CANCER:

ITS

NATURE AND TREATMENT.

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CONTENTS.

A TABLE

OF

100 CASES OF CANCER OF THE BREAST,

WHICH HAVE COME UNDER MY OBSERVATION.

CAUSES.

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

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

TREATMENT.

Operations Performed.	Caustics been Used.	Nothing Done.
31	12	57

HOW LONG AFTER OPERATION BEFORE RETURN OF DISEASE.

Within Twelve Months.	Within Two Years.	Within Three Years.	Within Seven Years.	Within Eleven Years.
20	6	2	2	1

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CHAPTER I.

What is Cancer?—Its Nature—Causes of Cancer—A Disease of Debility—Hereditary Taint—Parts most frequently affected—Symptoms of Cancer—Pains peculiar to Cancer—Numbness in the Arm and Hand—New Symptom of the Disease—Drawing in of the Nipple—Symptoms of Cancer of the Womb.

What is Cancer?

CANCER is a malignant disease, by which certain organs or glands of the body are more frequently affected than others, and generally appearing as a small hard tumour, slow in its growth, until excited by some local irritation or constitutional excitement, but when thus excited, it becomes rapid in growth, accompanied with peculiar pains and sensations, which become more acute and agonising as the disease advances, when death alone relieves the sufferer. Sometimes its commencement cannot be traced to a tumour, but arises from *mismanagement of healthy ulceration*, which degenerates into malignant or cancerous sores from the application of *irritating caustics*. This is particularly the case, as will be shown hereafter, in ulceration of the tongue and the neck of the womb.

Much has been written on the nature of this disease, but now it is generally acknowledged by the ablest physiologists of the present day to be an assemblage of hydatids or cysts, each possessing an independent vitality.

Nature of Cancer.

According to Dr Hodgin, all sorts 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, Sixth edition, page* 107.

And Dr James Arnott 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 membraneous 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, second edition, page* 9.

I consider it 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.

Such being the acknowledged nature of this terrible disease, is it not an *unaccountable fact* that the profession *have not tried, or recommended some other methods of cure, founded upon truer pathological principles* than excision by the *knife*, or the more hopeless and more excruciating torment of attempting to remove such a disease by *caustics ?*

Causes.

Of the causes that give rise to this terrible malady, we must confess our ignorance. "Neither temperament, mode of life, civilisation, 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 develop 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 its appearance.

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 our 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; and thirty cases were hereditary, and generally developed at change of life, and that five cases arose from mismanagement in nursing; leaving eleven 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.

Disease of Debility.

Hereditary Taint.

There is no rule to guide us in determining among those who have a hereditary taint, when it may appear, or where it may appear, or whom it may attack. I know of more than one case, where the mother and daughters of one family have died of this fearful plague, but the disease did not attack the same parts. The mother died of cancer of breast, two daughters of the same form of disease, one suffered and died from the cancer of the womb, the fourth and last, of cancer of the rectum. These, however, are exceptional cases. This disease, like most other hereditary complaints, generally passes over one generation, and reappears in the second, and

Serious cause of Reflection to those having a Hereditary Taint.

sometimes not till the third; and should it not be a serious question in those families thus afflicted, whether or no some means should not be taken to destroy the tendency existing, before the disease itself actually appears? This certainly can, in a great measure, be done by proper medicine, diet, etc., etc.

In cancer of the tongue, the general exciting cause is irritation, produced by a tooth. Mismanagement and violence during childbirth often give 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. Were 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., (case cxv.) 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, (case ccix.) a poor woman, came to me asking advice regarding her breast. Upon examination, 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 next ascertain what particular parts of the human frame are most liable to be affected by this fearful malady.

Parts most frequently affected.

The average proportion of the seat of cancer is stated by M. Touchon, out of 9118 cases recorded 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.*

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 9118 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.

My practice 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 our 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.

Symptoms.

As before stated, this disease may, and in many cases does lie dormant in the system for years, more especially when a hereditary taint can be traced. If the disease is in the breast, it generally appears as a small tumour, which for a long time may

escape observation. This may not increase for years, but sooner or later it will do so, and then its growth will be more or less rapid according to the form of disease that may be developed. At first there is little or no pain; by and by the patient is startled at times by a sudden pricking, as of needles, coming on at intervals, and always when least expected. This is not very painful at first, but as the disease advances, so does the frequency and acuteness of this lancinating, agonising pain increase. And in the latter stages of this frightful disease I have more than once heard the strong-nerved and noble women shriek with the continued agony. This sharp-darting pain is the peculiar pain of cancer, and is found in no other disease. In addition to this, the sufferer soon feels a numbness in the arm and hand. And there is one peculiar symptom which I have never seen mentioned in any treatise on the subject, viz., a feeling of pain in the back of the arm, immediately above the elbow joint, and also a similar pain across the back of the hand. I have met these two symptoms in almost every advanced case, and often even in those cases where the axillary glands had not yet become affected. There is also frequent numbness at the tips of the fingers, sometimes there is a prickling sensation; these last symptoms, however, are not always present. In most cases the patient also suffers from constipation. As the disease advances, the breast becomes discoloured, hot, and tense, and soon ulceration takes place, and either there becomes an excavated wound, or, what is more frequent, a fungus growth, which increases rapidly, often bleeding, and always discharging quantities of thin, watery, ichorous matter,

Pain peculiar to Cancer.

Numbness in Arm and Hand.

New symptom of the Disease.

of such an acrid nature as soon to irritate and destroy the adjacent parts, and so spread this fearful ulceration. The glands underneath the arm become affected; the arm then becomes enlarged to an enormous size. The glands now being affected, the disease spreads with rapidity, and vital parts are soon involved, and the poor sufferer, being worn out by sleepless nights, and days of frightful agony, and exhausted by the continued draining discharge, and frequent hemorrhages, soon sinks into the arms of death, for which she will have prayed for weeks and weeks, and which she feels can alone relieve her.

Drawing in of the Nipple.

There is another frequent symptom of malignant disease of the breast, which I have not seen mentioned elsewhere, viz., "The drawing in of the nipple." "*I have often seen the nipple destroyed, but not drawn in, and yet there was no malignant disease of the breast; again, I have never seen one solitary case where the nipple was drawn in, without it being a certain symptom that cancer was doing its deadly work.*"

Symptoms of Cancer of the Womb.

Having now briefly described some of the symptoms of cancer of the breast, I shall next glance briefly at some symptoms indicating cancer of the womb. Cancer of the breast is an excruciating, agonising disease, yet, if possible, that in the womb is still more so; and what is worse in the majority of cases, it is brought on by the *mal-practice of the surgeon or the quack.* The neck of the womb, like other parts lined with mucous membrane, is liable to ulceration, and this ulceration is often produced by improper applications to these parts. There is a very common disease among females, known by the name of leucorrhœa, or whites, a

disease of debility, and frequently produced by debility or a slight displacement of the womb itself. Instead of using tonics and generous treatment, *caustic washes* are most frequently prescribed; these induce ulceration of the neck of the womb and adjacent parts, if not present before, and if it should previously exist, the ulceration from the effects of the caustics speedily degenerates into *malignant cancerous disease.* The symptoms now become more distinct, lassitude, debility, and 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 patient soon feels the lancinating cancerous pains darting through her, the discharge becomes more profuse and is now accompanied with frequent bleeding, the bladder, rectum, and intestines become affected, and soon the poor sufferer is reduced to such a state, that she is not only a burden to herself, but also to her friends, who pray that death may speedily relieve her from her excruciating sufferings.

CHAPTER II.

"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.

Means of Treatment proposed by the Profession—Excision—Opinions of Excision by Dr M'Farlane, Mr Ferguson, Professor Miller, M. Velpeau, Mayo—Report of the French Academy of Science—Opinion of Mr Liston, Professor Colles, Mr Paget—Mr Paget's Table of Recurrence after Operations—My Table of Recurrence—Professional Love of Operating—Mr Syme on Excision of the Neck of the Womb—Frequency of Cancer of Womb denied by Mr Syme—Dangers to be encountered in operating on the Womb—Peritonitis—Hemorrhage—Cases illustrating the effects of operations of the Tongue, of the Lip—Caustics—Effects of Caustics—Change in the Type of Disease—Cases Treated with Caustics, of the Tongue, of the Cheek, of the Forehead—Caustics to the Womb—Evil Results—Cases—Leeches—Narcotics—Alterative Treatment—Professor Burn's Opinion of the Alterative Treatment—Mr Marsden's Carrot Treatment—Boiled Figs—Dr Arnott's Freezing—My Objections to Freezing—Signor Llandoffi's Method—American-Indian Method—Ivy Leaves—Empirics—Results in the Cancer Hospital of London.

HAVING seen in the last Chapter what Cancer really is, and what are the symptoms accompanying it, let us now turn our attention to the means recommended by the leading members of the profession for its cure, and let us see what success attends their efforts.

Excision.

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, sixth edition, pp.* 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 M'Farlane.

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

Mr Ferguson.

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

Professor Miller.

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

M. Velpeau.

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.*"

Mayo.

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.

Report of French Academy of Science.

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."

Mr Liston.

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."

Professor Colles.

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."

Mr Paget.

Mr Paget's Table of Recurrence.

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."*

My Table of Recurrence.

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 says he has never met with a case in which recurrence was deferred beyond eight years. I have met one in which it was deferred eleven 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

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

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?

Professional love of operation.

"M. H., aged 37, admitted into Guy's Hospital, under Mr Birket, with a large tumour of the breast. The left breast was transformed into a very large, pendulous,

* Since the above was written, (July, 1855,) I have seen a lady who is at present under my care (case ccxxx.,) where this disease has reappeared *fifteen years* after the operation. The lady is at present sixty-nine years of age. In 1837 she suffered amputation of the left breast; it healed up, and it was not until 1852 that any reappearance of disease took place. It recurred as a small tumour, which soon assumed the true cancerous type. This lady is now under treatment, and notwithstanding her age, there is every human probability that the disease will be overcome. This is a well-authenticated case, known to two surgeons in Glasgow, and I believe it is the only case on record where this malady has recurred after such a long interval."

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 Birket amputated the tumour on the 19th April; profuse hemorrhage 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 Febuary of this year (1850), she suffered much from headache, and observed a small swelling on the left side of the frontal bone; it increased, and became painful, with aggravation of the headache. 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 reproduced,* and a *second operation* was undertaken for its removal, ten weeks after the first attempt. The hemorrhage 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 headache, 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 hemorrhage 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 of 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

Mr Syme on Excision of the Os Uteri.

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 operator, 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.

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, etc.; 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

Dangers to be encountered in operating on the Womb.

Peritonitis.

Hemorrhage.

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.

I shall now illustrate, by some cases, what has been written on the recurrence of this disease after ablation by the knife, by cases abstracted from my Case Book; and each case being numbered, I can at once satisfy any incredulous person, who, by personal application to me, can have the names and addresses of the patients whose cases I may refer to. The cases mentioned by Mr Paget, others, and myself, (as recurrences having taken place) refer chiefly to operations on the breast; but in whatever part of the body this disease may appear, and the disease be expected, yet its recurrence is equally certain.

Cases Illustrating the effect of excision of the Tongue.

CASE LXII. Miss B. *Cancer of tongue and parotid gland.*—"In December, 1851, a small ulcer appeared upon the right side of the tongue. Caustics were applied by Mr Coulson, which turned the sore into a hard lump. *(Here is proof that caustic will degenerate simple ulceration into malignant.)* In May, 1852, Mr Lawrence cut out this lump. The wound healed rapidly, but in six months afterwards the disease reappeared in the parotid. I saw this lady on the 22d November, 1853, at which time she could not open her mouth, and suffered intense agony and constant anxiety. At this time I was not aware that I could treat successfully this disease without destroying the skin; I therefore refused interference. I afterwards heard that she was removed to the cancer hospital, where she shortly afterwards died, and that her sufferings were frightful."

CASE LXXII. Thomas S.—"On the 18th February, 1851, this patient received a severe blow on the left malar bone. About four months afterwards a sore appeared in the upper jaw-bone. Dr D. of Carluke burnt it with caustic, which made it rapidly worse. On the 5th October, 1852, he went into Edinburgh, and placed himself under Dr Dunsmore, being an out-door patient of the Royal Infirmary. The treatment consisted of applying some liquid to the part and scarifying it now and then. During this period he was repeatedly seen by Dr M'Kenzie and Mr Syme; both recommended an operation, which was performed on the 21st January, 1853. He was only fifteen days in the Infirmary when he left for home. It was completely healed in about six weeks. However, in twelve or thirteen weeks from the date of operation, it again reappeared, and he again returned to Edinburgh, when Dr Dunsmore burnt it with caustics, which made it worse. A *second* operation was proposed, but he refused to submit, and returned home. I saw this patient on the 28th December, 1853, when I found both nostrils, the whole of the upper jaw-bone, and roof of the mouth in a state of cancerous disease. In this fearful state of things, I could do but little. He continued under my care until 3d May, 1854, when at my advice he returned home, and during this period I was enabled partially to check the disease, and alleviate his suffering.

Of the upper Jaw.

CASE CXXIV. Mr C.—"11th June, 1854. About three years ago the lip became sore from smoking, and about a year since the greater portion of the lip was cut off. It soon healed, but very shortly afterwards the disease reappeared at the angle of the lower jaw. At the above date I found all

Of the Lip.

this part and the parotid in a state of cancerous ulceration. As bleeding might take place at any moment and destroy life, I urged upon the gentleman his immediate return home, giving him the necessary directions to alleviate his sufferings."

Case CXLIX. Mr E.—"29th August, 1854. About four years his lower lip became sore from cold, and he could never heal it. It having been repeatedly burnt with caustics, it was operated upon, on the 12th August, 1853, and *again* upon the 1st September following. At this date (29th August, 1854) I found the greater part of the face and the glands of the neck in a state of cancerous disease, and as he was unwilling to come up to London, I declined interference with the case."—The limits of a pamphlet will not allow me to quote any more cases illustrative of the effects of ablation by the knife, but I think they are sufficient to satisfy any intelligent and unprejudiced reader that operations and caustics are not proper remedies for this disease.

Caustics.

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 had under my care a lady, who, having a small pea-like tumour in her breast, 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

* I received a letter from the daughter of this lady, dated

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 disease which they attempt to cure, and they are

Ireland, 18th August, 1855, in which she says, "Will you allow me to correct a statement, I suppose of my mother's case, in the last pamphlet you sent to me? You say that the cancer, when my mother applied to Sir B. Brodie, was small—the size of a pea. The fact is, that the cancer was the size of a small egg, and had already began to discharge. As this makes a material difference, I think you will be glad of a correction in favour of truth and fairness." Immediately upon receiving this letter, I wrote to the lady, thanking her for correcting me of an unintentional error. But if it is improper to attempt destroying even a small tumour the size of a pea by this agonising treatment, the attempt made in this case, by Sir Benjamin Brodie, to say the least, was injudicious. I would beg the reader to compare the treatment of this case with case x. (chap. iii.), treated by me, and their results.

positively dangerous to the healthy structures surrounding that disease.

Change in Disease.

It is acknowledged at present by all accurate observers, that the types of all diseases are changing, and that the treatment which would have proved beneficial ten or fifteen years ago, is now pretty certain to prove fatal. I refer more especially to blood-letting in the treatment of disease. Formerly all carried the lancet and the caustic case; the former has been thrown aside as dangerous, but I am sorry to say that the more dangerous of the two *is still retained.* Whether it is owing to atmospheric influence, or to other unknown causes, yet it is a certain fact, that ulcerated parts will not now be benefited, and will not now be healed under the influence of caustics, as they formerly were; but in almost every case when caustic is now applied, the sore degenerates from a simple into a *malignant one,* proving in almost every case fatal. This is more marked perhaps in cancer of the tongue; and I do not think there is one surgeon in Great Britain who can bring forward a case where caustics have been applied to ulceration of this organ within the last six or ten years, and the patient recovered. I have never met with one, and perhaps at present I see as many of them as any other surgeon in this Metropolis, and in every one *I find the disease has been induced by the employment of caustics.* This is the more surprising to the anatomist, as no sore on any other part of the body is sooner or easier healed if left alone than one upon the tongue, owing to its vitality, or the large portion of blood this organ receives. I have never met with any difficulty in treating these cases in the first instance, but every case of cancer of these parts, that has come under

my observation lately, has been caused by the *injudicious use of caustics.* I shall now quote a few cases extracted from my Case Book.

Cancer of Tongue Induced by Caustics.

CASE LXXXVII. Mrs T.—23d Feb., 1854. I saw this lady on this date. About eight months previous she felt a slight sore on the edge of the tongue, caused by a decayed tooth. She showed it to her family physician, Dr Barres, who cauterised the tongue frequently with nitrate of silver (lunar caustic.) After each application the size of the sore rapidly increased, and became more painful. The glands of the neck were much enlarged when I saw her, and more than one-half of the tongue was in a state of cancerous ulceration. In this case I gave hopes of being able to check the disease, but she did not return. In all human probability, if the decayed tooth had been extracted, in the first instance, and the mouth cleansed with some simple wash, it would have easily healed, and cancer prevented, and this poor lady's life might now have been spared. So with the following case.

Of Tongue.

CASE CLXXV. Mr C.—This gentleman came to me on the 3d November, 1854. Upon examination, I found all the tongue extensively diseased and ulcerated, and becoming daily worse. He had been under the care of Sir Benjamin Brodie, Mr Hodgson, Mr Shaw, Mr Partridge, and others, and they had touched the tongue daily with a solution of caustic, and at this date I found the submaxillary and cervical glands much enlarged. To these he had been ordered to apply *lintseed poultices, to bring them into a state of ulceration.* So much for the treatment of cancer by surgeons of the present day. One more case.

CASE CCLIX. Mr K.—I was sent for to see this gentle-

man on the 17th November, 1855. Last April he had a decayed tooth, which caused a small wart to arise on the tongue from the constant irritation. This gave little inconvenience, but having shown it to his family surgeon, he immediately cauterised it. This was done many times, and after each application it became worse. In June last he sent to Mr Ferguson, who pronounced it cancer. At this time a great portion of the tongue was involved in disease. More caustics were again applied, when the glands of the neck commenced enlarging. I found the patient suffering dreadful agony, the tongue almost all destroyed, and the parotid so enlarged as with difficulty to allow the mouth to be opened sufficiently to introduce fluids, and the other glands pressing on the larynx and trachea, as to threaten suffocation. I shall quote two other cases proving that the application of caustics is equally dangerous in other parts.

Of the Cheek.

CASE LXXXIII. Mr T.—11th February, 1854. The disease commenced in 1811 as a scrofulous affection of the right cheek. There was no ulceration, but a dry, scaly, brown scab. In 1815, Dr Scott, then of Elgin, afterwards of London, wrote a statement of the case to Drs Gregory and Scott of Edinburgh, who replied, "that if it was left alone, it would never give rise to the least trouble." Some time after this he was placed, by Dr Scott, under two or three courses of mercury, without the least benefit. The disease continued in this state until about two years ago, when a fungus growth sprung up about three-quarters of an inch high. He immediately sent to his family surgeon, and at his recommendation he applied blue vitriol (sulphate of copper), which ate it down. He continued the blue vitriol so strong that it crystallised on the tumour.

This fungus growth bled a great deal. He then went to Dr Paul, of Elgin, who gave him a solution of arsenic, of which he took 5 drops three times a-day. He also took the iodide of potassium and syrup of sarsaparilla, until they violently affected the head. After this he went and stayed with Dr Paul for some time, who burnt the fungus with caustics; then chloride of zinc was used several times, and lastly, one day about eleven o'clock, Dr Paul put a paste upon the part (probably Vienna paste, *i.e.* caustic potassa and quicklime.—J. P.,) which Mr T. kept on until six o'clock. This gave most excruciating pains, and the tumour swelled up and immediately grew like a mushroom. It never afterwards got less. After that cold water was only applied, until the 11th October, 1853, when Mr Syme of Edinburgh *operated and removed, as he said, the whole of the diseased mass.* In three or four weeks afterwards it again commenced to grow. When I saw this gentleman, cancerous ulceration had commenced upon the tumour—the glands of the neck were much swollen, and the mouth, from the results of the operation, so contracted, that nothing but fluids could be taken. This case had advanced to such an alarming extent, that I declined interference, ordering the free use of malt liquors and the essence of meats, in direct opposition to the orders of Mr Syme of Edinburgh, who ordered the patient "*never to touch animal food;*" and this absurd order, I have no doubt, was the cause why the sufferer was so emaciated and debilitated.

Caustics to Forehead, etc.

Case CCVII. Mrs C.—23d March, 1855. This lady had a pimple near the corner of the eye when young, it remained so for many years. It was cauterised by her brother, a surgeon, after which it never healed. About ten years ago, when under the

care of the late Allan Burns of Glasgow, she had an attack of erysipelas, after which the disease increased very much. About six years ago, saw Mr Syme, of Edinburgh, who ordered some applications of sulphur. These aggravated the disease very much. When I saw this lady, a large portion of the inner angle of the left eye and a portion of the forehead was in a state of cancerous ulceration, accompanied with the lancinating pains of the disease. This lady placed herself under my care; and I am now glad to state that the disease is arrested, and that she no longer suffers from the darting pains in the part. If caustics are so injurious in these parts, exemplified by the above cases, what must it be when applied to the neck of the womb, and to the adjacent delicate structures? One of the most eminent and accomplished accoucheurs of the present day, I mean Dr Simpson of Edinburgh, has used caustics to a fearful extent. The general results of his practice I cannot tell, but many of his patients have come to me for relief, after having been cauterised by him; and in all, I have found the disease so far advanced, and the parts so destroyed by the repeated and unsparing use of these fearful agents, that diagnosis in most of the cases was almost impossible.

Caustics to neck of Womb.

Case CXXXI. Mrs F.—This lady was under Dr Simpson's care for ulceration of the neck of the womb. I saw her in June, 1854. It was about nine months since she was last in Edinburgh, when she was cauterised twice. Upon examination, I with difficulty ascertained where the neck of the womb had been, for it and the adjacent parts were destroyed; but I found a hard cancerous mass growing from the walls of the vagina, and which, I have no doubt,

Caustics to the Womb.

was one of the glands in this part unduly excited by the unsparing use of caustics, and then speedily degenerating into a fatal cancerous disease.

Operations on the Os Tincae.

Some few years ago a well-known and distinguished Scotch accoucheur introduced operations upon the os tincae in cases of barrenness. I, however, think, with many other physiologists, that such interference is worse than useless; and I am fully convinced that such *unjustifiable meddling* is a prolific cause of ulceration, and of cancer of neck of the womb. This is exemplified in

CASE CVIII. Mrs —— was the wife of a gentleman residing at Kennington. She had been married eleven years, but had no children. Owing to the reversion of some property of considerable value, it was important that she should have a child, and to facilitate this, she submitted to more than one operation under the hands, not of the celebrated accoucheur himself, but of one of his most professional followers in London. The result was, no heir, but ulceration, which degenerated into cancer of these parts. I was called upon to visit this lady during the month of May, 1854. The disease then had advanced so far that I could give no hope of recovery, but only a hope of temporary relief. This opinion not being satisfactory to the husband, I was not again sent for.

Leeches.

By many, leeches seem to be deemed a favourite application in this disease, but it is, I think, if possible, even more mischievous in its effects than caustics and ablation by the knife. Indeed, cancer being a disease of debility, the action of the parts becomes so reduced after leeching, that the disease is aided, rather than retarded in its progress. Erysipelas is a too fre-

quent sequence of such mal-practice, and if this should once take place in a cancerous tumour, then the fate of the patient is sealed. (See case clxix.)

Narcotics.

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 effecting 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, 2d 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 to see a lady, case cciv., 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

Alterative Treatment.

success—indeed, the profession seem to despair of this disease ever being 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 plasters, one a mercurial plaster, one with the iodide of potassium, one with soap, and a fourth with belladona—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 remedies 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 indura-

Sir B. Brodie's.

Professor Burns' opinion on Alterative Treatment.

tion, 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."*

Such is the confession of a most distinguished surgeon and physician, and what is better, AN HONEST MAN.

Mr Marsden's Treatment.

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 Hospitpl.

CASE LXI. Mrs * * *. I called upon this lady, by appointment, in October, 1853, and found her labouring under cancer of the breast. She was under Mr Marsden's care, who treated her with boiled carrots. The wound formed a large excavation in the breast, with a very small opening, and it was dressed by the nurse popping into this opening little bits of carrot, *(not unlike feeding a young baby with the spoon.)* After they remained there a certain time, they were taken out, and fresh ones put in. If the case had not been so serious, I have no doubt I would have been rather amused. I told this lady that I thought I could give some relief, but her attendant being one of Mr Marsden's nurses, I was never again sent for.

Boiled Figs.

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

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

equally foolish modes of treatment have, to my own knowledge, cost the lives of hundreds.

Case CXIII. Mrs T.—20th May, 1854. I saw this lady this forenoon. About three years ago a lump appeared in the left breast, which slowly increased. Has applied nothing but figs boiled in milk, and afterwards drinking the milk. I found the breast and side in a state of cancerous ulceration, accompanied with a great discharge, appetite completely gone, and also I found a scirrhus deposit in the liver.

Arnott's Method.

From these unprofessional methods of trifling with a fatal disease, I now turn with pleasure to the practice introduced by Dr James Arnott. This gentleman adopts 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 effect 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, case lxxviii., 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."

Objections to Freezing.

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.

Signor Llandolfi's Method.

There are many known methods of removing a cancerous mass, but not of curing it; for it being a constitutional disease, or a disease which, if removed from one part (without altering or destroying the tendency always existing in the constitu-

tion for its reproduction), it is certain to reappear either in the same part or elsewhere. This is the reason that excision or extirpation by the knife, or freezing, is of so little avail. Among the most celebrated methods for removing a cancerous mass, is that lately introduced by Signor Llandolfi, physician to the King of Naples. Some two years ago, a learned Prussian inducted me into this gentleman's method of treatment. It is the combination of four of the most powerful caustics, either of which separately, and long enough continued, will destroy all the parts they touch. The preparation is composed of the ter-chloride of bromine, the ter-chloride of gold, the chloride of zinc, and the chloride of antimony (commonly known as "the butter of antimony," usually used as a caustic for cattle.) The pain from this compound is great for six or eight hours, and the parts over which it is laid are completely destroyed; but no one can imagine for a moment that such a cure can be permanent, as the disease is only acted upon *locally, and not constitutionally*, and a recurrence is as apt to take place, as if excised by the knife; indeed, I consider more so, as inflammation after such an application must run very high.

American-Indian Method.

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

which these primitive surgeons dress with other herbs, and very soon effect a cure which any member of the College of Surgeons might be proud of. This, without doubt, is the best and safest mode of removing tumours that are non-malignant, and I now prefer and use it in such cases, in preference to all other known means. These views I shall place more in detail in a work upon Tumours, which I am now preparing for the press. But its use in malignant tumours possesses the same objections as others, viz., "*It does not act constitutionally, but merely locally*, so that a return of the disease must be expected." Again, we know that the leaves of the ivy macerated in vinegar will sometimes remove tumours, and many other plants possess the same properties.

Ivy Leaves.

Similar preparations are used by some empirics, especially by some in the North of England, but that they fail in effecting a permanent cure, I can prove by the two following cases:—

Treatment of Empirics.

Case CCV. John N., a farmer.—17th March, 1855. This person suffered from a tumour in the lip. He went to a quack, who applied some powdered leaves. They gave great pain, but the tumour was removed. The wound healed up, but in the course of a few weeks it broke out again, not only in the same part, but also in the opposite angle of the mouth. He was under my care for some weeks, when I succeeded in removing the disease in one part, but spring advancing, he had to return home, promising to return shortly. I have not heard from him since.

Case CCXXXI. Mr S.—19th July, 1855. About five years ago, a wart appeared on the lower lip, which gave considerable uneasiness, when, in 1852, he sent to a

quack, who applied a plaster, which drew out the wart, but gave great pain. Last January, the lip began to swell, and shortly afterwards the lower jaw-bone became affected. The pains were very acute, and of the sharp lancinating character of cancer. When I saw this gentleman, on the 19th July last, I found the whole of the lower lip and jaw involved in this frightful disease. The glands underneath and in the neck were also involved. I applied my remedies for a short time, but the disease had advanced so far, that little good was done, further than relieving suffering and checking disease for a time.

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.

Results in the Cancer Hospital.

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 an 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, MM. 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 'cured,' as expressing more correctly the state of the patients at the time of their dismissal."

CHAPTER III.

"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.

My opinion as to the nature of this Disease—Nature of my Treatment—Effects of my Remedies—Where they can be applied to—Methods of application illustrated with Cases—Relief afforded even to the worst of Cases—Treatment of Cases that have recurred after Operation—Cases Cured after Operation—Cases Relieved and Prolongation of Life—Application to the Womb—Per Centage of Cures by my new Remedies.

In the last Chapter, I have shown what the leading men in our profession recommend to cure or alleviate this fearful scourge, and we have found it to be *absolutely nothing;* indeed, the means employed by them rather aggravate than cure the disease. It is now time to speak of my peculiar method of treating this malady; and as it is of vital importance clearly to understand the true nature of disease, before suggesting any plan of treatment, I shall recapitulate the opinions of the best physiologists as to its nature.

I hold 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 membraneous 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 animalculæ. 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, second 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, sixth 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 similar 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, they immediately attack 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, removing the peculiar diathesis for the reproduction of disease that may exist elsewhere.

Nature of my Treatment.

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 remedies which *penetrate 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 remedies *act on diseased tissue only*, and exert no hurtful effect upon sound skin.

Effects of these Remedies.

These new remedies possess immunity from all the objections that can apply to caustics, and whether applied outwardly or inwardly, they will only act upon diseased structure. In most cases they give no pain, especially when the skin is sound and unbroken. They can be applied, as will hereafter be shown, over the sound unbroken surface of a tumour. They will not destroy the skin, and so make an open sore, but they will penetrate into the tumour, destroying the cells individually, and so removing the disease; and at the same time they are absorbed into the system, so that the tendency (*always existing*) for the reproduction of this fell malady is removed, and the recurrence of the disease is not to be anticipated. When applied to an ulcerated surface, their application sometimes causes uneasiness, and sometimes pain, but as frequently neither of these disagreeable concomitants of disease attend their use. If they should cause pain, I then regulate and proportion their strength according to the peculiar circumstances of each case, so that they can be applied to the delicate and timid, as well as to the robust. I have applied these remedies 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 reappear. 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 show 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.* My remedies have the vast advantage over destructive caustics, that they will not affect, far less destroy, the tissues that are sound; and in the above class of cases patients under treatment, will be restored to health, not only more safely, but also more rapidly, than by the use of powerful and dangerous caustics.

Where they can be applied to.

These preparations can be applied even to the most delicate and vital parts of the frame, without fear and without danger—they can be applied until all disease is removed, so that reappearance is not to be dreaded, and they cause but little pain or uneasiness, so that the most delicate can bear their application. Further, unlike caustics, which increase pain, my remedies remove, after a time, the pain peculiar to cancer, and being applied to an abraded surface, they are 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 remedies from those who have had no opportunity of judging them? or what can be more selfish and illiberal than for a medical man to express a decided opinion of my mode of treat

ment, 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 remedies remove pain, and, therefore, opium is not required—my patients enjoy freedom from constant pain, *their nights are tranquil, and their days unclouded.*

Having said what these remedies can do, I shall now briefly detail the methods of their application in the most common forms of cancerous disease.

Method of Application.

I shall suppose a case of the most favourable phase of this disease, of which, I am sorry to say, I see but few, as from the prejudices existing and excited by the *profession*, very few come to me until the disease is much farther advanced. Sup-

posing a lady came to me with a tumour in her breast and she was at times startled by the sudden shocks o sharp pain darting through it. In such a case I shoul daily apply one of my applications in the form of oint ment, over and a little beyond the tumour. It woul give no pain, or if any, a slight sensation of numbness This ointment would be kept on for five or six hours and at other times dressed with appropriate dressing dependent upon the case. In all human probability, i the course of three or four days, the sharp, agonising darting pain will have become much less frequent, an in the course of a week the tumour itself will hav become perceptibly smaller. Absorption having alread taken place, the general health and spirits of the patien would rapidly improve, and in the course of a fe months she would find no remains of disease. This is favourable case, but all cases are as favourable if onl taken in time; but, alas! ladies and their friends liste to their surgeons, who tell them that it is a simpl tumour, that it will come to nothing, that they can cur it, and that they need not fear. They operate, or the use causties, or they partially freeze it, or otherwis mismanage it, so that it soon degenerates into malignan scirrhus. To exemplify this common case, I will quot what a lady told me not many days ago in her own case

Case CCLXI. "This lady, for a number of months pas has come regularly up to London, to consult an eminen consulting physician in relation to a tumour in her breast This learned physician, time after time, declared it to b nothing—that it was a mere simple tumour—that i would soon disappear. This was believed by the lad for many months, but the disease, in spite of the doctor slowly advanced, until at last the repeated sharp, dartin

ains alarmed her. These became more frequent and ıore acute daily. The tumour approached the surface, ıreatening ulceration. And now the lady's confidence ı the learned physician was shaken; she came to me, ıd I at once perceived it was a case of malignant irrhus. She at once placed herself under my care, and though it is not a fortnight yet since treatment was ommenced, yet now there is a sensible diminution of ıe tumour, the lancinating pains have almost disap-eared, and I have every hope of being able, through od's blessing, to effect a radical cure." All tumours of ıe breast must be viewed with suspicion. If it is a mple tumour, then the easier and more certain is it to e cured by this treatment. If malignant, then it is the ıly one that affords a chance of relief or cure. Delay ı these cases often proves fatal. I will now quote from y Case Book some cases to illustrate the above, and hich were treated similarly.

Case CXLIII. Miss H.—Cancer of left breast. This dy came to me on the 12th August, 1854. Upon amination I found a small hard lump, about the size an egg, in the left breast. She suffered at times from ıarp darting pains, and it was at this time rapidly creasing in size. The disease was hereditary in her se, her mother and sister having died from it. I put er under treatment, when she returned home to Bristol ıproving by degrees, until July, 1855, when all remains disease had disappeared, the tumour was absorbed, all ıins gone, and even although the hereditary taint was rongly marked, yet I have no apprehension of a return. received a letter from her brother, dated the 19th Octo-er, 1855, in which he says "that she continues quite ell."

Case CXXXIX. Mr Lauder.—Glasgow, 20th July, 1854. 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 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. I at once commenced treatment, and he returned home, perfectly well, on the 22d August, having been just one month under treatment.

Let us compare the results of this case, with the following one, and also with case ccxxxi. (page 43), and we will then see how valuable my method of treatment s, compared to that of the surgeon with his knife, or the quack with his nostrums. The case I refer to is

Case CCXLII. Mr W.—I was summoned to Dumfriesshire last September, to see this gentleman, and received the following history of his disease:—Some four or five years ago, a wart appeared upon the lower lip, which after a time gave considerable pain. A surgeon exsected the parts, and it healed rapidly. Shortly afterwards a small lump appeared underneath the jaw, attached to the bone; for some time it attracted little notice, but shortly afterwards commenced growing, accompanied with excruciating pain. This was four or five months ago. He went into Edinburgh, where he saw Mr Syme who lanced it, and it discharged a little watery fluid.

found all the jaw-bone enlarged and hopelessly diseased, the parotid and other glands also enlarged. The case was so hopeless that I declined interference.

We will now consider another stage of this disease more advanced than the previous. The tumour in the breast is of stony hardness, very near the surface, threatening to break and ulcerate. The glands underneath the arm are swollen. There is pain or numbness in the arm and hand, the former frequently swollen—the sharp agonising pain very severe, and frequent, sometimes darting across to the other breast, sometimes to the tips of the fingers—the glands in the neck often affected—the patient's nights are now disturbed, and her mind in a constant state of anxiety. In such a case what should I do? Even in such a one I should not despair. I would dress the breast and arm-pit with certain applications—I would cause the hand and arm to be kept at rest—I would avoid all irritating applications—I would support the general health by means of Bush's alterative* and tonics, and in a very short time we would see a marked change for the better. The parts might ulcerate (for when the disease has advanced a certain length, it is generally impossible to prevent ulceration), yet we would hope to see the tumour diminish—the glands also would become less—the pain would by degrees leave the arm and hand—the sharp, darting strokes of pain would become less frequent and less severe, and even in such a case, there still remains a prospect of cure.

Case CCXXXVI. Mrs M. came to see me on the 15th August, 1855. About twelve months previous, when carrying up stairs a young child, it accidentally struck

* These preparations can be obtained from Mr Bucklee, 86 New Bond-street, London

her breast. The blow caused much pain. Shortly afterwards a lump appeared, which rapidly increased, accompanied with sharp, darting, cancerous pains. Upon examination, I found a large hard lump in the left breast, *the nipple drawn in*, the glands underneath the arm enlarged, and pains in the arm and across the hand. This was not a very promising case, yet I am glad to say at this date, the tumour is not one-half its original size, the pains in the arm and hand have completely disappeared, those in the breast only felt when the general health becomes deranged, and in this unpromising case, I hope yet to effect a cure.

Case CCXXXIX. Mrs C.—This lady came to me upon the 25th August, 1855, and I found nearly the whole of the left breast one cancerous mass, with enlargement of the axillary glands. The tumour also pointed at two separate places, threatening immediate ulceration. I immediately commenced treatment, and at this date (7th December, 1855), I am glad to say that the tumour is much smaller, *ulceration has been prevented*, and now she rarely suffers from the cancerous pains that formerly disturbed her rest; her general health is much improved, and I have no doubt but that a radical cure will be effected on this seemingly unpromising case.

Case CCXXXIV. Mrs C.—I saw this lady upon the 8th August, 1855, and found her labouring under cancer of the axilla (armpit.) It first appeared about two years ago. Since then she has been under the care of the most eminent surgeons in London. Upon examination, I found the left breast and axilla fearfully involved in cancerous disease. The arm was also enormously swollen, and she suffered much pain, it constantly darting through the parts to the lungs. They were also involved, and I

detected slight effusion. I was unwilling to interfere in such a hopeless case, but as all others had been tried, I was urged to do what I could. I applied remedies to the parts, and I am glad to say that I reduced the swelling of the arm in a great measure; I checked the disease in the armpit and breast, relieving her in a great measure from suffering, and also for a time checked the effusion in the lungs. But she was removed to Ramsgate, where the effusion rapidly increased. She died upon the 15th Oct., 1855. Her husband, in writing to me on that date, says, "*Your remedies certainly greatly relieved her.*"

We will now look at cases more advanced than even those described above (except case ccxxxiv.) which shows that sometimes this disease may prove fatal and yet not ulcerate)—I mean cases where ulceration has already taken place. In these much depends upon the extent of ulceration. Even in some seemingly the worst of these sad cases, I have been enabled to effect cures in many, and where this has not been accomplished, I have been enabled, by the blessing of the Almighty, to check disease for a time, to assuage the fearful anguish, to stop the draining discharge, and so render the sufferer comparatively comfortable for years. My applications in these cases give some little pain (for no dressing, even the very mildest, can be applied to a raw surface without some suffering), yet my dressings possess this great advantage, that although they cause in such cases some pain, yet they destroy altogether the agonising lancinating suffering peculiar to this disease. Further, the pain endured by the applications is never of long continuance, and never unbearable. (When applied to the neck of the womb, it causes no pain.) In such cases, the usual method of treatment by the profession would merely

be narcotics, that would derange the digesting organs, impair the appetite, destroy the health, and under such accumulations of difficulties the patient would speedily sink. I shall now illustrate what can be done in such cases.

Case I. 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 Woodlands Road, Glasgow, will confirm the above report.

Case XIV. 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 sepa-

rated *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.

Case LXXIII. 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 plaster, resembling a pitch plaster. 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 30th December, 1853. 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 [1854], and have heard since from her, and she is perfectly well.

10th November, 1854.

Case XXXIV. 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 reappeared, 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 Peat returned home quite well on the 12th of October.

Case LXXXII. 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 [1854], 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.

Case XCIX. Mr H., from York.—This gentleman, aged 62, had a malignant scirrhus 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.

CASE CIV. Serjeant Mitchell, 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 3d 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."

CASE XXXII. 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.

Case LIX. 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 consented 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.

Case XXXIX. 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 hemorrhage; but though not free from danger, the very fact of this hemorrhage 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.

Unfortunately, there are many much worse cases than those described above, and show to what a terrible state this disease will sometimes reduce a poor sufferer before released by death. The following case I met with in the course of practice, and I am sorry to say it is not the only one of the same kind.

Case CLXIX. Mrs D.—October, 1854. "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 mesmeriser 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.

Yet even in such desperate cases, I have been enabled, through the blessing of Almighty God, to assuage their fearful agony, so that their latter days were comparative peace; and I have the heartfelt satisfaction of knowing that I alleviated much pain and suffering, and more than this, that I have had the thanks and blessings, not only of the afflicted ones themselves, but of those connected with them. This is no vain boast or idle tale of the imagination, for I can refer the incredulous to the friends of those who suffered.

I must now mention what can be done for cancer that has recurred after operations by the knife. Even in these deplorable cases a cure can be made if taken in time, and in all, great relief can be given, pain assuaged, disease checked, and life prolonged. But even in such cases, it is strange to me to see how people will cling to the surgeons of the *old school;* they see themselves that the promises of success have failed, that the disease has reappeared, and they again trust to the stereotyped falsehood of the profession, which says, "Yes it has reappeared, but it is of a good, a slow kind of disease, and there is no danger from it." A good and a slow kind indeed, reappearing within a few short months of its removal, and growing daily with increased rapidity? I use this strong expression, "*The stereotyped falsehood of the profession,*" advisedly, for within this year, I have seen over a hundred cases of recurrence after operation, and in every one of them the sufferer has told me, that they were told by their surgeons, that it was a good, a slow form of the disease, and that there was no cause for anxiety. I lately heard the following history of such a case from a friend of the sufferer, and it is one of daily occurrence. This wealthy lady (for she had all that wealth could give her), the mother of a large and interesting family, perceived a small tumour in her breast, not yet a year ago. It was pronounced by men of eminent name in our profession to be a simple tumour, and excision proposed. The knife was had recourse to, and the operation was well and successfully performed. The wound healed with rapidity, but within three short months the disease reappeared. At first the very eminent men said the new tumour *was not of a cancerous*

Recurrence after Operations.

Stereotyped Falsehood of profession.

nature; but in a very few weeks they were obliged to confess the true nature of the disease, as it now increased with great rapidity, and her sufferings became almost unbearable. She was urged by her friends and others to apply to me, but she and her family, being thoroughly conservative, would rather suffer any amount of pain or torture, than obtain relief from me, from the profession having pronounced me a quack; and now they have the great satisfaction of knowing that she was treated most professionally, that she was uncontaminated by the touch of quackery, and that she died a most professional death, (for she died within seven months of the operation.) But, unfortunately, her wealth did not exempt her from the penalty of pain and agonising suffering which this disease, if tampered with, demands from its victims. This is no uncommon case—alas! it is too common. I shall now quote cases to prove that even after two and three operations, this disease may yet be cured, or if not cured, the patient's life may be prolonged for years.

Case X. 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 reappeared. 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. I commenced treatment on the 3d February, 1853. 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.

Case XXIII. 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 reappeared. 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.

Case LVIII. 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, 1852, 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.

P.S.—I have not seen this lady for many months, but I hear that her general health is beginning to give way, but that she suffers no pain whatever in the seat of disease or elsewhere.

12 Park Street, Grosvenor Square, 1st December, 1855.

CASE XXX. Mrs T., aged 54, from York, has cancer of right breast. In the spring of 1852 she was operated upon. The disease shortly afterwards reappeared 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 the 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 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.

Case LXIV. 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.

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 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?

Case CCIII. Mrs M'C.—This lady came to me on the 9th of March, 1855. She had been suffering from a tumour and a lump in her breast for some years; latterly it had grown with great rapidity, and she suffers very much from the lancinating pain. Upon examination, I found the breast enormously enlarged, and hard as a stone, being one lump of scirrhus, the glands underneath the arm also much affected, and the arm swollen. In such a case I could only promise relief. She commenced treatment in April, and I am glad to say, I afforded much relief. She died upon the 7th November last, and her daughter, writing to me on the 13th of the same month, says, "You will like to know that my dear mother always thought and spoke most highly of you, and your skill has alleviated sufferings that might have been dreadful, which I thank God they were not at any period of

her illness when under your care. I hope that you will meet with the success in your profession that you deserve."

Cancer of the Neck of the Womb.

In cases of ulceration and cancer of the neck of the womb, those applications are equally effectual; and possessing the great advantage of having no effect on healthy tissue, they can be applied without causing injury or irritation to the adjacent delicate parts, and can be continued until all disease is completely removed. For cancer of the womb itself there is no cure—in such sad cases all that can be done is to attempt to assuage the terrible sufferings, and this can be accomplished. This is not the place to enter into a detailed account of the causes of disease of the womb; but I am now preparing a work "Upon the Diseases peculiar to Females," in which I intend entering fully into the discussion of this important subject, when I will be able to prove, that many cases of frightful ulceration, degenerating afterwards into cancer, arise from mismanagement of trivial disorders, which in the first instance will yield at once to simple and appropriate remedies. I shall now illustrate the fact that malignant ulceration of the womb can be cured.

Case CCXX. Mrs ——. 30th May, 1855. This lady placed herself under my care this day. She told me that for some nine months she had been cauterised almost weekly, and her sufferings at times were very great. She complained of great pains in her back and in the loins, with a draining discharge, which was sometimes mixed with blood. Upon examination, I found the anterior and left side of the neck of the womb in a state of malignant ulceration (not cancerous.) I applied my remedy daily to the parts without her suffering any pain, and in the course of six weeks she returned to Ireland, quite well.

Case XCV. Mrs ——. 24th March, 1854. Upon visiting this lady this day, I found her in bed, suffering great agony. Had been cauterised very frequently, which caused great pain. Her sufferings were so severe that she could not sit up for any length of time —the discharge profuse, and highly offensive. Upon examination, found the greater portion of the neck of the womb had been destroyed, and the remainder affected with true cancerous ulceration. The neighbouring parts had been much injured by the caustics, and one portion also affected by the disease. In this case I could give no hope of cure, but only relief. I commenced treatment on the 26th March, 1854, and in the course of three weeks the sufferer was sitting up in her drawing-room. Pains slowly disappeared. The narcotics were given up at nights by degrees, so that her appetite and general health improved; and in the course of four months she was able to be removed into the country. I did not see this lady again. She lived for about a year after this, and I have heard that she suffered little or no pain to the time of her death.

The following is a case of tumour in a dangerous situation, successfully treated by Dr Pattison's new remedies, 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 hemorrhage, the tumour came away on the 25th of October, and he left London cured, on 16th November, 1853. On account of one attack of hemorrhage, 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 3d 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.

The following letter was addressed by the Rev. Mr Frazer to the Lord Provost of Glasgow, previous to the reverend gentleman's embarking at Glasgow for New York, on his return to Canada:—

My Lord,—I beg the honour of submitting to your Lordship the following statement, alike in behalf of the public benefit and of Dr Pattison of London, a native of this city. I, the Rev. Thomas Frazer, of the Presbyterian Scotch Church of Canada West, America, hereby certify, that, for the last nineteen years, I have been afflicted with a tumour on the angle of my right jaw, extending upwards

under the lobe of the ear. This tumour was about the size of an orange, causing occasional pain, and general inconvenience in the pulpit, with considerable difficulty of speech. Many eminent surgeons in Canada and in the United States declined interfering with it, on account of the extreme peril of operating upon it in such a situation. During the last two years it grew considerably, and was attended with lancinating pains, threatening a malignant tendency. About this time I accidentally heard of Dr Pattison's discovery and remedy, and opened up a correspondence with him, which resulted in my coming to London to him last July, to receive his application. Subsequently to this I accepted an invitation from him to come immediately under his own eye, in his own house, because of the occasional hemorrhages which took place in the progress of his remedy; and, after a time, through the operation of that remedy, am happy to say that it was fully and safely removed. But to show alike the safety of the remedy, and what would have been the extreme peril of operating upon it, an eminent hospital surgeon who assisted Dr Pattison, at last when it came out, and assisted him to tie up the numerous blood-vessels, before all were secured, declared that an excision of such a tumour was altogether impossible. My Lord, I beg leave to add my attestation also in favour of the Doctor's remedy in several cases of cancer, of lupus, of inveterate ulcers, long unmanageable in the hands of the first surgeons in London, Edinburgh, Glasgow, and Dublin; and therefore it is that I crave the benefit of your public acknowledgment and countenance, having myself witnessed these cases. My Lord, this I solicit now on my returning to Canada, cured. —I remain, My Lord, your most obedient humble servant,

THOMAS FRAZER.

Glasgow, 23d November, 1853.

From personal knowledge of the Rev. Mr Frazer, and acquaintance with his Christian character, I believe him to be a person fully worthy of credit in the statement he makes in his letter to the Lord Provost of Glasgow of date 23d day of November current. JOHN MUIR, D.D.

Minister of St James's Parish, Glasgow.

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 per centage 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 Laurie and the Middlesex Hospital questioned.

In my first pamphlet published in this country, soon after the 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.

CHAPTER IV.

My situation in regard to the Profession—My former Discoveries, and their results—Dr Greene's case—Offer to two Public Hospitals, to Dr Ferguson—My regrets at their refusals—Hostility evinced by the Profession to me—Honourable exceptions.

BEFORE allowing the foregoing remarks to go to the press, I consider it necessary that I should lay before the public the causes that have led some of the medical profession to brand me as an Empiric and Quack, and who alone are the cause of the nature of these valuable preparations being kept secret. I have been connected with the medical profession for the last sixteen years, and perhaps I may now be pardoned in saying, that I cannot now look upon the *nominal* heads of the profession with the same reverence and regard that I did in my younger days; and I now venture to assert my right, as a professional man, in demanding an acknowledgment (not of monies or of titles) of being the author of any new method of treating a disease, that I may be so fortunate as to discover. In the year 1849 I believe I was the first physician who discovered the true nature and pathology of *Coup de Soleil* (sun-stroke), so frequent and so fatal in warm climates. This was noticed in some of the United States medical journals, and this treatment was adopted and practised in the Valley of the Mississippi; but I, the discoverer, was soon lost sight of. Again, in 1850, I believe I was the first surgeon who operated

with success in the hitherto incurable disease of *Urinary Fistula.* I hypothecated this operation on the well-known tendency of a cicatrix produced by a burn to contract. This operation, and two others of the same kind, I performed with complete success. It (the first) was reported in the American journals, and also in the London *Lancet.* Within three months of its publication, I heard of another surgeon in the same city performing the same operation, and pluming himself upon his wonderful success. I was here again unacknowledged. When Dr Horace Greene, of New York, discovered that it was possible to cauterise the larynx and trachea, he published his discovery, and threw it open to the world. It was immediately seized and appropriated by a leading London physician, who made a fortune from it, whilst the true author, Dr Greene, is unknown and unacknowledged. After such examples before me, I think I am perfectly justified in demanding from the profession an acknowledgment of my discovery. I did not ask for rank or wealth. I only asked for what I had a right to demand. I asked permission to try these preparations in public hospitals, upon those cases that were considered incurable by the attending surgeons; and if I succeeded, my only reward was to be an acknowledgment that my new views and new preparations were original—that I was their discoverer; and if this had been done, this valuable boon to the sufferer might ere this have carried relief to thousands. The first offer of the kind I made to Professor Laurie, senior surgeon to the Glasgow Royal Infirmary, upon my arrival in my native city in October, 1852; and in reply was informed, with more brevity than courtesy, by the Professor (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, Scrofulus, 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 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 neutralising the poison of scirrhus, 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 those 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 practise 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.

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 Hospital, whether it is not desirable you should in the meantime 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,

Dr Pattison. MICHAEL SMITH, *Chairman.*

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 practise independently. I have now done so extensively for the last three years; when, again feeling the responsibility of keeping such a blessing to myself; I made the following proposition, in the following words, to Dr Ferguson, on the 18th June, 1855.

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.

To this third liberal offer to the profession, I have received no acknowledgment; and surely, after this, no sensible person can blame me for keeping the knowledge of my preparations to myself. It is from no wish, and no fault of mine, that it has not long ago been introduced and practised in the palace and the cottage, relieving suffering, agonised, human nature. That it is not so, is because the profession have again and again refused. They assault me with *calumny* and *falsehood*, and call me an Empiric and a Quack; YES, I FEEL

PROUD OF THE NAME OF QUACK, IF IT MEANS ONE WHO IS WILLING, AND WHO IS ABLE TO RELIEVE SUFFERING; AND I WOULD RATHER A THOUSAND TIMES BE SUCH A QUACK, THAN ONE OF THOSE PROFESSIONAL DOGS IN THE MANGER, WHO, BEING UNABLE TO RELIEVE THEIR PATIENTS THEMSELVES, PREVENT THEM, BY FALSEHOOD AND MISREPRESENTATION, FROM GOING TO THOSE WHO CAN.* Indeed, hardly a day passes that I am not informed, by friends and patients, of the bitter feeling against me among my professional brethren. Indeed, I feel highly flattered and honoured by their enmity. It can do me little harm. Their enmity is one of the strongest proofs of the truths I have advanced, and of my success; for if I was a *poor unsuccessful quack, they would have passed me by unnoticed.* Again I thank them.

I do not, however, include in this somewhat sweeping denunciation all the members of our profession; for I have found many noble exceptions, and many warm friends, who have confessed to me that my conduct, in acting as I have done, was not only right, but an honourable and manly opposition to obsolete dicta, only suited for times long gone by, and not for the present progressive age.

* I lately saw a gentleman from Kent, who came to me with cancer of the cheek and upper jaw-bone. His family physician warned him against coming to me, by saying, "that I had been lately heavily fined, and had been confined in the Queen's Bench, *for torturing to death the son of a clergyman of the city of York.*" Fortunately for me, this amiable old surgeon (for he is a surgeon, having proposed and wished to cut off one-half of the poor patient's face) made this story a little too improbable; and upon inquiry, the gentleman discovered the falsehood, and easily understood the motives that originated it.

FISTULA.

I have lately treated Fistula with marked success. My remedy is more certain to peal 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 to an operation.

FINIS.

REVIEW OF DR PATTISON'S WORK ON CANCER, LUPUS AND ULCERS.

CANCER: ITS TRUE NATURE, TREATMENT, AND CURE: illustrated by cases. By JOHN PATTISON, M.D. To which are added, Remarks on Lupus and Ulcers, London: Charles Westerton, St George's Place, Hyde Park Corner.

DR PATTISON, the able author of a pamphlet with the above title, has devoted the greater portion of his time to the examination of the nature of cancer and cognate diseases, and to the best mode of treating them; and he has embodied the fruits of his researches in the interesting brochure now submitted by him to the public. We cannot pretend to pronounce a verdict on the merit of the mode of treatment prescribed by Dr Pattison; but, from the cases recorded by him, we can have no doubt that it would be well for the medical profession and for the interests of suffering humanity, that his mode of treatment should be made known and acted upon. Dr Pattison, in his valuable little work, quotes, from the most distinguished members of the profession, numerous passages, to show the inefficiency and danger in the application of the knife, or caustic remedies, to the removal of this terrible disease. Death is in many cases the result of such treatment, and even when the patient has the good fortune to escape with his life, the disease, though removed from one place, often breaks out in another with greater virulence than before.

The precise nature of the doctor's remedy is not stated; but some idea of the character of his treatment may be formed from the following extract:—

"My treatment of the disease is twofold—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 objection, and whether applied outwardly or inwardly, it will only act on diseased structure."

Dr Pattison has very improperly been termed a Quack by the members of his own profession. He was educated by his uncle, the late distinguished anatomist, Professor Granville Sharp Pattison, a native of Glasgow, who was elected to fill the chair of anatomy in the London University, on the opening of that institution, but who afterwards resigned that appointment for the chair of anatomy in the University of New York, which school, in a few sessions after his appointment to that important chair, became the largest medical school in the world, Professor Pattison having above five hundred students attending his course of anatomical lectures at his death. Dr Pattison acted for some time as demonstrator and prosector of anatomy to his uncle, the professor.

We would hesitate to prefer a charge of quackery against a professional gentleman with such respectable antecedents, the more especially as he has offered to show the whole *rationale* of his treatment, and submit to the verdict of the enlightened members of his profession, which no quack has ever yet ventured to do. The remedy has already been offered to two public hospitals, and been unceremoniously rejected, on what we may be permitted to call insufficient grounds. If the prescription is empirical, its absurdity might easily be exposed; if, on the other hand, it is calculated to effect a cure of a painful disease, which has hitherto baffled the skill of the profession, it ought at once and without hesitation to be adopted. No petty professional jealousy should be allowed to interfere with the interests of suffering humanity; and when a distinguished member of the Faculty proposes a remedy for one of the worst diseases that flesh is heir to, it ought at least to meet with respectful treatment, and is entitled to a careful examination, before it is rejected.

In regard to the blame which has been thrown on Dr Pattison for keeping his discovery secret, he says;—

"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 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."

Our space forbids further extracts, but we cannot close our remarks on this little work, without expressing our thanks to Dr Pattison for the knowledge we have received from the perusal of his pages. The style is correct and elegant, and the subject is treated in a most interesting and careful manner, so that the reader receives both gratification and instruction.—*Glasgow Daily Bulletin*, 29*th October*, 1855.

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