from cancer of the breast above four years, and during this period had courage enough to submit to two operations,



but after each operation the disease re-appeared. This was a most unpromising case, both to the patient and myself. The day previous to consulting me, Miss P. called upon Sir Benjamin Brodie and Mr. Lawrence, who pronounced her case hopeless, and said that nothing more could be done. I undertook the case with great reluctance, and only at her own solicitation, after I had expressed my unfavourable opinion. As the skin over the tumour remained unbroken, and as my application has no effect whatever upon healthy skin, it was necessary to partially destroy it by a blister, after which, on 3rd February, 1853, I applied my remedy. Everything went on well until the 28th of the same month, when the whole disease was removed, leaving a large and deep but healthy sore, which speedily filled up, and on the 8th of April, Miss P. returned home perfectly well.

When in Glasgow, on the 30th of August last, this lady called to see me, and I found her perfectly well.

*November, 1854.*

I hear repeatedly of this lady, and she still keeps quite well.

*June 1st, 1855.*

Mrs. C., about three years and a half ago, fell upon the stairs and struck her right breast. It did not give much trouble or pain; in six months afterwards the pain gradually increased, and became so great, that in August, 1853, she applied to me for relief. On the 10th August I commenced treatment, and to-day, the 8th March, 1854, I paid my last visit, the lady being perfectly cured, and the sore completely healed.

In the month of April last this lady, in reaching for a book from a high shelf, let it fall, unfortunately she was struck in the same breast which, though perfectly well, was very sus-



ceptible of an injury. It gave great pain at the time, and in the course of months the disease re-appeared. I have only been attending her for about a week, but every thing promises that a speedy cure will be effected.

10th November, 1854.

Although this lady suffered during winter with repeated attacks of erysipilas, and also rheumatism, yet now the tumour is so far removed, and the general health improved to such a degree, that every thing promises a rapid and permanent cure.

June 1st, 1855.

Mrs. W., aged 34.—About the beginning of the month of March, 1853, this lady, when assisting to turn her sickly mother in bed, received a blow from her elbow in the right breast. It was only, however, in July, 1853, that she experienced any pain, which was similar to the pricking of numerous needles. It was shown to the family surgeon, Dr. Douglas, of Edinburgh, who ordered internal medicines, and also ordered the breast to be painted with the tincture of iodine. This practice was continued two months, when the tumour increasing in size, the late Mr. McKenzie was called in, who ordered a black plaister, resembling a pitch plaister. He again saw it in the beginning of this month (December, 1853), when he advised an immediate operation. Mr. Syme saw it, *who pronounced it cancer*. This lady came up to London, and I commenced treatment on the 30th December, 1853, by making an opening into the tumour with Vienna paste (for, as I before mentioned, my remedy has no effect in healthy tissue). She continued under treatment until the 14th day of August, 1854, when she returned home perfectly well, and, during all this time, though under active treatment, and living in a small room, yet her general health was evidently



much improved. I saw this lady in Edinburgh in September last, and have heard since from her, and she is perfectly well.

*10th November, 1854.*

Mrs. Peat, aged 67, from Lanark, N.B., has cancerous ulceration over the frontal and temporal bones, on the left side, with caries of these bones. The disease commenced about twenty-seven years ago, with a small wart, which ulcerated. Two years from its first appearance, and when the size of a large pea, it was excised. Four years after, and when integument to the extent of a half-penny appeared involved, the operation was again repeated. The disease again re-appeared, and extended itself more rapidly, especially during the last three years. I was unwilling to undertake this case, on account of the virulence of the disease, and the advanced age of the patient; but on the 7th May, 1853, I commenced its treatment. All disease was removed, and Mrs. P. returned home quite well on the 12th of October.

This lady is perfectly well, with not the slightest appearance of the disease.

*June 1st, 1855.*

Mrs. Andrews, aged 60, states,—“About seven years ago a small pimple appeared on the right cheek, which I squeezed. It then assumed the appearance of a brown scab, which gradually got worse and worse. I then applied to Mr. Granton, of Crayford, who applied an ointment of nightshade, which dried it up. It again broke out almost immediately, when he told me nothing more could be done. I was afterwards attended by Dr. Spurrell, who gave me different kinds of ointments, which had no effect, and about three months ago Dr. Spurrell gave up the case, saying, ‘that nothing more could be done.’ Since then I have only applied simple ointment.



I suffer much pain and distress from it both night and day." I commenced treatment, and made my first application of my remedy on Saturday, the 11th February last, and on Wednesday, the 12th April, I dismissed her perfectly cured.

It is now more than a year since this patient returned home, and I had the satisfaction of hearing from her a few days ago, of the thorough efficacy of my treatment. This poor sufferer was under the care of a distinguished surgeon, and a celebrated physician, who, after exhausting all their means of cure, *pronounced her incurable*. Yet with my simple and, in this case, almost painless treatment, in two short months I was enabled, through God's blessing, to eradicate, and permanently cure a malignant disease.

1st June, 1855.

Mr. H., from York.—This gentleman, aged 62, had a malignant schirrous tumour on the right cheek, of seven years' standing. He had consulted many surgeons of eminence without relief. I commenced treatment on the 5th April last, and on the 18th May all disease had been removed, and the sore quite healed. I subjoin an extract from a letter from him after his return home, dated 25th May, 1854:—

"My face has been examined by different M.D.'s. and surgeons here, who all admire the cure, if it be permanent. One medical man, whom I have known for many years, has recommended different cases of cancer to come to you directly, and given them your pamphlets to read, and they are considering of it; but they foolishly believe there is no cure for their disease. I would be glad of some more pamphlets, as people who see my face are most anxious for them, many of them having friends labouring under cancers, who hide them from the knowledge of everybody, thinking their case hopeless."



I have seen this gentleman twice since he left London, and have heard from him several times, and he continues quite well.

10th November, 1854.

I am sorry to say that this gentleman died last month from an affection of the liver, which was caused by grief at the loss of his son, a young officer, who fell in battle at the Crimea. The original cancerous sore remained perfectly healed till the day of his death.

June 1st, 1855.

Mrs. W., Yorkshire.—*Cancerous affection of the nose.*

This lady thus describes her case:—"The complaint made its appearance more than three years and a half before I consulted you. It commenced with a small dark spot in the side of the nose, which became covered with a scab. This scab was constantly falling off and re-appearing, and the place could never be healed, but gradually enlarged and deepened until it increased to the size at which you first saw it. Before applying to you I had used but very few outward remedies, for the different medical gentlemen whom I consulted said it could only be cured by internal means, and every outward application seemed to increase rather than to retard the disease. It was pronounced Lupus by the other physicians, but you told me it was more of a cancerous nature. It was in May last, 1854, that I applied to you, and you dismissed me in the beginning of July, apparently quite well." This lady's mother and sister, I believe, died from cancer.

This case is one evidently of hereditary taint, the lady's mother and sister having died from cancer, and her affliction was decidedly a cancerous disease of the nose, although other physicians have thought otherwise; and although hereditary, yet a permanent



cure was affected in about six weeks. Surely such evidence should spare me from the insults and taunts of a profession who own they can do nothing in such cases, yet who often misrepresent me to their patients as a quack and imposter, in the face of plain facts, of cases cured in the persons of people of the highest respectability. Yet these unworthy followers of the Great Physician (who, when upon earth, delighted to heal the sick, the lame, and the blind), not following their master's example of charity and love, have been proverbial for ages, for their bitterness and hostility towards their fellows, and equals, in what ought to be a liberal profession. But the days are now passed, in which the people will believe in the infallibility of any man, or society of men, but they now demand proofs, living proofs, of what can be done; and if such proofs can be produced, who will listen to the stale arguments of men, who acknowledge they can do nothing but only try to persuade their patients to *die professionally*, rather than run the chance of being cured by unknown remedies, applied by the hand of a man their equal in birth, and in education? Moreover, carefully hiding from their patients that the cause of the remedies being kept secret, was their own illiberality in refusing a public opportunity of testing the truth of this discovery; after which, it would have been thrown open to the whole world, for the benefit of suffering humanity.

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## CASES RELIEVED.

I have before stated that I do not pretend to cure cancer by one certain panacea, but what I say I can do is—“ *That in all cases of cancerous disease which may have advanced too far, or which from other causes it may be impossible to affect a radical cure, yet, in even these desperate cases, I can, through the blessing*



*of the Almighty, check disease for a time, and alleviate suffering, thus prolonging life, and making that which was a burden and a care to the sufferer and her family, a lengthened life of comparative peace and comfort to all."* The following cases I have selected from many, as living proofs of the statements I have just made.

Miss L., age about 50, from Berkshire.—“In July, 1849, I first found a small lump on my right breast, the size of a pea, without pain or tenderness. On the March following it enlarged, and in May I consulted Mr. Lawrence, who recommended its removal; in October, Mr. Hitchings, of Oxford, removed the tumour. In twelve months after it again appeared, and in March, '52, I had the whole breast taken away. In nine months the disease again appeared, and in July, 1853, I first came to you for advice.”

I found this a most unpromising case—being one of COLLOID CANCER; yet, at the lady's urgent request, I consented to undertake her case; and now the disease is not only completely checked, but the lady's health is better than it has been for years.

Mrs. T., aged 54, from York, has cancer of right breast. In the spring of 1852 she was operated upon. The disease shortly afterwards re-appeared and ulcerated. She came under my treatment on the 25th of April, 1853, and continued until early in September, when she went home much improved. Her husband wrote to me on 25th November, 1853, and said:—“I am happy to say, that I think she is even better than when she left you, and could almost fancy that the wound is less than when she first came home. Her health is very good, and she has very little of the original pain, with the exception of an occasional aching pain in the arm, and there is no offensive smell from the wound. From these indications I come



to the conclusion that she is much better than she was before she came to you. I am using my influence to induce her to come to you again, and I think she will be prevailed upon."

\* \* \* \* \*

It is to be regretted, that this patient left London at so early a period, contrary to my advice, and just when my remedy had begun to do good. In so serious and formidable a disease, time is a necessary and important matter in accomplishing a cure, and patients act unfairly to themselves, when they insist on returning home on the first indications of amendment.

I have heard nothing from this case for several months.

*1st June, 1855.*

Serjeant Mitchel, cancer of the tongue. Disease first commenced last November, caused by the irritation produced by a decayed tooth. Since then it has increased, and is increasing rapidly, the greater part of the left side being involved. I made my first application on 3rd May last; but I had to give up treatment on the 13th of same month, as his leave of absence had expired; yet during this short period the disease was checked, and partially removed. On the 21st June he thus writes:—

“Armoury, Shrewsbury, 21st June, 1854.

“SIR,—I take the liberty of addressing you, to return thanks for the treatment I received from your hands, and I must confess it has been the saving of my life. I am only sorry that I could not remain longer under the same treatment.

“Sir, your obedient humble servant,

“MARTIN MITCHELL.

“Quarter Master Serjeant, Shropshire Militia,  
Shrewsbury.”

Mrs. H., aged 54, from Essex, has open cancer of the



left breast; no operation has ever been performed; is a corpulent, unhealthy looking woman, with cough, asthma, and dropsical symptoms; remained under treatment for two months, during which time the progress of cure was so remarkable, and her relief from previously constant suffering so great, as to excite surprise amongst her friends. Her former medical attendant happened to see her, and expressed his opinion that the cancerous affection would be cured, provided the existing disease of internal organs did not prevent it; which opinion proved correct, as she died of the dropsy on the 12th July, the cancer progressing favourably.

Miss B., aged 38, from Dublin, two years ago had an operation performed on the right breast by Sir Philip Crampton. The disease reappeared almost immediately. On consulting me, I found an open cancer. She suffered considerable pain, and had an unhealthy look; was under treatment nearly five months, when nearly all disease was removed from the breast; but symptoms of liver complaint having come on, her friends called in Dr. Todd, who suspected tubercles of the liver, and at his recommendation she gave up my treatment and returned home. A somewhat analogous case is narrated by Mr. Paget, where "an ulcerated cancer of the breast regressed and healed simultaneously with the development of tubercles in the lungs."

This lady left London early in November. I received a letter from her sister, dated 13th December, in which she says that Miss B. "has less suffering than most people in that painful disease; but the disease is growing very fast in the breast."

I have no doubt that this freedom from suffering was the result of my remedy, and that had she not been under it the pain (very considerable when she first applied to me) would



have much increased, and rendered her trial even more severe. The above extract from the letter also proves the power of my remedy in arresting the progress of the disease; no sooner was it discontinued, than, as the letter says, the disease reappeared. It is a serious question in so serious a case, where cancer exists in the breast, and cancerous tubercles in the liver, which of the two diseases should be regarded as more imperatively demanding interference. Whatever, as in the present case, does good to the one will be productive of some injury to the other. But when we find a patient with two diseases, one attended with considerable suffering and pain, but external and accessible to treatment and consequent relief; and the other inward, beyond our reach, and accompanied generally by a mere sensation of uneasiness rather than actual pain, is it not our duty to attend to the outward malady, though at the risk, or even the certainty of quickening the progress of the internal disease, to alleviate suffering where we cannot cure, and to mitigate or avert that greatest of all additions to illness, which breaks down the mental as well as the physical powers—severe pain?

Mrs. F., from Huddersfield, applied to me in September, 1853, with cancerous ulceration of the breast, so deep and extensive, that at first I not only held out no hope of a cure, but declined all interference. At the urgent solicitation of an only daughter I undertook to treat the case for one fortnight, in the hope of affording temporary relief. The relief afforded was so great, the improvement in the disease so marked, the pain so diminished, the large amount of discharge so checked, its offensive character so altered, and her general health so materially improved, that at the end of the fortnight I con-



sented to continue my treatment. She continued to improve in a marked manner, as satisfactory to herself as to me, until December, when, through changing her lodgings to a considerable distance during the prevalence of severe weather, she was seized with bronchitis. This yielded to the usual treatment, but the consequent debility was more than her weak frame could bear up against. Before her death she expressed herself strongly as to the amendment in the cancer; and had she been spared the inflammatory attack, I do not doubt that my treatment would have given further relief, and added considerably to her life.

Mrs. J., aged 54, has had cancer of an inward part for twelve years. The situation of the disease prevents my reporting the case in full. I will only state that it is one of the worst forms and situations of cancer; one in which the operations and remedies of the profession can avowedly do nothing. This patient consulted to no purpose the leading surgeons and accoucheurs. The result of my treatment, after ten months trial, has been highly satisfactory; upon two occasions the sloughing or separation of diseased portions was attended by severe hæmorrhage; but though not free from danger, the very fact of this hæmorrhage proves the power of my remedy, in causing sloughing, and separation of diseased tissue. She is now going on favourably. Each separation of diseased portions admits a deeper application of my remedy, and her general health is good. I have a letter from her, received two months ago:—

“16th January, 1854.

“DEAR SIR,—I can with pleasure testify to the great benefit I have received under your treatment for the last eight months, previous to which my case was considered quite hopeless by all



the first London surgeons. I now suffer very little pain, and feel myself daily progressing favourably. I shall be happy to answer any inquiries that may be addressed to me.

“ I remain,

“ Yours gratefully,

“ \* \* \* \* ”

This case (although, as might be expected, terminated fatally) shows in a remarkable degree the power of my remedy in checking disease, and alleviating suffering, even in such a desperate case as this.

November, 1854.

Before concluding, I must here refer to an impression which I hear has gone abroad, namely, that I refuse all cases after operations have been performed; this is not so: for although I would much prefer a case at the very first appearance of disease, yet, I have, through God's blessing, been enabled to cure several cases, where not only one operation, but two or three have been performed. It is a grave mistake in persons having cancerous tumours to delay seeking advice. Some advise letting them alone, forgetting the longer they are left unchecked, the more time is given for the absorption of the virus into the constitution. *“And a simple case where a cure would be almost certain, by procrastination is often turned into one of a fatal character.”* I would wish therefore patients not to delay, *“as every day's hesitation lessens the chance of cure.”* In other cases, again, where the disease has advanced so far that a cure is impossible, I unhesitatingly state, without fear of contradiction, that in every such case I have been enabled not only to check disease for a time, but also to relieve the sufferers from all the frightful agony which invariably accompanies this malady, especially in its latter stage, and besides this, to destroy the peculiar foetid odour which renders the



patient a burden, not only to herself, but to others. Surely if such can be done—and I can prove that I have done so, by numerous surviving friends of those who have suffered—ought not such means be eagerly seized upon by the afflicted, instead of giving credence to unfounded reports of interested medical men? *I ask not the public to believe these things from my mere statement*, but if any lady or gentleman requires confirmation of the same, I have permission to introduce them to many families who have been so afflicted. I, however, will relate one case that occurred to me last November. “I was called upon to visit a lady in the neighbourhood of Regent’s Park. The previous February she perceived a tumour in the breast, and by the advice of her medical attendant, consulted Mr. Ferguson, who ordered leeches. These, as is often the case, brought on an attack of erysipelas, and the whole breast was soon in a state of ulceration. After this the lady was attended by a homeopathic surgeon for some time, and she was rapidly getting worse; a French clairvoyante or mesmerizer was called in, and the result was, that in the latter end of October, when I first saw her, she was *dying*, the disease having so rapidly increased in eight short months, that both breasts were in a state of ulceration, also the glands in both axillas, and the arms and the hands enormously swollen. The glands of the neck fearfully enlarged, and extensive cancerous tubercles deposited in the lungs, liver and spleen, the two latter of immense size, the parotid on the right side also in an ulcerated state. As may be supposed, her agony was frightful, yet even in this hopeless and desperate case, I was enabled, through God’s blessing, to assuage her sufferings, and for the short remaining period of her life, to render her comparatively comfortable. This case I can prove by the family of the lady. Surely after such a case there is hope for



all, that their pain and sufferings may be assuaged, notwithstanding how far their disease may have advanced, and their last days of existence may be passed in peace and comfort, instead of agony, and their minds dulled and delirious by the effects of over doses of narcotics."

Since the above was written, I have heard the following remark made upon the course I am pursuing, viz., "If what Dr. Pattison says of his discovery be true, how cruel and how culpable it is of him to keep it secret, and so deprive the world of a means of relieving this terrible scourge." I feel the force of this remark, and I also deeply feel my own responsibility in keeping it longer secret; but if it was thrown open, except with a thorough knowledge of the laws governing the action of these remedies, and a thorough knowledge of the disease itself, it might, in many cases, instead of proving of benefit, do much harm, for one application, that would benefit one phase of disease, might prove injurious in another; and this knowledge I have myself only learned by extensive practice, carefully watching each phase of each separate case. Although two public bodies have refused me a trial, I now make another offer, viz., "If Dr. Robert Ferguson, of Park Street (whose practical knowledge of this disease, I believe, exceeds that of any other physician in London), will take this matter in hand, I will disclose to him the remedies I employ, and my opinion of the laws governing their action on disease, and after witnessing their action and effects, then throw it open to the world, with his sanction and approbation." Surely after this new offer, my opposers will not say that I wish to keep it longer a secret.

18th June, 1855.



# LUPUS;

## OR, NOLI ME TANGERE.

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THIS terrible disease in its nature and progress is closely allied to Cancer, and has occupied the attention of surgeons for many years, but with what success shall be afterwards shown. It also obtained the name of *noli me tangere*, for Sir E. Home says, "that ulcers, for which he has been led to employ arsenic, are named, from the virulence of their disposition, *noli me tangere*, and are very nearly allied to cancer; differing from it in not contaminating the neighbouring parts by absorption, but only spreading by immediate contact. Ulcers of this kind differ exceedingly from one another in their degree of virulence, but are all so far of the same nature, that arsenic generally agrees with them, and puts a stop to their further progress, while they are aggravated by milder dressings." (*Home "On Ulcers," Ed. 2, p. 267.*) Under the name of *Lupus*, Dr. Willan intended to comprise, together with *noli me tangere*, affecting the nose, other slow tubercular affections, especially about the face, commonly ending in ragged ulcerations of the cheeks, forehead, eyelids, and lips, and sometimes occurring in other parts of the body, where they gradually destroy the skin and muscular parts to a considerable depth. (*Bateman's "Synopsis of Cutaneous Diseases," Ed. 3, p. 296.*)

According to Sir Astley Cooper, this disease consists in



ulceration of the sebaceous glands of the nose, but Mr. Hunt considers that it consists of a chronic cutaneous inflammation of a peculiar character, at once indolent and irritable, but often for a time devoid of pain. (*Hunt "On Diseases of the Skin," p. 109.*) To me Mr. Hunt's opinion appears to be the correct one as to the nature of this horrible disease. According to Rayer, whose definition of this malady I transcribe, "Lupus is a chronic cutaneous inflammation, which usually appears in the shape of external tubercles of different sizes, singly or in clusters, of a *livid* colour and indolent character, followed either by ichorous or phagædenic ulcers, which become covered with brownish and usually very adherent scabs." Rayer also divides the disease into two kinds, *Lupus exedens*, and *Lupus non-exedens*, whilst Mr. Beith and Dr. Houghton mention three varieties:—1st, The Chief or Erosive Lupus, which progresses chiefly in depth. 2nd, Superficial Lupus, in which ulceration advances on the surface, covering a large extent, and sometimes healing up when an adjoining part becomes diseased, leaving behind ugly puckered scars; and in this manner it travels over a large extent of surface. These two varieties, almost in every instance, commence on the nose, sometimes spreading, until not only the cartilage, but the whole nose itself, is eaten level with the face. The third variety, Lupus with hypertrophy, does not so often commence on the nose, but more frequently on the forehead or cheek. The tubercles are not round and firm, as in the other kinds, but are ill-defined, of a purplish colour. No open ulceration takes place as in the others, but it gradually disappears, leaving a slight furrow behind. Of the cause of this disease we know nothing: it is remarkable from its generally attacking young women from 16 to 30 years of age, seldom attacking men; and what is peculiar, unlike Carbuncle, which is oftener met



with in the close alleys and streets of cities, Lupus more frequently attacks females living in the country—more especially those who in a measure live on farinaceous food and fruits. This disease, in many instances, through the inexcusable ignorance of surgeons, has been confounded with secondary Syphilis, and treated as such, of course with no benefit, but an aggravation of all symptoms. In Syphilis, the disease generally commences from within, attacking the cartilage first, and is of a coppery hue, whilst in Lupus, which generally appears in healthy young women of irreproachable character, it first appears on the surface, of livid colour—eating downwards; and the difference in the character of the ulceration is such, that it can be readily detected by a practised eye.

Having briefly described this horrible disease, let us now see what steps the Profession have taken to effect a cure. Many remedies are mentioned by different writers as having been tried with little or no success.

A celebrated authority on skin diseases, Dr. Hebra, of Vienna, says that, “Lupus heals in from five to twenty years, either by exfoliation or suppuration;” for treatment he “paints the surface with concentrated nitric acid *till it becomes white*,” he goes on to say, “if the actual cautery be employed, it is as well to burn deeply at once, as the patient will *seldom submit a second time*.” He also employs Plencke’s paste with patients who are shy of pain, and says, “it is very powerful *but very insidious*, producing no pain for some little time after application, but then pain occurs, lasting *continually for eight or nine hours*.”

Cazenave speaks highly of a caustic formed by sulphuric acid (vitriol) and saffron! But he does not tell us he proposes to limit the vitriolic action!

Manec advises a paste of white arsenic cimabar, and burnt



sponge, as the most efficacious caustic ; he says, “ the pain which follows is *very severe*, and the redness and swelling *are alarming* ; at the expiration of a fortnight, if the whole surface were not cauterised at once, a second portion may be attached in the same way. The eschars are *some weeks* in separating, and if the surface which remains is unhealthy, *it must be destroyed again and again.*”

The chloride of zinc is likewise recommended by some practitioners, but we are warned that it is nearly as painful as Manec’s arsenical paste.

There is one remedy upon which all agree as being of use, some even going so far as to assert that nothing but this agent can cure or benefit the disease. This remedy is ARSENIC. It was countenanced and recommended by Sir Astley Cooper and Mr. Adams, M.M. Richerand and Cloquet, Rayer, and others ; and still more lately, its use is insisted upon by Mr. Hunt, in his excellent treatise on certain intractable diseases of the skin, and in this work he gives four cases of cure by the persevering use of this terrible poison, which in these cases had to be continued for months, and in one case even for years, before a cure was effected. It may be considered presumption on my part to differ from the opinion of men of such standing in the profession as the late Sir Astley Cooper and Mr. Hunt ; but I assert that there is a safe—a perfectly safe cure for this fearful disease, without the use of such a terrible poison as arsenic ; and I further insist that few constitutions can oppose the cumulative effects of arsenic until a cure is effected, for the period required in those four cases described by Mr. Hunt, and that where a person could push arsenic to such an extent in four cases with success, many other cases must succumb to the fatal poison. In order to understand this, let us glance for a moment at the well-known effect of arsenic in the human



constitution, and then see whether a person had not better suffer all the horrors of disease, than run the risk of encountering the terrors of such a fearful remedy—a remedy with which we may be successful in a very few cases, but a remedy which, in the great majority of cases, cannot be used either with safety to the health or life of the patients. It is not my intention now to describe ARSENIC, for its powers as a poison are well known; but there is one dangerous and peculiar quality it possesses which is not generally understood—I mean the cumulative effect of arsenic; and this is what makes the protracted use of it dangerous. Arsenic, when given in minute doses, does not pass off, but lies dormant, as it were, in the system, which becomes used to the poison to a certain point—a point differing in different constitutions; but that passed, the whole masses of the drug which have then been swallowed for months, or years, seem simultaneously to operate, and in all cases, if not causing immediate death, producing such an after-life of suffering and wretchedness, that death is looked forward to, and longed for by the sufferer. In those four cases cited by Mr. Hunt, we see where this poison has been given for a long time with impunity; but where we can meet with one case like those mentioned by Mr. Hunt, fifty will be found where, if the drug is continued so long, the cumulative effect will be developed.

I was reading some time ago,\* I believe in a newspaper, of the extraordinary use of arsenic either in Pomerania or Silesia.

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\* A valuable and interesting paper on the arsenic-eaters in Styria and Lower Austria, with an account of the administration of the poison to animals, is given in the "Belgian Medical Press," by Dr. Tschudi, who minutely investigated the subject. A translation of his paper is also given in the "Boston Medical Journal." The subject is likewise referred to by Schneider, in his work on "Chimie Legale," 1851.



There, the peasants are in the habit of giving a few grains daily of this drug to their horses, which, for a time, produce what is called *long wind*, and enables them to pull heavy draughts up the hilly roads of that country with comparative ease. The coats of these arsenic-fed horses are smooth and shining, and the animals appear fat and healthy; but mark the result! In every instance, sometimes in a few months, or sometimes even after the lapse of a few years, all these horses are suddenly seized with all the symptoms of poisoning produced by arsenic, and die in the most excruciating agony. Again, some of the peasants of that country are addicted to the use of this deleterious drug, desiring it with the same eagerness that we see a confirmed drunkard or opium-eater long for their stimulants. These unfortunate men who once commence the habit, dare not leave it off. At first their appearance is improved; they become ruddy, fat, and long-winded, with every symptom of robust health. But this state of affairs does not continue long, although the time differs in different constitutions. They are sooner or later taken suddenly ill, with violent cramps and pains, dying in the most frightful agony. In the cases of these unfortunates there is no hope. No antidote that will avail at this stage has been found. Again, arsenic eaters are liable to a sudden and frightful death, even before the cumulative effects of the poison produce it. I mean that they resemble the drunkard, who, when suddenly deprived of his gin or spirits, is thrown into a state of delirium tremens; and so the arsenic eater, if deprived of his drug after the accustomed time (and in these wild regions arsenic cannot always be procured), is seized with all the symptoms of poisoning produced by the arsenic, and his death is speedy and awful.

In all cases where the symptoms of poisoning, produced by



the cumulative effects of this drug, are produced in this country, we have either a rapid excruciating death, or a prolonged life of misery and torture, in which death is prayed for by the sufferers. When we see that such awful consequences result from the long use of this poison, although given in minute doses, in some cases produced in a few months, in other cases not produced until after its continued use for years (but always sure to take place), the question arises: "Is any surgeon justified in giving this poison for any length of time, even if it does cure such a horrible disease as LUPUS?" I unhesitatingly answer, "*That no man is justified in risking the life of his fellow-man; far better to allow the nose to be eaten level with the face, to suffer any deformity, rather than by taking such a remedy (which is not always certain of cure)—a remedy producing effects ten thousand times worse than the disease, however horrible it may be—a remedy which, when it does act on the system as a poison (and this may take place at any time), has no antidote, leaves no hope of cure, but insures either a speedy death of agony, or a few protracted months or perhaps years of broken health, and nights of torture.*"

Unfortunately, a discovery in our profession has often to undergo an ordeal unknown in other departments of science. Discoveries are often charged with empiricism, and it cannot be doubted that there have been pretensions in medicine that experience has not justified. Many are apt to shrink from the unpleasant character of the outcry often raised against new remedies; but, heedless of this danger, I assert my right to investigate disease, and its laws; and when so doing, if I am so fortunate as to discover anything, however much opposed to the theories promulgated by the heads of the medical profession, I claim my right to advocate it, especially when it involves happiness and peace to our fellow-men, relieving them from



terrible and fatal diseases without mutilation, without undermining their bodily health, and with a certainty of success. Under these circumstances, having discovered such a remedy, it is my duty to bring it forward, and to oppose the abuse of the knife in Cancer, and the dangerous use of arsenic in Lupus and other diseases of the skin.

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## CASES.

Miss —, age 27, a young lady of great personal beauty, has suffered from superficial Lupus of the forehead and left eyebrow since she was four years old. It caused great pain, and when it healed up, only did so for a very short time.

I commenced treatment on the 1st February, 1853; her father wrote as follows on the 10th May following:—

“MY DEAR SIR,—I am much obliged for the pamphlets you have enclosed me, and still more for the kind and disinterested and skilful attentions you have been paying my only daughter, and one whom you may judge to be very dear to me and her doting mother. You are aware that we did not neglect our child, or fail to challenge the very best skill that could be commanded; and while the most eminent of the faculty said ‘*touch not,*’ still with the allowance of one of them, caustic was tried, and with allowance a long course of ARSENIC, all unavailing. At the period we resorted to you the disease was in a very threatening state, and the eye was likely to become the victim of the disease. It was the wish of my daughter herself that the best local inspection might be had the evening before our waiting on you. The friendly doctor, and his more titled son, examined the place. They united to hold ‘*that it was in vain that we should resort to any one for cure.*’ You at once



relieved with the assurance that it was not yet beyond remedy, and you were pleased to relate how it was rather ascribable to Providence than to penetration that you had the balm. We were not hesitating. What alternative had we? So far as the surface disease went you fulfilled your prediction, that a fortnight would witness its removal. Our medical friends, three in number, witnessed what had been achieved, and wondered. It has, however, been developed that disease was more deeply seated than was supposed, and fresh irruptions have required the like process, but in every instance the application has been effectual. For my own part I am not distressed that the consummation has not been so early as was anticipated. Surely it is better that we have all out and all dismissed, than that some should be left to shew itself after an interval. Besides, the approach to the complete remedy of disease, your unremitting attention, and your dealing with the general health, have claimed our gratitude, &c., &c., &c.

“I remain,

“Yours gratefully.”

On the 23rd August 1853, she describes herself thus:—

“MY DEAR SIR,—You may probably wonder what has become of me, and why I have not been at Bedford Square for so long. I thought it was no use taking up your time for no purpose, and as I was anything else but of ‘application’ humour, deemed it better to postpone my visit until I returned home, which will be sometime next month. The spot looks most wonderfully well, but there is one little place which I am afraid is not eradicated, not that it is painful or irritable, only it looks suspicious. It seems quite a new life to be able to sail along so unannoyed, free from what I now confess to have been a constant trouble, though to



this I would not once own. You will ever live in my grateful remembrance as my benefactor. And you will not deem that gratitude the less if it rises higher, even to the source of all our mercies, the loving dispenser of all our trials. May a growing realization of God's fatherhood be mine, and, I may add, yours also. My friends are loud in your praise, the more so as they witnessed my victimization with that horrible ARSENIC, when Mr. —— resided in this place.

“With regards, believe me,

“Yours respectfully.

“To Dr. PATTISON.”

After an interval of four months she had a slight relapse, and required to resume treatment; but the disease readily yielded, and she is now quite well. I regret that I am not at liberty to append either her name or address, as shortly after the publication of my first edition of “Cases” she was waited on by one of her former medical attendants, a well known advocate of arsenic as *the specific* in all diseases of the skin, who called upon her to express his annoyance at my publication of her case with her address and his name; and I cannot here oppose her kindly wish to annoy no one. But I must assert, that in my first edition (as in this, and, I hope, in all others) I only stated facts, that she had been benefited by my treatment, when arsenic had not only failed to do her any good, but to use her own expressive term, had “victimized” her. His expressed feeling of annoyance I take as complimentary, and trust that in future he will be more sparing of so dangerous a medicine.

Mr. N. has had Lupus of the nose for eight years. It commenced as a small pimple, which did not heal. Went to Dr. Lyons, of Glasgow, who cauterized it, upon which it healed, but



broke out again almost immediately. The whole nose was in a state of disease when I commenced treatment on 15th March last; and on the 9th June he was dismissed cured.

Mrs. A., aged 48, of Hammersmith, has been afflicted with Lupus above twenty-three years. The nose is in a measure destroyed, and the nostrils obliterated; has been under the care of the most eminent men in London. I commenced treatment on 23rd February, 1853, and the cure was complete on the 20th of July.

Mr. B., aged 18, of Ayrshire, has had Lupus for two years; the lower portion of the nose is destroyed. I commenced treatment on the 21st April, 1853, and he was cured on the 8th July.

D. C., aged 17, has had lupus of nose, cheeks, and chin, for the last eight or nine years. The glands of the neck were considerably enlarged. He came up from Scotland, and I commenced treatment on the 21st January last, and on the 11th April he left London cured. On the 24th April his father thus writes to a friend in London:—"David landed at home on Saturday, *quite well*." On the 8th June his father thus writes:—"My son David's face is still keeping quite whole, and is a good deal filled up since his return from London, and coming more to its natural colour."

I. H., aged 17, from Ayrshire—*Lupus of the nose*.—About five years ago had a sore nose, proceeding from a cold. It appeared in the inside of the nostril first, when it gradually spread to the outside. Was under the care of the doctor of Stewarton, who applied some ointment, which did no good. At present the nose is involved with two large malignant ulcers on the right cheek, and one on the left, nearly the



size of half-crown pieces. Her habit scrofulous. On the 3rd of June, 1854, I commenced treatment, and on the 6th of October she returned home perfectly well. She was placed under my care by the Rev. Mr. Kennedy, the Free Church Minister of Stewarton, Ayrshire, who sent me, a few days ago, *The Scottish Guardian*, with the following notice:—

TO THE EDITOR OF "THE SCOTTISH GUARDIAN."

Stewarton, Ayrshire, Free Manse,  
October 20.

DEAR SIR,—I feel it to be a duty to the community at large to make known, through your columns, the result of Dr. Pattison's treatment of a case of Lupus in the nose and face of a girl from this place, 16 years of age. She had been ill for a considerable time previous, and the disease was making rapid progress. Her constitution was highly scrofulous, and therefore I feared much that the case was hopeless. On the occasion of Dr. Pattison's visit to Glasgow, some 12 months ago, I sent her in to be examined by him, when he stated, that though her case was a bad one, yet he thought he could effect a cure. In the month of June last I had her placed under his care, and she has lately returned, to all appearance, *cured*. One thing is certain—there is now no trace of the disease. The three parts which were affected are skin whole, and her general health is greatly improved. I am anxious to make this known for the sake of those who may be similarly afflicted; so that if you cannot admit this as an ordinary communication, be so good as place it among the advertisements, and I will bear the expense. I send you this altogether out of my own mind, and have not been asked to do so by Dr. Pattison.

I am, dear Sir, yours truly,  
SAM. KENNEDY.

Mrs. Taylor—*Lupus of the Nose and Cheek*.—I commenced treating this case on the 19th May last; on the 23rd June she went home, cured. As this patient was in the household of one of the governors of the Middlesex Hospital, I addressed the following letter to him, and annex the ensuing correspondence:—

31, Grosvenor Street, London, 23rd June, 1854.

Sir,—Having this day dismissed, cured, Mrs. TAYLOR (who I



understand is in your service), I take the liberty of asking if you have any objections to let me have your acknowledgment of the above cure. *I ask this from you as one of the Governors of the Middlesex Hospital, who refused the offered trial of my remedy.*

I remain, yours respectfully,

JOHN PATTISON, M.D.

To JOHN LABOUCHERE, Esq., Broom Hall, Surrey.

Broom Hall, Dorking, 24th June, 1854.

Mr. J. LABOUCHERE presents his compliments to Dr. PATTISON, and begs to inform him he expects Mrs. TAYLOR to return to him next week. Mr. L. will be glad to find that she is cured, and will in that case readily write a note to Dr. PATTISON to that effect.

Broom Hall, July 8th, 1854.

Sir,—I feel much pleasure in offering my testimony to your successful treatment of a case of Lupus in my face, which I had suffered from since the beginning of last October. I placed myself under your care May 9th last, and you dismissed me cured June 23rd. I am glad to inform you I have been and continue quite well, and free from the disease ever since, and my general health greatly improved.

I remain, Sir, yours truly,

MARY ANN TAYLOR.

To Dr. PATTISON, 31, Lower Grosvenor Street, London.

Broom Hall, 20th July, 1854.

Sir,—I have delayed replying to your letter respecting Mrs. TAYLOR until I had ascertained that there is every appearance of your having made a complete cure in her case, and I see no reason to believe that there will be any return of the disease. Mrs. TAYLOR has desired me to express to you her best thanks for your kindness and attention to her, which have led to so favourable a result.

I remain, yours, &c.,

To Dr. PATTISON.

JOHN LABOUCHERE.

31, Grosvenor Street, London, 21st July, 1854.

Dear Madam,—Will you oblige me by asking Mr. LABOUCHERE if he has any objections to my making use of the letter which he favoured me with this morning. I would have written to Mr. LABOUCHERE himself, but I did not wish to intrude upon him further.

Yours most respectfully,

JOHN PATTISON.

Mrs. TAYLOR, at JOHN LABOUCHERE's, Esq., Broom Hall.

Broom Hall, July 23rd., 1854.

Sir,—I have spoken to Mr. LABOUCHERE, and he wishes me to inform you that he has not the least objection to your making use



of his letter, as he considers it desirable such a beneficial discovery as yours should be made known as much as possible.

I remain, Sir, yours truly,

MARY ANN TAYLOR.

To Dr. PATTISON, 31, Grosvenor Street.

Mrs. W., aged 59, from Manchester, has suffered from Lupus of the nose for 8 years, and had the best medical advice in Manchester and other places. Has taken arsenic largely without any good result. In 1850 her sores were healed superficially by the use of a buttermilk and onion poultice; they continued well nearly two years, when they became sore again, caustics and other applications not being of any service. Her medical attendant holding no hope of cure, Mrs. W. placed herself under Dr. Pattison's care on 12th June, 1854, and has made gradual progress up to this date, 15th November 1854, when she is very nearly quite cured.

Mrs. H., age about 50, from Kent, has sent me the following narrative of her case:—"I hereby furnish you with a brief history of the dreadful disease I was suffering from, when a friend providentially sent me one of your pamphlets. In 1820 I sprained my right hand, and was under medical care for it for twelve months; it gathered, but never healed. In 1822 I was treated with leeches and blisters alternately, and every day I took calomel and an aperient, until my health was gone. My hand was cured, but frequent gatherings in the top of my nostrils ensued, and with the exception of short intervals, I have suffered much in my head, as well as in my general health. For several years a secretion formed inside my right nostril, and in 1847 it also appeared upon the outside. I was under medical treatment for it for two years, it slowly spreading all the time. In 1852 I went to an Hydropathic establishment. My general health, as well as my face, rapidly



improved, and I returned home well in health, and my face appeared nearly well; but in a short time the disease in my face returned. I consulted several surgeons, who pronounced the disease incurable. In 1853 I applied to you. My nose, both sides of my face, and under my chin, were in a very bad state. You encouraged me to believe you could cure it, but said it would be a work of time. I need not tell you how rapidly the disease under your very kind and skillful treatment has been removed. My age is 51, which perhaps may account for the cure not being so quickly accomplished as some of your patients, whom I have had the happiness of seeing cured whilst I have been attending you. From the very great benefit I have derived, I would that all afflicted with such a disease as Lupus, could immediately place themselves under your new remedy."



## ULCERS.

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WHAT is an Ulcer? By Sir Astley Cooper it was designated "*as a granulating surface secreting matter.*" But this definition is incorrect, as there are many species of ulcers in which there are no granulations. Dr. Thompson's definition of it "*as a suppurating surface,*" is better, and more correct. Hence Cancer, Lupus, Acne, Sycosis, &c. &c., are all ulcers; so that my preparation, which, to the ignorant, appears to cure many diseases, in fact attempts to cure only one great class—a class of which but few of the diseases composing it are properly understood, or are under the control of the surgeon. A small pamphlet like this is not the place to enter into the theory and causes of ulceration, but I shall proceed to show the difference between my new method and the methods generally taught and pursued by the surgeons of the present day. In order to do this, I shall be obliged to glance at the divisions of ulcers. Most writers have divided ulcers into two classes—the local ulcer and the constitutional ulcer. However, it is only within certain limits that this distinction is well founded; for an ulcer which at first is completely local, may, in time, effect the system, so as to become constitutional; and ulcers which derive their origin from some general affection of the system, may remain after the removal of the constitutional disorder by which they were produced.—(*See Thompson on Inflammation*, p. 427.) Other writers, again, have divided



ulcers into many classes ; but, for ulcers of the leg, I prefer the three adopted by Mr. Chapman, who divides ulcers into "*the Indolent, the Varicose, and the Irritable.*" I have neither time or space here to detail the characters and methods of treatment usually adopted in these three great varieties, but shall briefly describe one of them—the **INDOLENT ULCER**, generally the most intractable—and briefly mention some of the authorized methods of treatment. "An Indolent ulcer, must be an ulcer which has existed for a long time, and which has become callous ; sensibility diminished below the natural standard ; nervous action appears to be exhausted ; the exuberant vascularity, proper to a granulating sore, having either never existed, or having long disappeared, no effort at reparation can be made ; the secretion is scanty and morbid ; a glassy fluid barely moistening the pale, bloodless, glassy surface, far removed from the creamy pus of a healthy sore : but the point which claims especial attention is the indurated and thickened margin of this variety of ulcer, so vividly depicted by Sir Charles Bell, whose sketch I (H. T. CHAPMAN) am tempted to describe. 'An ulcer is attended with an absorption of adipose membrane beneath and around it ; its edge is elevated by the deposit of coagulable lymph, and these together make the sore deeper than it is actually.' *'It is of importance to notice the welt around the ulcer, FOR WHILE IT CONTINUES THE ULCER WILL NOT HEAL.'*"—(*Chapman on Ulcers of the Leg, p. 24.*)

This very important fact, "THAT UNLESS THE HARD INDURATED EDGES OF THESE SORES ARE DESTROYED THEY WILL NEVER HEAL," being now universally admitted by surgeons, let us see by what means they attempt to remove them. In these cases the barbarous use of the knife, in scooping out the sore, and by this wholesale means attempting to



change the old indolent ulcer into a new healthy sore, is seldom adopted in private practice, although *I hear that it is often practised in some of our public hospitals*. Deprive the profession of the knife in the treatment of this extensive class of diseases, and then they have nothing left but caustics; so we hear and read of directions to use a solution of nitrate of silver, or lunar caustic; again, to use a solution of nitrous acid; again to use red precipitate (red oxide of mercury,) either in powder or in ointment; others, again, order chloride of zinc, &c., &c. These are only a very few of the caustics we are told to employ, and not one of them is under the control of the surgeon. They will either not produce a sufficient effect, by not destroying enough of the hard indurated edge, or they will act too vigorously, destroying not only the disease, but also the adjacent healthy parts. Add to the pain inflicted by caustics the additional torture inflicted by the surgeon in tight bandaging—imagine a large tender sore on the leg, or other parts, with a tender inflamed border, smarting from the recent application of burning caustics; and suppose that you were compelled to submit daily to have its tender edges drawn together by means of adhesive plaster, and a tight bandage—imagine the agony such a mode of treatment must entail upon the poor sufferer. I have seen many patients faint under this barbarous method of dressing. This system of bandaging will, in many cases, effect a cure; but will a cure effected by such means prove permanent? Unhesitatingly I answer no! In at least one half of the cases so cured, so soon as the artificial support is taken away (*by discontinuing the bandage*) the sore is apt to break out again, if not in the same place, yet in its immediate neighbourhood. For I not only say, “*THAT IN ALL ulcers of long standing, IT IS THE SORE WHICH IS DISEASED,* BUT I ALSO INSIST THAT THE ADJACENT SURFACE OF



THESE SORES IS MORE OR LESS IN A DISEASED STATE ;” and if such is the fact, how can any sore which is healed by pressing its edges together (*these edges and adjacent surface also diseased*)—how can such a cure be permanent? How can such a cure be efficacious? To understand my assertion better, it is now proper and necessary that I should here mention my system, so opposed to the one which at present receives the sanction and authority of the most celebrated men of the present century. My method of treating this class of disease is totally different from all the dicta written and taught on this important subject. I use no bandages—nor adhesive straps—but I leave the limb entirely free, applying *not only to the sore, but to a considerable portion of THE PARTS AROUND*, an ointment, which is allowed to remain for some few hours, and, on removing it, I replace it with a poultice of vegetable matter, made with cold water. In the course of a few days, not only will the sore, with its hard indurated edge, be removed in a mass, but we will also find *that whatever disease existed in the neighbourhood it will also separate and come away*, coming out in the form of large plugs, whereas the healthy portions are unaffected—untouched, thereby affording convincing proof that my remedy, unlike all other remedies, *affects only disease*, having no power whatever on healthy tissue, so that it is completely under control; so unlike all known caustics, which eat and destroy healthy tissue even more rapidly than diseased. This remedy of mine, on the other hand, acts only on disease, and can therefore be applied until all is thoroughly eradicated. It is not only in ulcers that I have found disease in the adjacent tissue. I have found large plugs of disease coming out in almost every case of cancer of the breast I have treated; and these plugs, upon examination, are found to possess true cancerous characters, and are often situated in seemingly healthy



parts, at a considerable distance from the principal seat of disease. Does not this fact alone show how cruel and how futile it is to mutilate the body, by attempting amputation of the breast for this terrible pestilence, *as the knife cannot remove all?*

Some surgeons use various poultices, others stimulating ointments or lotions, turpentine, creosote, nitric acid, and even tincture of cantharides. One surgeon applies "a large blister to the raw surface of the ulcer;" another "makes incisions with the knife in the vicinity of its edges;" Mr. Chapman advocates "moistened strips of calico;" Dr. Arnott advises "fluid pressure and the current apparatus;" Mr. Walker praises "fumigations with sulphur and iodine;" Dr. de Borsa obtains "sound cicatrization by instituting by means of caustic potass a new ulcer in the vicinity;" Mr. Barnes recommends "the application of heat by holding a red hot iron over the ulcer." Not long ago Mr. Bransby Cooper "to promote the cicatrization of an obstinate ulcer used an electric moxa." Surely these so strangely different modes of treatment are proof that indolent ulcers are not understood, and that their treatment is not attended with success. Under my application the ulcer soon loses its indolent character, the white raised edges come away in the general slough of diseased tissue, and a healthy kindly healing sore remains, which cicatrizes with rapidity.

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## CASES.

Mrs. Harper, aged 50, Schoolmistress, Richmond Street, Leicester Square, London, had Phagedænic Ulcer of the right leg, embracing the entire cir-



cumference of the limb, from about an inch above the ankle, to three inches below the knee, the bones exposed. Was twice in Guy's Hospital, and amputation recommended. The ulceration was quite healed in twelve weeks, and she now walks free from pain.

The annexed drawing will show the state of the leg before I commenced its treatment.

Mrs. B., aged about 40, from County Kerry, Ireland, for twelve years had suffered from an ulcer in her side, for which she had been under the care of many eminent men. The treatment at first adopted, which embraced the usual routine of poultices, lotions, and ointments, proved wholly unsuccessful. Severe and excessively painful measures were subsequently resorted to, in the hope of healing up the sore, such as the application of caustic potass, of pure nitric acid, and of a preparation of arsenic—but the sore increased in size, and the discharge from, and the pain of it, reduced her strength to a low ebb. Opinions varied as to the precise character of the ulcer: when it was about the size of a florin piece, one surgeon called it an “irritable ulcer,” and wished to cut it out; others called it a “cutaneous ulcer;” others a “mass of simple ulcers;” and by others it was declared to be “cancer,” or “lupus.” In April, 1853, the ulcer was *eight inches long by six inches broad*, situated over the abdomen, on the left side, and she was so weak, that she had to be turned in her bed. She was then taken with much difficulty and anxiety from Ireland to Glasgow, where another consultation was held upon her case. She was advised to have an issue made upon the opposite side, and to increase the dose of a powerful medicine—the triple compound of iodine, mercury, and arsenic,—to sixty drops a day. This advice was not followed. She now came to Lon-



don to consult me. Her state of exhaustion and suffering rendered the journey a source of much anxiety. On arriving in London, she was quite helpless, and had to be lifted into and out of a carriage. I found a very extensive ulceration covering nearly half of the abdomen on the left side, with singular angry looking edges. I commenced the application of my remedy—in *four weeks she was able to walk a distance of four miles.* Her first walk of that length led her to call upon Dr. Cockburn. Dr. Cockburn had been acquainted with Mrs. B. for several years, and although residing so far apart that they had not met for a long time, he had, through friendly sources, heard of her long and severe illness. Many of the surgeons under whose care she had been were personal and intimate friends of his, so that he could not doubt the narrative of her illness, and the manner in which the disease had baffled able and assiduous surgical treatment. Dr. Cockburn called on me the day after Mrs. B.'s visit to him, and begged leave to examine her side, to which request I readily assented. He watched with me the gradually diminishing size of the very extensive ulceration, and the patients ultimate progress to recovery. This lady left my care twelve months ago, and a letter received a few days since from her son, informs me that she continues quite well.

Mr. Sharpe, of Drums House, Bishopton,\* near Glasgow, aged about 48, had Phagedænic Ulceration of the left thigh. There were several ulcers dipping deep, but not communicating with each other. This ulcera-

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\* From his hopeless state, previous to coming to me, Mr. Sharpe had let his house, seeing no hope of cure; and last month was obliged to remove to another place, Tigh An Rudh Point, Isle of Bute.



tion had existed for several years. He has been under the care of various surgeons. In December, 1851, he consulted Professor Laurie, of Glasgow, and remained under his treatment for twelve months. The treatment chiefly consisted in destroying the parts with pure nitric acid, and the frequent application of potassa fusa to such an extent, that it was deemed advisable to render him insensible by chloroform, prior to each application. In March last, 1853, he was much worse; in April he consulted Professor Syme, of Edinburgh, who ordered blisters to the ulcerated surface, and named one month as the probable period of cure. The month expired; Mr. Sharp had had six blisters, and was worse. Despairing of relief, he had a consultation with me in Scotland, and at my advice he came, though with much difficulty, to London. His general health was much shaken, and he could hardly move, even upon crutches. *In six weeks the crutches were laid aside,* he took daily walking exercise, and his general health was good. At this date he has been under my care for three months, and will very soon return home quite cured. His only regret is that the unsuccessful severity of former treatment induced him to part with his moors and his greyhounds.

This gentleman returned home cured, and on 8th February, 1854, thus wrote:—"A few days ago, after I got home, the small spot unhealed when I left London skinned over, and the highest part of the sore, although skinned over, continued to look a little inflamed and angry, but I am happy to say that it has now assumed a more healthy appearance. All the other parts look sound, healthy, and well, and I have the greatest confidence that the cure is permanent. It now feels so strong under me that I have begun to pay my respects to my old friends the rabbits. I cannot express the great pleasure and delight I now experience at having at last got quit of the



everlasting dressings and annoyances of the last seven years, and have good reason to bless the day I put myself under your charge."

Mr. Sharp thus writes on 14th June :—"I have great pleasure in informing you that my leg has kept perfectly sound ever since I left London; and from the healthy appearance it has now assumed, I have every confidence that the cure is completely permanent, and you may be sure that this to me is a great blessing, as I am now able to take my usual walking exercise; in fact, it has been the best leg of the two lately, as I have been troubled with rheumatism in the other since I came here. I am in hopes that the medical prejudice which at present exists against your remedy will soon pass away, so that suffering humanity may be more extensively benefited (*as I have been*) by your wonderful cure. I have been on the look-out for shooting ground for some time."

I saw this gentleman in the beginning of September last, when I found him quite well, and that he had been shooting for three days in succession, walking over the mountains in Argyleshire, without the least difficulty or injury to the leg.

10th November, 1854.

Mrs W., ulcer of leg, of five years' standing. Has been attended by Dr. Gardiner, of Glasgow, the family physician, who merely applied simple ointments and bread and milk poultices. At times suffers excruciating pain, especially at night. In the beginning of January this lady came to London, and placed herself under my care, and on the 5th of the month I made my first application. Every thing went on well until the 26th April, when it was necessary for her to leave London. At that time the ulcer, which had extended over the greater part of the leg, was healed to the size of a sixpence; and from its



healthy appearance, and its rapidly healing, I had no hesitation to give my consent to her leaving town. And to-day, the 9th of June, I have received the following letter from her husband :—

“Glasgow, 7th June, 1854.

“DEAR SIR,—I am extremely glad to inform you that Mrs. W. is in good health, and the healthy wound, which was open when she left London, is entirely closed, covered over with a white skin, is free from pain, and she is gaining strength daily ; and I have not the least doubt but that the leg will be in a short time as strong as ever it was: the wound has closed in the time you mentioned, namely, in three weeks ; and I am truly thankful to say, that the very deeply diseased ulcer, of five years' standing, is now thoroughly cured in the space of three months and a half. Mrs. W. will be most happy to satisfy any inquiries which you may refer to her, either in or out of Glasgow. (Signed) “B. W.

“To John Pattison, Esq., M.D.”

This lady called upon me when I was in Glasgow last September, and I found her quite well, and able to walk without the least pain or inconvenience.

31, *Grosvenor Street*, 10th November, 1854.

Elizabeth Boyce, aged 19, malignant ulceration of the lip, commenced as a small crack, when her surgeon applied caustics repeatedly, so when I saw her on 12th January last, the lip was one mass of ulceration, and enormously swollen, accompanied with sharp darting pains. I made my first application on the 13th January, 1855, and on the 30th April following she was dismissed perfectly cured.

I have seen this patient, and her lip is quite well.

June 12th, 1855.



THE FOLLOWING IS A CASE OF TUMOUR IN A  
DANGEROUS SITUATION, SUCCESSFULLY  
TREATED, WITHOUT OPERATION.

The Rev. Thomas Frazer, aged 55, Minister of the Church of Scotland, Lanark, Canada West.—A small tumour appeared nineteen years ago, on the angle of the right jaw, which gradually increased to its present size, that of a small orange. Latterly he suffered a good deal of pain, especially during mastication, and when speaking. He consulted many of the most eminent surgeons in the United States and Canada, all of whom declined interference with the tumour. Being informed that from its recent rapid increase, and the peculiar nature of the pain, it would probably soon terminate in a malignant character, he came to England to consult me. I found the tumour occupying the right parotid region, of firm consistency, and immoveable. I commenced treatment early in July, 1853, and though frequently interrupted by serious hæmorrhage, the tumour came away on the 25th of October, and he left London cured on 16th of November, 1853. On account of one attack of hæmorrhage a leading hospital surgeon of London had occasion to see this patient, and expressed his conviction that the situation of the tumour would have rendered any attempt at removal by the knife hazardous, if not hopeless.

This gentleman returned to Canada, and continues in good health, and is able to go through his duties as a Minister without pain or inconvenience.

I have received a letter from this gentleman, dated 3rd



July, 1854, in which he states he is quite well, and that he can officiate on Sundays, and on other occasions, without any difficulty, or uneasiness in the parts.

Above six weeks ago I again heard from this gentleman, he was perfectly well, and was able to preach regularly on Sundays and other days without inconvenience.

31, *Grosvenor Street*, 10th November, 1854.



## FISTULA.

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I HAVE lately treated Fistula with marked success. My remedy is more certain to heal up the sinus from its bottom, than when it is laid bare with the knife; besides being unattended with the danger from bleeding, and the excruciating pain consequent on an operation.

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THE END.