





PRACTICAL OBSERVATIONS

ON

CANCER:

BY THE LATE

JOHN HOWARD,

FELLOW OF THE ROYAL COLLEGE OF SURGEONS,

AND

SURGEON EXTRAORDINARY TO THE CANCER-WARD

IN THE

MIDDLESEX HOSPITAL.

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1811.

*John Howard*

PRACTICAL OBSERVATIONS

ON THE

CAUSE AND

TREATMENT

OF THE

DISORDER

OF THE

BLADDER

AND

OF THE

PROSTATE

OF THE

BLADDER

AND

OF THE

PROSTATE

OF THE

TO  
JOHN MORRIS, Esq.

AND  
WM. FOWLER JONES, Esq.

TREASURERS

TO THE  
MIDDLESEX HOSPITAL.

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GENTLEMEN,

ALTHOUGH it is much to be regretted that the Author of the following Observations on Cancer was prevented by a tedious illness from bestowing on them those advantages of amplification and revision which they would otherwise have received, yet, as the important facts they contain were afforded by an experience of more than forty years, and

as his earliest principles were imbibed from that great master of practical surgery, Mr. Percivall Pott, the performance will surely be admitted to require that publicity, by which the benefits it promises may be most extensively spread.

Through the munificence of the late Samuel Whitbread, Esq. an asylum appropriate to females afflicted with the disorder in question was first established; a Cancer-ward having been opened in the Middlesex Hospital by the unremitting exertion of his friend Mr. John Howard.—In addition to much valuable matter, supplied by private practice, a portion of the Cases detailed in the following pages, has been drawn from the annals of this place.

The posthumous tract now offered to the public was a donation to me from its excellent author, with whose friendship I had been honoured, from the period at which I succeeded to the office of Physician to the Middlesex Hospital.

To you, Gentlemen, as to the faithful guardians of our funds, I presume to dedicate

this work, induced by that attachment to the charity and its objects, which I sincerely feel.

I have only to add that in your hands will be deposited whatever profits may eventually accrue from the publication.

With the utmost esteem, I remain,

Gentlemen,

Your most obedient servant,

CHARLES GOWER, M. D.

Old Burlington Street, St. James's,  
October 19th, 1811.

1847  
The first of the year 1847 was a very  
dry one, and the crops were  
generally small. The weather was  
very hot, and the ground was  
very dry.

The second of the year 1847 was a  
very wet one, and the crops were  
generally large. The weather was  
very cool, and the ground was  
very wet.

The third of the year 1847 was a  
very dry one, and the crops were  
generally small. The weather was  
very hot, and the ground was  
very dry.

The fourth of the year 1847 was a  
very wet one, and the crops were  
generally large. The weather was  
very cool, and the ground was  
very wet.

The fifth of the year 1847 was a  
very dry one, and the crops were  
generally small. The weather was  
very hot, and the ground was  
very dry.



ON

# C A N C E R.

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IN the following investigation into the nature of CANCER, an endeavour will be made to describe, in the first place, what is most obvious and easy, and to proceed afterwards to what is more obscure and difficult; for there have been diseases which by some have been improperly called cancers, and there are also real cancers not immediately to be discovered,—and the number of each, taking in all the varieties, is considerable.

If in this attempt, any thing new can be added to the present knowledge of surgery, to the aid of medicine, or to the relief of those who are unhappily suffering under these complaints, whatever constructions may be put on the labour, it will be some satisfaction to have fulfilled it, though but imperfectly,—since I cannot but consider it to be a bounden duty.

With respect to such diseases as have been confounded with cancer, the first class necessary to be mentioned comprises *encysted tumors*. These, when small, are perfectly devoid of danger; but, when neglected, ill treated, or suffered from a quiescent to get into an irritable inflamed state,

and to grow to a considerable size, they may require removal or destruction.

It is unnecessary to take up the reader's time by entering into a description of the different kinds of encysted tumors, because they are well known:— it will be sufficient to remark, that when in a highly irritable state, they have been confounded with cancer.

When they have been small, perfectly moveable, and not attached to joints or other important parts, there is one peculiarity attending them all, which is, that whether they be removed by the knife, by caustic to the whole tumor, or by incision, where the contents have been let out, and the sac afterwards destroyed, by the lunar or any other caustic, the cure has been uniformly radical,— without the smallest return of the disease.

I remember to have had a patient who had more than twenty tumors, of the encysted kind, in various parts of his body, but one only was troublesome; and this sloughed with great ease, by penciling the whole tumor, integuments, sac and all, for a few minutes with Lapis Infernalis. When the slough separated, the sore healed, and the other tumors remained stationary for many years, without taking on any diseased action. But this is not the case in Scirrhus and Cancer, for they too frequently return; and when there are two or more tumors, if one only be removed, the others generally put on the morbid tendency of the first.

There is this additional consolation to persons afflicted with encysted tumors, viz. that they are often, for a long time, indolent, without much increase, and are even curable without operation, by sea water and other means. And this observation is more particularly applicable to such tumors as contain a glairy kind of fluid within the cyst, and perhaps to some others.

Scrofula, as it appears in early life, is certainly a different thing from cancer, and there are, without doubt, tumors affecting the testes of men, and the breasts of women, which are originally only scrofulous; but even then, when they are not relievable by more gentle means, which they sometimes are not, they may become so diseased as to take on a very irritable, if not a cancerous, action; and when they do, they may also require removal.

Tumors of this kind; in young healthy women, may, at an early period, in some, be dispersed, and in others, may be brought to suppuration, which terminates the disease. But not so in scirrhus and cancer: these never suppurate, but remain either indolently or painfully hard. They are seldom stationary, but increase more and more, either rapidly or slowly, and go on towards a hardness which is incompressible as a stone, resisting the fingers, and for the most part without any the smallest fluctuation. I do not, however, mean to convey the idea of there being no fluctuation in all cases, nor do I mean to assert that there are

never any fluids extravasated, nor any obscure fluctuations, or sloughs, in a diseased breast,—as will be hereafter shown.

From the most careful observations I have been able to make, for many years, it has appeared that a number of the most deplorable cases of cancer, towards the decline of life, have been in habits apparently scrofulous; from the complexion; and from other circumstances. It is admitted, that scrofula, in infancy, childhood, and during the progress of life, towards puberty, is characterized by different appearances from those of more advanced age.—Not that I mean to say that cancer is a disease strictly speaking of the lymphatic glands, for it is generally an affection of other glands of a very different kind, and destined to a very different purpose in the animal economy.—But it is nevertheless probable that the lymphatic system, if not the lymphatic glands themselves, at a late period of life, may have an immediate and near connexion with this disease. We know well that a wonderful attraction may take place from age, not only in the nerves, arteries, and veins of the human body, but in every gland throughout the body, and in every viscus in it. Is it therefore probable that the lymphatics are the only organized parts exempted from this general change? Scrofula has been supposed, at least early in life, to be a disease of the lymphatic system, and lymphatic glands. The disease, after puberty, and

during the state of manhood, and also during the middle state of life, in men and women, may no longer manifest the same character. The original character may be blended with other diseases in the system, as cough, consumption, obstruction of the mesenteric glands, &c. But later in life, when alterations are daily taking place in the habit, and in its general economy, the lymphatic glands, in common with all other glands of the body, undergo remarkable changes. The lymphatic vessels themselves are connected with every gland of the body, and they are as essential to man as nerves, arteries and veins; these therefore may be influenced by time, accident, or age, and may also undergo a change, and that of a morbid kind.

It has been generally supposed that scrofula, as has been stated, is a disease most prevalent in the more early part of life:—if it be admitted that it may remain quiet for years, may it not afterwards assume, in the same person, new forms?

To enter into the variety of forms which this disease may assume, would be foreign to my purpose; but from the prevalence of cancer in scrofulous habits, late in life, I am convinced that this is a common termination of it.

Scrofula has been long believed, by intelligent men, to be frequently an hereditary disease; that from some wonderful coincidences it may lie dormant in one child, and be active in another; and that it may lie dormant, for a generation even, and

revive in another. If these be facts, why may it not also be inactive in the same individual during the middle period of life, after having manifested its character in infancy, and on to puberty; and why may it not return towards the decline of life, in a new form,—in the form of cancer? Cancers of the throat and tongue, I suspect, have thus originated; and cancers of the uterus, and of the breasts of women at an advanced period, I have great reason to believe, in many instances, partake of the same leaven.

Habits disposed to scrofula may, in many persons, be perceived at first sight; in others they cannot. There is in the former an unctuous and sometimes mealy skin, which is frequently dry, and does not easily admit of perspiration. There is in the countenance a very healthy appearance, with deep-coloured florid cheeks; and the temperament seems to be a mixture of the melancholic and sanguineous. Such persons are sometimes subject to scorbutic eruptions; to leprosy, and to symptoms like those attending elephantiasis. There is another kind of habit subject also to scrofula, namely, the fine clear complexion, with light or reddish hair, blue eyes, and delicate tint on the cheeks, with the veins appearing as it were through the skin, of a beautiful transparency. This temperament may be said to be highly sanguineous; and this is also subject to scorbutic and leprous affections in the ears and face, and to the thickened

hip. And the same scrofulous symptoms may be found in other temperaments; but they are most prevalent in these.

There are many extraordinary circumstances attending cancer, which will be noted as we go on. But there is one which I must mention here, because it is connected with age and temperament, viz. the turgescence which may be, very frequently, observed externally in the veins of a cancerous tumor. Cancer is a disease of a gland, or glands, originally:—late in life, a venous plethora prevails in the general system, which marks the progress of the circulation from the arteries, by degrees, to the veins; hence hæmorrhages are apt to take place in the brain, producing apoplexy, &c. These hæmorrhages arise from the coats of the veins becoming thinner by length of time; and from the force of the circulation from the arteries bursting these coats: This implies a gradual wearing out; and also that the accumulation of blood in the veins is towards the decline of life, rather than in the earlier or in the intermediate stages: and this, I suspect, predisposes to cancer,—particularly in the female breasts and uteri.

The number of glands, in human and other animated bodies, is innumerable; and they are of very different kinds. The larger glands are obvious; they, like the smaller, have a peculiar organization, fitted to their destined uses by the beneficent and all-powerful Creator. And the extent of the

smaller, but more numerous, glandular arrangement in the component parts of the human frame, is so great, that it may be said to form a fifth system. The nervous, the arterial, the venous, and the lymphatic systems have been traced with great labour, and not without a considerable degree of accuracy; but the knowledge of the different orders of *glands*, throughout our wonderful and complicated frame, (putting the lymphatics out of the question) is greatly limited, and is only in its infancy.

To begin with the head: if we take only a cursory view, the glandula pinealis is probably destined to uses of which we know nothing. Its glandular structure may perhaps be doubted, but it has been the seat of a scirrhus, ending in death.—The lacrymal gland in each orbit has been the seat of the same disease.—The glands about the tongue; the tonsils; the salivary, and the parotid glands, have been affected, with scirrhus enlargement, in the first instance, and with, what may be called, cancer in the second;—that is to say, the affection has destroyed the glandular as well as other adjacent parts, by a spreading corroding kind of ulceration; and it has been destructive ultimately, with a character peculiarly marked, giving way to no known remedy.—In the more internal parts of the body, in the stomach; at the pylorus and other parts, scirrhus tumors have been frequently observed. Scirrhus affections have been remarked also in the spleen and pancreas; in the glandulæ renales, and in the kid-



neys; in the glands near to them; in the bladder and the mesentery; in the small and in the large intestines; in the rectum, prostate, &c.

To descend from these important parts of the animal economy to the more obvious ones, which admit of examination by the sight and touch, we most frequently find these complaints in the breasts and uteri of women; seldom in the breasts of men, but often in the testes, lips, penis and tongue, and in some other parts, of glandular organization, such as the miliary glands of the skin. Women are much more subject to this disease than men, and their liability to it arises from circumstances peculiar to the sex, and to the natural economy of their system.

Scirrhus and cancer have not only been considered as different stages of the same disease, the former leading in a shorter or longer space of time to the latter, but they have been said to arise from a blow or injury; they have been also said to be produced from a cause or causes which are internal, without any previous blow or injury. These causes are specifically different; but producing, when neglected, similar consequences.

A man having received a violent blow on one of his testes, by striking it upon the pommel of his saddle, neglected the blow, and suffered obstruction of its glandular structure to proceed to inflammation; and it afterwards came to considerable enlargement. Any cause capable of keeping

up obstruction and irritation, whether arising from constitution, or from a flux of humours to the part, may so far injure the cellular membrane which enters into the structure of such gland, that it may not only inflame internally, but slough. Both matter and slough have been found within the body of a diseased testicle. How are either of these extraneous bodies, in the substance of the testis, and under confinement, by the vascular compages of the testis itself, and more exteriorly by the albuginea and testis, to escape? They can have no outlet; but, acting as constant stimulants within, will tend to enlarge the gland still more: extending irritation and disease not only to the spermatic chord, but to the glands about the corresponding kidney, by sympathy or consent of parts. Without entering here into a nice definition of cancer, such an extreme case is to be cured by the timely removal of the diseased gland.

In women, a similar thing often occurs in the breast; and that too, unless remedied in time by removal, may end fatally, as the disease goes on, from the gland originally affected, to others. Extravasation from that gland or from others may take place in the general body of the breast. These extravasations may become highly acrimonious, from long detention; and having no outlet, a natural poison, or evil, (it is difficult to say which is the more proper expression) may be thus generated within the body, capable of contaminating

the whole glandular system, and of ultimately taking away the life of the individual. Between the first case, of the injured testis, and secondly that of the gland in the female breast, a further distinction is necessary. The testes are confined within their proper coats, and have no connexion with any other class of glands perfectly similar; and hence it is, when a diseased testis has been removed in time, and before the chord is affected, that the disease seldom returns. But that is not the case in the female breast, for the glands in this part are numerous, of different kinds, invested with cellular membrane, with fat in the vicinity, under one covering of skin and integuments, giving a prominent and half-globular appearance to the whole breast: between this and the uterus there is a most intimate sympathy or correspondence.

Cancers in both sexes, originating from external injury, when properly detached, and not adherent, have been considered favourably circumstanced for removal, if it be done early; and they have ended unfavourably, when the known practical rules of surgery have not been attended to, and the disease suffered to go on too long. If in this kind, namely from external injury, there be any thing of virus, it is then a virus generated probably within the body of the tumor itself, by time and neglect, which is communicable to all the neighbouring parts, but more particularly to the glandular.

Practically considered, it is unnecessary to enter more fully into the shades of difference between this and other cancers; for the most early attention is requisite in all the different species, whether the intention be to keep the tumors quiet, without operation, or whether they are to be removed by it.

There have been two general ways by which information in medicine and surgery has been submitted to the world; and the same objects, namely the natural history of diseases and their remedies, have been kept in view in both.

In the one method, practitioners have been guided by the knowledge and experience they have had individually, from a number of cases actually seen; thus acquiring judgment from the whole of the circumstances, as time, opportunity, or intelligence may have directed them. In this way, many valuable facts have been handed down to posterity, in a concise and, as it were, a condensed form. Authors and practitioners who have judged in this manner have been, for the most part, right, although, it must be confessed, they have sometimes been wrong.—Human industry, human reason, and human sagacity are fallible and limited; and it is hardly possible to give more than a correct general outline of any disease, or of its appropriate means of relief or cure.

The other method aims at more fulness and precision, by collecting a much greater number of cases, the majority of which, however, not being

the result of the writer's own experience, are taken upon trust, and on the credit of others:—such a work becomes rather a dictionary, and an useful book of reference.

A writer of the latter kind may indeed quote with fidelity the ideas of others; but cases which are *seen* make the strongest impression;—and it is principally from the consideration of these that a correct judgment can be formed. I do not mean by this to undervalue the great nosological labours of Sauvages, Macbride, Cullen, Vogel and others; they indeed were practitioners as well as writers, whose works are still deservedly held in estimation, and are highly useful. But, a selection from authors of credit is one thing; and the advancement of science, from facts observed in practice, is another. The concise characters affixed by nosologists to many diseases, and the idea intended to be impressed, may be striking, in a general sense; but it is too often cramped by rule and method. The history and cure of diseases, as given by Sydenham and others, appears to me a more natural and intelligible mode of conveying medical knowledge. It is certainly less fettered by language; and holds a middle station between a too short description on the one hand, and a too diffuse and tedious narration of cases, on the other.

How difficult is it to give a faithfully minute account of any one particular case, although the treatment may have turned out successful! To a

man of science, how many defects and omissions will appear; with a something still wanting, which at present breaks the links of the chain, and embarrasses the judgment! how much perversion of common sense and language have we, from the mistatement of cases, and from the false reasoning upon them, when experience has not corrected a defective judgment! The difficulty is known by men acquainted with practice, who have therefore most frequently confined themselves to the general description of diseases, without entering into the detail of cases; introducing them, however, occasionally, to illustrate any important fact or doctrine.—This is the course I mean in this tract to pursue.

When a practical writer endeavours to give the result of his observations, on a great number of cases which he has seen, he takes a wide and comprehensive survey of the more important facts; and if his judgment and sagacity are discriminating, he will be enabled to comprise within a moderate compass, all he knows, and all he has been collecting during the course of his life. Such writers, whatever be the defects of nature or modes of practice, will be for ever valuable. Such was the younger Le Dran, such was Mr. S. Sharp, such was the late Mr. Percivall Pott, amongst a great number of other surgical authors; and such are many writers and practitioners now living.

We have from Mr. S. Sharp some good remarks

on scirrhus and cancer, and many very excellent observations also in the works of Mr. Pott. These are, or ought to be, in every student's hands, with many other useful publications on the same subject. But it will be difficult to find a more concise, useful, and general description of scirrhus and cancer than in the operations of the younger Le Dran, translated by Mr. Gataker, about forty or fifty years ago. If the reader should observe any similarity between the remarks of this writer and my own, which he will most assuredly do, I hope he will not be so uncharitable as to think my ideas have been copied from him; for the fact is otherwise. The many opportunities I had of seeing the disease for forty years back, in all its stages, had then occupied my mind so fully, that I did not read his valuable work for many years afterwards. I had endeavoured to form my ideas from what was daily before me, in the great book of nature. But being lately doubtful about a particular fact I had seen related somewhere (from his work) respecting *the extreme acrimony of the fluid we sometimes find lodged in a cancerous breast*, I sought for and found the passage; and, on comparing his other general remarks on the disease, with the observations I had myself made and committed to paper, there appeared a strong similitude. I sunk rather in my own estimation, upon the discovery, although my observations had cost me both time and labour, to make them such as

they were; but it was some gratification to find many circumstances I had noted corroborated by so excellent a surgeon.

If two or more men make their observations on a disease, common appearances will be evident to them all, as in sketching a view from nature; and, if they copy fairly, there will be a likeness in the different sketches. The resemblances may be just, though expressed in a different manner, and with a different mode of colouring. I remember a very sensible and correct man telling me, many years ago, that in a particular part of Arabia he had seen sheep kept alive and nourished by fish taken out of the sea. The thing would appear incredible to a native of this country who had never been beyond it:—but it is a truth; for the same fact has also been observed by modern travellers, and was recorded by Herodotus more than two thousand years ago.—The more witnesses there are to the same fact, the stronger is the evidence of its truth, and the firmer will be the foundation of our principles of practice.

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[DIAGNOSIS of an *External Cancer*.] A cancer, in its incipient state, is a scirrhus; that is, an induration of one or more glands; in some cases moveable, in others fixed to the subjacent parts. In some instances, the induration is solitary, that is, of one gland only, as in one testis, or in a single



gland of the female breast, or in a miliary gland of the skin. Such is the primordium, or first germ, which leads sooner or later to all the distressing symptoms that mark the usual progress of the disease. Such germ may be small, and in the female breast may feel like a loose pea under the skin; or it may be larger, more deeply seated in the body of, or in various parts of, this tender organ. When it is the testis which is affected, if the disease be not cured by timely removal, it may go on to the spermatic chord, and even to the glands about the corresponding kidney. So also, when the seat of the complaint is in the female mamma, although one gland only may have been first affected, yet that affection may in time extend to other glands, not only to those of a similar class with that originally diseased (we will instance those of the miliary kind) but to other classes, namely, to those destined by nature for the secretion and elaboration of the milk, and to the lymphatics.

The knowledge of the more minute glandular parts of our system is, as has been before observed, only in its infancy; and both scirrhus and cancer, how small soever they may be, can and do generally affect the minute neighbouring glandular parts within the sphere of their action, converting them also into their own nature, and imparting to them their malignity.

In its scirrhus state, a cancer may be indolent, without much pain, and without discolouration of

the skin; or, it may be very painful, and discoloured. As it increases in size (gradually in some, but very quickly in others) it becomes tense, and more painful, from the stretching of the tumor below, anteriorly, and in every direction. It is extremely hard, and has no fluctuation within it. At an advanced period, the skin is smooth and shining; it has a reddish hue, inclining to purple; the veins are turgid, numerous, full of blood, and sometimes varicose. The tumor is generally roundish and renitent, but sometimes irregular as to form, and craggy; pushing forward its horns (if I may be allowed the expression) towards the skin. It may be moveable, or obscurely moveable, or perfectly adherent to the subjacent parts, namely, to the pectoralis major, to the intercostal muscles, and even to the ribs, by a small or by a large base.

The established rules of surgery allow of the removal *by the knife*, in the first instance; admit it with caution, and under a very guarded prognostic, in the second; but condemn it wholly and absolutely in the third.

The tumor having increased, or grown to such a size that the skin can no longer bear its pressing forwards, it gives way; and the cancer is then ulcerating, or already ulcerated. When ulcerated, it may spread either slowly or rapidly, and the sore may be small or large. There is however a circumstance I have sometimes seen, which is not an

immediate and direct ulceration (I mean, not a deep one) but an exudation from the pores of the skin, followed either by an excoriation, or scab, or both. This scab, or crust, defends the part for a time from further ulceration, and seems to check the growth, in a measure, in some, and alter the figure of the tumor in other cases; and I have sometimes seen it tuck down in the middle of the tumor, having a thick, reddened, hardened circumference, like a wall round it, approaching sometimes to a figure nearly circular.

To the formation of this scab I must desire the reader to attend particularly. It may be considered as the work of nature to relieve herself, which gives some respite to the patient from the more distressing ravages of the disease; and it is, for a time at least, a defence from irritation and further ulceration. I have known it remain for months and years; and it supersedes, in some measure, every topical application. This, however, can only last for a period; and if it be picked off, or otherwise irritated, rapid ulceration will probably follow. But it may happen, in some cases, to fall off, and to be renewed from time to time, without much increase of irritation. At first it is hard, and, as was before said, crusty, and this crust may increase as the discharge increases and accumulates; it softens however by degrees, and at length becomes a slough.—Let not this appear a trifling circumstance, for the prolongation of life

depends on this scab, in as far as it checks the progress of the disease to ulceration, which latter, when once established, is sure to lead to fatal consequences.

Before I proceed to the further progress of ulceration, in the species of cancer just described, I must remark that it is of the true and unequivocal kind. It may be compared to the hardened, crusty, shining tumors, found in cases highly leprous in the hands, called Rhagades:—not that species of Rhagades which occurs frequently in Lues Venerea; but a disease of the leprous kind, as will be shown by the adjoining cases.

*Case: 1st and 2d.—Father and Son.]* A man, between fifty and sixty years of age, corpulent, and of a coarse florid complexion, with a settled redness in his cheeks, and with light hair, was subject to hard, thickened, and elevated Rhagades, with a yellowish white crust, in the palm of one hand. To this complaint he had been subject for many years. It first began constitutionally with a scorbutic kind of eruption on the head, after he had been cured of the itch. Upon the eruption going off from thence, it attacked one hand; and after continuing there for some years, the affection left that hand, and attacked the other, in the same manner. It would be sometimes scurfy, dry, and scarcely elevated above the skin; when in that state, it was no great inconvenience, but the skin in the clefts of the hand would at other times be

considerably thickened, and raised into a number of hard, large, purplish kind of knobs. The part was affected with a troublesome itching, and the tumors, upon touching them, appeared to be insensible, or nearly so, as is the case in the true Elephantiasis, and in some cases of cancerous tumors. Every year, as the summer advanced, the Rhagades would get worse, be more elevated, hardened, and of a deeper hue.—The general complaints to which he was subject were head-ache, indigestion, sickness, and irritation at the neck of the bladder.

The wife of this man was of a sanguineo-melancholic temperament, of a swarthy complexion, with dark eyes and black hair, subject to gout, but without any appearance of a scorbutic or scrofulous disposition.

A son of this couple, at the age of eighteen, had a scrofulous affection of one of his knees, which, notwithstanding every assistance that could be procured, ended in an incurable hectic. This young man's temperament inclined wholly to that of his father; like him, he had blue eyes and light hair, but he was of a more delicate make, with a clearer and finer skin. Besides the diseased knee, he had scrofulous glands in his neck; and when he was greatly reduced by the hectic, a hoarseness came on; and on examining his throat and mouth, I discovered, to my astonishment, an erosion of the ossa palati, with an opening nearly an inch in

diameter. There was not the smallest ground for suspecting any thing syphilitic in the case. The Rhagades, to which the father of this man was subject, I take to have been a modification of the Elephantiasis, or species of leprosy; and, from the raucedo vocis and erosion of the palate which affected the son, that he had a like tendency in his habit, but that the form in which it appeared in him was scrofula. The father died of apoplexy; but, for years before his death, the disease (I mean the leprous affection) had a tendency to metastasis. From the palms of the hands, it went to one of his arms, and to the verge of the anus; and between the prepuce and glans penis, as well as at the verge, there were appearances like the Rhagades of the hands. If he had lived longer, and had by any means irritated the affection of the part, it is possible a cancer might have been there produced.

But, to return to the part where we left off to introduce the two preceding cases:—An external, strongly-marked cancer may also be compared, when much distended and tending to ulceration, but not actually ulcerated, to a hard prominent carbuncle before it sloughs, for it has a similar hardness, with a shining prominence; and, if the case be an adherent cancer, upon a broad base, there is a similar immobility and firmness posteriorly.

[Case 3.]—I remember to have been called in, many years ago, to a lady far advanced in life, who had a tumor of the above kind in one groin.

It was immoveable, firmly attached by a very broad basis posteriorly, with a renitent, inflamed, prominent appearance, externally, and as hard as a stone. My opinion was asked, whether it was a cancer or not; and I was sorry to be obliged to say I thought it was,—and such it terminated.

When the disease has proceeded so far as to take on the appearance of a slough, with ulceration, the discharge, pain and enlargement of the gland increase, generally with a sloughing also of parts internally; and a fœtid, thin ichor is discharged, which is copious, and extremely debilitating. So long as the skin remains intire, without ulceration, the health of the patient does not seem to be much impaired, unless the tumor be very large and the distension great. During the progress of the tumor, darting, lancinating pains, with a degree of heat, may be felt, with attacks of distressing sickness and vomiting, and with symptoms of indigestion. Whether these symptoms arise from the sympathy which the stomach has with the pained part, or whether they be occasioned by an ulterior affection of the liver and other chylo-poietic viscera, or both, connected with cancer, it is difficult to say. But the latter circumstances do not prevail in every case.

The debilitating effects of the discharge in an ulcerated cancer are astonishing. Having seen the like effects follow upon opening an abscess under the axilla, where lymphatic vessels had been di-

vided, I am convinced the debility arises in a great measure from the dispendium of lymph and bloody gleet; superadded to which, we know there is great irritation, great pain, and a very high degree of acrimony generated in the parts diseased.

In proportion as ulceration proceeds, the discharge becomes every day more and more acrimonious and foetid, and the disease goes on to other glands, particularly the miliary, in the neighbourhood of that originally affected. Whether the case be of one gland only, increased in size to ulceration, or whether that has connected itself with other glands near it, so as to form a mass by the aggregate union of several, before sloughing or after it, the sore has now many irregular cavities and craggy eminences, and thus it goes on daily spreading, with an increasing discharge, and more and more of fœtor, under which the poor victim sinks at last.

Great management is required to prevent, if possible, the increase of the tumor *before ulceration*, and to keep the skin whole. I cannot therefore but reprobate all heating, stimulating applications, and the use of caustics of every kind.

In place of the latter, the more general practice of excision, if the circumstances of the case admit of it, although a disagreeable alternative, has ever appeared to me the safer of the two: and it cannot, in such a case, be done too early. Bleeding with leeches is a good mode of retardation, but I would avoid the bleeding with leeches on the tumor



itself; for the safer way of applying them, I conceive, is not to the skin immediately covering the tumor, but to the neighbouring parts, around, and at a moderate distance. Thus employed, they have, in many cases, done a great deal of service.

If all endeavours to prevent the increase of the tumor, and keep off ulceration, should fail, whatever painful but tolerable state of health the patient may have had before, and though the mildest and easiest applications only are employed, the alteration will become in many cases immediate; but this is not constantly the effect, because much depends upon the course of the disease,—whether it goes on quickly or slowly,—whether the size of the tumor, or tumors, be large or small,—and on other circumstances also. However, sooner or later, in every case, after ulceration has taken place, the countenance changes for the worse; debility, loss of appetite, a cough, with tightness of the chest and difficulty in breathing, take place; the bowels are sometimes constipated, sometimes relaxed; very distressing sickness and vomiting, in many instances, come on, with colliquative sweats, and the last degree of emaciation and weakness.

Having thus endeavoured to describe an external scirrhus and cancer of the female breast, the progress of which is discoverable by the sight and touch, I shall proceed to what, in my conception, are similar affections, though deeper seated within

the body of this part, which from their depth are not to be traced so easily, but may yet be ascertained with tolerable accuracy, in the same way. And here I must remind the reader that there are considerable glands, of a peculiar kind, destined to the secretion of milk during gestation, besides other glands enveloped in their proper coats, surrounded with cellular and adipose membrane; with the natural apparatus of the nipple, for the evacuation of the milk after it has been secreted.—The use of the nipple, as an outlet, ceases with gestation, and at the usual period of life for child-bearing; probably to remain closed, unless disease affect the breast, and then sometimes a morbid fluid, the consequence of obstruction and cancer, finds an exit there.

The glands concerned in the secretion and elaboration of the milk are much larger than the common miliary glands of the skin; and there is a very considerable one, I believe of this kind, at the upper part of each mamma, particularly liable to be injured by blows. I remember in one case, after the operation of removal, this appeared like the cerebellum in miniature, inclosed in its proper membrane, about the size of a small nutmeg. I have frequently seen it completely diseased, with a scirrhus hardness:—There are possibly more glands within the breast, of the same kind.

During the time of life for child-bearing, and when the milk is elaborated or formed in them,

the breasts have *probably* excretory ducts, for the conveyance of that milk after its secretion. But after the time of life arrives when women cease to breed and to have the catamenia, these glands become useless; and should they become obstructed, and scirrhus in consequence of this, they may produce a morbid secretion during the time that a diseased alteration is taking place in them. If such unnatural secretion be produced, it is stimulating and excrementitious. What becomes of it? It is probably extravasated, or discharged into the adjacent cellular and adipose membrane,—for I cannot conceive there can be any other receptacle; but, if we suppose that there are no excretory ducts, or that they have been obliterated, still there may be a morbid *exudation* (as I have seen, and stated does sometimes take place through the skin, in an external cancer,) and therefore extravasation. And when the gland has acquired considerable size, it may break through the natural coat, and push out one or more of its discoloured and diseased horns, and thence cause a morbid extravasation into the cellular membrane. From the double pressure, first of the enlarged gland, and afterwards of the extravasation, the cellular membrane becomes condensed. It is then formed into different partitions or cysts, each cyst confining the acrimonious extravasated fluid. The confinement of this for a time, in the natural heat of the human body, exalts its stimulus, and increases its malignity. Added

to this, amongst the different glands and parts within the breast, there is an attraction or sympathy, of gland and gland, and part and part; and thus, sooner or later, the whole breast becomes tumid, of a large size, and with disease under the common integuments. When the disease has gone to the next stage, the integuments partake of the general mischief, and the tumors are no longer moveable under the skin, but adherent.

I have some reason to believe that the great internal mass of complicated disease, retained for weeks, months, and even years, in different cases and in different constitutions, actuated by the natural heat of the human body, and of the part itself, tends to produce, both in the cysts and partitions formed by the cellular membrane, sloughs, and sponginess; which, after the breast ulcerates, appear in a variety of fungous forms.

How often have I seen the breast removed so fairly that the greater part has been as it were *one compact tumor*, but with several glands diseased within it, with extravasations which the operator had not foreseen or touched, and with diseased cellular membrane!—Yet the extravasations have been discovered to be large, on dividing the breast, after its removal.

I believe, when the scirrhus and cancerous glands are *deeply seated* within the breast, they may be full as dangerous, and as speedily destructive, as those already described appearing *externally*:—

I rather think they may be more so. The number and size of the glands, the confinement of the sanies and of parts in the act of sloughing, and the volume of the whole breast when diseased, are circumstances which must make some difference between (what I have called) an external and an internal cancer of the breast; but the specific character is the same, in both.

We cannot judge so accurately of an internal as of an external cancer, because we cannot see the progress of it so distinctly, the removal of it taking place generally before the tumor makes its way to the skin; but, whenever the case is otherwise, and whenever what has been suffered to make its ravages internally at length comes forward to the skin, then the like hardness, the same red or purplish shining blush or renitence, the same, or a greater, degree of craggy irregular appearance, the same state of the veins, the same spreading ulceration, the same, or a greater, degree of fœtor, and other local and general consequences, follow. From the vast size of the whole breast, from the number of glands diseased, and from the quantity of cellular hardness, either vitiated or in the act of sloughing; from the too frequent dark, hard, and even spongy, projections of different parts of the gland, or aggregation of glands, showing a diseased and much altered vascular state; from the dispendium of lymph and bloody ichor; these internal cancers are often more speedy in their

progress, and no less destructive in their consequences, than the external.

Distinct glandules, or glands, in an external cancer, are extremely evident in the early, as well as advanced, state of the disease; and they are no less so in, what I have just called, an internal cancer of the female breast. They may, and do, frequently, become concatenated by degrees, so as to form a glandular mass; but in their primeval state, they are distinct germs of cancer. The tumor, when a single gland is apparently the whole of the disease, and also when several have combined to make a mass, is at first circumscribed and roundish, and afterwards may become, though not always, irregular; and the propagation or multiplication of the tumefied glands, externally or internally, may go on in the neighbourhood of the part, to a great extent, and even to remote parts of the system, far distant from the original seat of cancer. But these circumstances do not take place till towards the close of the disease; and this shows, that after the disease has long subsisted, there is probably a general glandular sympathy or correspondence generated by it throughout the body, or, if this be not the case, it goes a great way towards proving that cancer, like scrofula, is, in many instances at least, a general, and not a local, affection.

It must be noted that in both these species of cancer, the neighbouring glands towards the axilla, and the lymphatic glands within it, either

from irritation, or the absorption of the cancerous matter, or both, may become affected. At what time this affection may happen is very uncertain; it may be at an early, or at a late period: it may arise after a gland has been injured and become diseased from a blow, as well as in other cases where no such circumstances have occurred.

The general course of a cancer is slow, when compared with the progress of phlegmon, erysipelas and carbuncle; so much so, that the change from a quiet to an irritable state (though it may be in some instances rapid) is the work of months, and even of years. Thus it may be truly said that there are chronic as well as acute cancers; and this is a very necessary and important distinction, in as far as by this knowledge, the conduct of the surgeon in its treatment must in a great measure be directed. He should never lose sight however of the rapidity with which it sometimes increases, not only in women but in men. Of this I shall hereafter produce instances; and though it may not be so quick in its natural progress as phlegmon, erysipelas and carbuncle, yet it frequently becomes suddenly painful, after remaining for a time indolent; and in a fortnight, or in a week, or even in a few days, irreparable mischief may ensue. Just as the progress of infection, arising after inoculation with small-pox or with vaccine matter, proceeds from small points or beginnings, at first slowly, and afterwards quickly, so, in proportion to the age and date of a scirrhus or cancerous

tumor, is its course increased as the disease goes on towards its acmé; and after an uncertain and indefinite time, it may be said to grow daily more and more, until it bursts at length through the skin.

The attempt to cure or to relieve this terrible malady, by whatever means it be made, cannot be entered upon too early; for the more indolent scirrhus is constantly liable to change its form, from many accidents, and to become larger and more irritable: so that if it be advisable to remove it by excision, the operation cannot be done too early.

Three things ought here to be added to my former observations.—*First*, it appears from the former description of cancers of the breast, viz. external and internal, that they are the same disease;—and so I still believe. The miliary eruption which spreads on the skin, like herpes, appears often as a secondary effect; but I conceive it to be the same disease. I know, however, that its spreading itself on the superficies seems to give it a different character; but it is only a modification of the known character affecting the skin\*. When the like or a similar com-

\* Miliary Cancer seems allied to Erysipelas, which is also a disease of the skin; and it may be the disposition to Erysipelas which disposes the disease to make its ravages more particularly on the skin. It is clear that one kind of habit is inclined to Erysipelas and another to Phlegmon; and it may be the constitution of



plaint attacks the internal parts of the breast more deeply, it may not perhaps be improperly called Phlegmonoid Cancer; and the herpetic or superficial kind, Erysipelatous Cancer.

*Secondly*, I would observe that there is a particular kind of cancer, or a common cancer in another habit, which collaterally affects the lymphatic glands differently from other cancers, and not so rapidly. That there may be an extension of cancerous tumors from the breast to the axilla, I know; but I mean that there are lymphatic glands in the axilla, which may also be affected,—by *irritation*, in the passage of the diseased fluid through them from the breast.

*Thirdly*, these very lymphatic glands, I suspect, should not be touched with the knife; for if they be, a swelling of the arm will follow, ten times more painful than the disease itself, owing to the distention of parts essential to the larger lymphatics of the arm. And the question is, whether absorption of cancerous matter takes place, and whether before ulceration, or after it? Where there is no wound or breach of skin, I suspect it does not; and if they swell, it is from irritation, in such case. The absorption of a poison, as Small-pock and Vaccine matter, is through breaches or wounds

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the party, and the circumstances of that constitution as altered by ingesta, mode of life, and debility, which may produce the former instead of the latter.

in the skin: here the poisons are known; but in cancer, before ulceration, such facts do not appear; nor indeed is a poison evident afterwards, for we know not whether the cancerous fluid be poisonous or not. But the conclusion is, that, however large the tumor of a diseased breast may be, there is no proof of absorption of matter; for the symptoms of hectic fever are found only *after* ulceration, but the symptoms of irritation come on *before* it:—a distinction, I apprehend, of the greatest importance.

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There seems to be a predisponent, an exciting, and a proximate cause, in the production of every cancer. Thus, a blow on a glandular part may be the predisponent cause, but the exciting cause may be whatever is capable of putting the first cause into action and further motion. If I take a number of persons, and suppose them all to have received injury by the predisponent cause above-mentioned, the particular habits of these persons may come in as auxiliaries, to carry on the effects of the blow. Here then an hereditary disposition to cancer, a tendency to lepra, to cutaneous diseases, or what are vulgarly called humors, by a kind of metastasis to the injured gland, may become exciting causes. But when no such accident has happened, these are of primary consideration, and may be predisponent causes to other cancers;

and we must look elsewhere for the exciting cause. We know that, in women, as age advances to a certain period, a remarkable alteration of structure takes place in glandular parts: those in the breast, which were destined for the secretion of milk, become useless; and the uterine glands are no longer influenced by menstruation; added to which, other changes do frequently take place, at the same period, in the whole system or general economy of the body, and these incline many women to erysipelas, gout, rheumatism, asthma, and to congestions in various parts, but more particularly in the legs. Any of these different affections may be the exciting cause: thus, what were after a blow exciting causes, may be predisponent under different circumstances, where no such accident has ever happened; and in this light I must consider an hereditary disposition to cancer, a tendency to lepra, to cutaneous diseases, or what have been termed humors, as predisponent or exciting. In such cases, the co-operation of the predisponent with the exciting cause produces a third cause, which may be called the proximate in the formation of a scirrhus, which I take to be the first germ or beginning of cancer. In the chimney-sweeper's cancer, their occupation, that is to say, the climbing, is the predisponent cause; soot, and want of cleanliness may be the exciting causes; and the combination of the two produces the proximate cause; showing itself by a small

tumor or wart, in the most early stage. So, in other warty kinds of cancerous tumors in old men and women, and in the noli-me-tangere of the face, a disposition to cutaneous eruptions, and to affections of the small miliary glands of the skin, may be the predisponent causes; whilst age, and local irritation by picking or scratching, prove to be the exciting causes; and the union or coincidence of both forms the proximate cause,—giving rise to the small incipient miliary enlargement, and consequently to an obstinate spreading ulceration.

Amongst other causes, cancer has been conjectured to arise from animalculæ.—The Dracunculus or Guinea-worm has been found under the skin, but not in glandular parts particularly. And the following account shows the existence of such things, without the production of cancer.

Case 4.]—A working gardener applied to a surgeon about a pain, of uncertain recurrence, on the forehead, the consequence, as he thought, of a former fall. His pain grew more and more violent in the fits, and all the circumstances were such as induced the surgeon to suspect an injury of the skull; he therefore made a crucial incision through the integuments, when, to his no small astonishment, a living worm, one inch and a half in length, was found to have been the cause of the pain. This fact was so well authenticated that I have no doubt of its truth, and the worm I had once in my possession. As the fall had broken the skin

originally, into this opening the animalcule might have crept or have been thrust; and the skin having afterwards closed, either partially or fully, the growth of the worm was the probable cause of the suffering.

Cows have ticks in their hides, and horses have botts in the rectum; and, in summer, sheep are subject to maggots in the skin, and animalculæ have been seen in their frontal sinuses and liver:—horses and cows are subject to lice, in winter, through the want of cleanliness, and from bad food:—the human race is subject to the morbus pedicularis, &c.—and worms have been found in ulcers:—how far any of these circumstances may be applicable to cancer, or be the means of keeping it up, I do not know, but a very well informed lady of my acquaintance, who fell a victim to the disease, was strongly impressed with the idea that it was occasioned by animalculæ, or by something burrowing under the skin.

Cancer has been said also to be owing to Hydatids. Having, a few years ago, seen a large quantity of them within the tunica vaginalis and upon the tunica albuginea testis, without any disease of the body of the testicle, which case did well by opening the sac largely, I am in doubt as to any connexion they may have with cancer. However, in an operation performed upon the above lady, I well remember to have seen an Hydatid-appearance of the cellular membrane, or

what I took to be such, during the removal of the breast; the knife having made a division of soft, not of glandular parts, which looked much like Hydatids, when cut transversely. I considered the circumstance as a peculiar mark of the disease having extended to the cellular membrane: I had never before seen this appearance, nor do I recollect to have observed it since. It was however so remarkable that I noted it down, and concluded, as it was not glandular, nor the effect of cold, that it must arise from the disease having extended its influence beyond the apparent cancerous affection, to this adjacent cellular membrane. The operation was performed many years ago, before the more modern practice of saving a great deal of skin and of uniting the wound by means of the dry suture was in use.—The disease returned, although the wound had healed for some time.

If the cause of some cancers be a virus, I suspect it is not, strictly speaking, *sui generis*, as the small-pox, but an affection of the leprous or of the elephantiasis kind; and this may in some measure account for the great frequency of its repullulation.

As to the quick progress of the disease from one gland to another, that may depend on a glandular sympathy or attraction: or, the tubercle or gland may be compared to the bulbous root of a plant in the earth, or to a fungus or toad-stool on the bark of a tree, which vegetates in every direction; for

fungous excrescences are common on the bark of the oak, the larch, and on other trees. What is an ordinary wart, but an excrescence growing in the skin and common integuments? These, though not cancerous, are a species of morbid animal vegetation. How far the removal of a wart may cause it to sprout again, increase, or be the means of propagating others near it, I cannot say; but, in cancer, most certainly, a partial or imperfect removal will be followed invariably by a fresh sprouting of disease, and also by other cancerous tumors in its neighbourhood. And, even when the whole of a diseased part seems to have been taken away, there frequently remain younger semina or roots, which in time will carry on the propagation of the disease, although the great original mass of mischief be extirpated:—hence it may be that the complaint so often returns, to baffle all our curative endeavours.

The semina may be so small as to escape the most careful and penetrating eye; there may be also a disposition to disease which we cannot conquer;—a disposition possibly partial and general, —attached both to the part itself, and to the constitution.

My present observations on the predisponent, exciting, and proximate causes of cancer were taken from what I have seen, and from publications in which I had mentioned most of the facts many years ago, the truth of which has been con-

firmed by subsequent experience. I have endeavoured in former publications\*, and in the present instance, to show the probable connexion which cancer has with scrofula, lepra, elephantiasis, and hereditary diseases of the skin; and I shall hereafter bring some additional proofs that this cruel disease runs in many families, from parents to their offspring. I have entered rather diffusely into the consideration of these causes, thinking it may lead to a more thorough knowledge of the disease:—how far I may have done it properly or not, it must be left to others to say. These intricate, but, to me, important questions may however serve as inquirenda, for the sagacity of professional men.

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*Fungous Excrescences.*—The sides or walls of every diseased gland, whether large or small, are formed by the condensation of cellular membrane:—this makes its external coat, and, in a natural state of the body, confines and limits the size of the gland. Whenever a ripe cancer, if I may use the epithet, can force its way through this coat and the external coverings, by its growth, volume, and state within, then the part not only ulcerates, but has a disposition to throw out a fungus, which

\* See an Address to the Governors of the Middlesex Hospital, at the first opening of Mr. Whitbread's Cancer-ward.



gleets largely:—and these fungi are of various forms. The external coverings having sloughed, there are no natural means left to restrain their growth; they therefore continue growing, sometimes to a large size, extending from part to part, and from gland to gland; producing a spreading and an eroding ulceration. The immediate rise of this destroying ulceration seems to be from a peculiar acrimony generated by the disease itself, with which, by the melting down of parts, the whole sore abounds; and, in particular, from the altered glandular secretion, becoming highly stimulant, fœtid and noxious.

The action of putrid vapor, when conjoined with cold more particularly, may produce Dysentery:—the mucous membrane of the intestines, when the disease is established, becomes affected, and a morbid secretion is brought on:—how far the putrid vapor from cancer may or may not be similarly infectious, I cannot pretend to determine, though I should rather say that *it is not*, for if it were, I should probably long ere this, have fallen a victim; but, to a certainty, the putrid discharge in Dysentery is infectious, and may propagate the disease. Why do various irritants, under the more ordinary form of purgatives, for instance, severally produce their effects on the same membrane, but because there is a specific, I mean peculiar and determined, mode of action inherent in them? If, after long detention, a putrid

secretion or putridity of any kind once bursts forth from a gland, it will irritate and communicate the same indisposition to other glands; and this morbid affection acting locally, by its accumulated acrimony corrodes and carries on a widely extended ulceration;—but close observation shows the effects of different applications to the diseased living body, and their operation on the part, in correcting, ameliorating, and altering the stimulating and fœtid properties of the discharge. A progress towards this point has actually been made, and it is well known that a carrot-poultice, a fermenting poultice with yeast, and Wiltshire Holt Water, have been in many cases beneficial in their effects, *as palliatives only*, for the disease goes on notwithstanding, making its ravages in the part, and disordering the whole system in a very wonderful manner.

There are red and discoloured fungi in this disease; and both kinds may be adherent. The first kind I have seen in the forehead, with a base firmly fixed in the pericranium and subjacent bone; also within the mouth, adhering to the jaw-bone, in like manner. And, after the removal of a tumor, which was rather obscurely moveable on the inside and upon the joint of the knee, a similar fungus shot out, soon after, to such a size, and with such symptoms, as could only be relieved by the amputation of the limb. All these tumors were, I suspect, glandular originally, and became

fungous afterwards, from the sloughing of their coats. But in cancerous polypi of the nose there seems to be no glandular affection, and perhaps in some other cases; though, in certain encysted tumors, a large gleeing fungus may arise, which, unless capable of being removed, will destroy, as certainly as any cancer whatever,—and yet belonging to a very different class of diseases. However, the parietes of a sac of this kind may coalesce after suppuration, by the contact of surfaces; for accidental adhesion may take place in these tumors.

It is very remarkable, that in many women whose cases are truly cancerous, there is an habitual, sometimes very obstinate, tendency to costiveness. It is of great practical use to mention this circumstance, for, by the proper administration of purgatives, whether of the lenient or more active kind, according to the habit, much relief may be afforded, in conjunction with other means, towards keeping the progress of a scirrhus at bay. And this is more particularly necessary in such women as have also a tendency to nausea, indigestion, and a dry kind of vomiting, with head-ache; in which case, an emetic also may occasionally be of service, with strict attention to diet.

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The same causes which give rise to cancer in the female mammæ, may operate, with even more malignity and effect, on the *uterus*.

A tendency to plethora in some females is extremely strong, both in the unmarried as well as the married, whether the latter be barren or not; so that, independently, and as it were in aid, of the usual catamenia, nature frequently endeavours to relieve herself by the hæmorrhoidal veins, and hence such women are subject to piles. Whether it be, that the determination of the circulation and the living power, during the natural progress of the menses to their neighbouring part, inclines them to this; or, whether it be a superabundance of blood, or local plethora, which the more natural evacuation cannot carry off sufficiently, which is the occasion of this additional effort to empty the vessels, I cannot say; but the fact is certain. And this plethora is much excited by indolence, want of exercise, a full and luxurious diet, and by the combination of these circumstances.

*Piles* are very common, not only to breeding women, from the pressure of the gravid uterus, but frequently to the unimpregnate also. And there is another circumstance, very fashionable, and of no little importance, as predisponent to cancer in the mammæ and uterus, namely, the preposterous custom of women,—*not to suckle their own children*—however able they may be. The repulsion, or even the endeavour to get rid, of the milk, is against nature, and never goes unpunished. In the first instance, a foundation is laid for subsequent affections of the glandular parts of the breast;

and, in the second, injuries befall many female constitutions, by promoting too frequent a recurrence of gestation, before they can recover sufficiently from the inconvenience and weakness incident to child-bearing.

The rectum in men, and the uterus and rectum in women, are the natural drains or purifying outlets of the body. The uterus is disposed not only to partially increased circulation and consequent discharge, periodically, but to the influence of obstruction, the action of cold, and the passions and affections of the mind. These at all times, and at all seasons, may derange its natural economy. Hence, I apprehend, any fugitive or wandering humor or indisposition of the system, whether in the form of a cuticular eruption, or in any other, may attach itself to the glands of this organ, and produce cancer.—In many instances of affections of the miliary glands of the skin, externally, it seems to be, as was before observed, a cutaneous disease allied to *Lepra*.

There is not only a natural but a morbid sympathy between the uterus and *mammæ*; and a considerable part of the structure we know is glandular. Here are then two leading circumstances which predispose to cancer in those parts. In single women the sympathy is no less striking than in the married—in those who have had children than in those who have had none: hence this organ appears to be so strongly inclined to disease. I have

lately had an instance of what I believed, for some time, to be a cure of a scirrhus of the breast, which appeared to have a cancerous tendency; but it proved to be in reality only a removal of the disease, by metastasis, from the breast to the uterus; and the affection of the latter proved fatal. This case will be given, with some others, at the end of the work.

This morbid kind of sympathy is by no means uncommon. The uterine affection generally takes place at the same period, or nearly so, with that of the breast, namely, when the menses are going off, or gone; from the age of forty-five to fifty, or more. And when an irregular evacuation continues beyond the usual period, attended with pain, it strongly implies disease of some kind or other in the uterus itself. There may however be critical hæmorrhages from the uterus, which may tend to unload the vessels, being really efforts of nature to relieve herself, and not marks of approaching, or of existing, disease, analogous to bleeding at the nose; the preventive of apoplexy.

Amongst other circumstances which may possibly predispose the uterus to cancer, are the remains of the Lues Venerea. These remains, in the form of ulceration, or of excrescences, produce symptoms resembling it, by the irritation they occasion. But the difference is to be distinguished by the age of the patient, by due attention to her history, and to that of her husband, if she

be married. Discrimination, however, is not always easy, and is indeed, in some cases, it must be confessed, very difficult; because verrucous, condylomatous, and fungous excrescences, as well as ulceration, may take place, not only in the posterior part of the vagina, out of sight, but in the very neck of the uterus itself.

The state of the uterus, when affected with either scirrhus or cancer, being an internal organ, can be known only by examination, and by the symptoms. If there be any scirrhusity within reach of the finger, a hardness will be felt, as in any other circumscribed tumor; frequently craggy and irregular. Sometimes the whole of the *Os Tincæ* feels indurated; and from the almost constant bearing down of the uterus, the *os internum* approaches nearer the *os externum*; and the vagina is thus shortened. If the cancer be ulcerated, that ulceration surrounded by hardness, or by a thickened edge, may sometimes be felt; and may be known by the quality and quantity of the discharge, and by other distinguishing circumstances, viz. itching,—pain, fixed or darting,—a sense of weight and irritation, in the uterus and its neck;—with bearing down, and with a discharge, not much discoloured perhaps at first, but thin, and sometimes stimulating;—afterwards becoming sanious and fœtid:—together with hæmorrhage, pains in the loins, groins, and over the pubes; and, from consent of parts, with great uneasiness

in the bladder and rectum. Sometimes fluid blood, sometimes clots of corrupted blood, are discharged, with great pain and forcing down. From the want of rest, with pain, acrimony and quantity of discharge, night-sweats, hectic fever and cough, the last degree of emaciation and weakness comes on.

Having thus far endeavoured to describe the history and more usual seats of cancer, it will be necessary to call the reader's attention to other parts of the human body, where the same distressing malady *may* prevail.

Scirrhus, and probably cancerous, tumors have been found within the head, and within the orbit of both eyes; nay, the whole globe of the eye has been cancerous:—fungous excrescences have been found within the eyelids, apparently cancerous; with great irritation and spreading ulceration. A cancerous affection may also take place in the tongue, from a small beginning, as it does in other parts; and may owe its origin to a single diseased papilla, or gland. When ulcerated and more advanced, it is marked by a singular turgescence, and by numerous ramifications of the veins, under and about the tumor, with deep cavities and eminences, of an irregular form, with hardness, and with thickened edges to the sore, and a hardened, and generally an immoveable, base, with discharge, &c.

These appearances I have more frequently observed in persons of a sanguineous temperament,—of a clear, florid complexion, with light hair and



blue eyes,—generally advanced in life,—and but once only in a person under forty. The numerous glands which enter into the general structure of the surface of the organ, and the approximate glands, need not be enlarged upon; suffice it to say, that the disease here, as in most other parts, is a glandular affection, in the first instance; the muscular parts of the tongue being injured only secondarily, by a spreading ulceration and corrosion. As in other cancers, so in this, *irritation, from whatever cause it may take place, may produce local cancerous affection.*

Case 5.]—A gentleman had an ulceration and an enlargement of the tongue, to such a degree as to be double its natural size. This had continued seven years, sometimes better, and sometimes worse. He was under the care of the late Mr. Percivall Pott; but before this, by other advice, he had been under a mercurial course, after the Montpellier method. His case stood upon a venereal basis: the disease had been palliated by mercury: it was kept in a state of suppression, without being cured; and, from the long continuance, had been supposed cancerous. In a few weeks, by the great antiveneal power of mercury, by the full affection of the mouth, and by confinement to the house, he was cured. Some years afterwards I had an opportunity of seeing him perfectly well, as to the former venereal affection and supposed cancer.

Case 6.]—Another gentleman, having an obstinate spreading ulceration, without any other symptom, which was supposed to be cancerous, was cured in the like manner.—And here I may observe that the venereal sarcocele has been frequently (when the only symptom) mistaken for a scirrhus testis. But all these cases give way to mercury; and its operation upon such a one, points out the true character of the disease.

In persons afflicted with this complaint in the tongue, I have remarked a spongy scorbutic appearance of the gums, and bad teeth. Some reputed cancers of the tongue have been occasioned by wounds from jagged sharp points of decayed teeth. Others I have known to depend on a venereal basis, and such are curable by the full and fair action of mercury. To a man of judgment and experience, the aspect of a cancer of the tongue, when connected with the history of the case, may probably point out the disease; but having seen reputed cancers, mistaken, but cured by mercury, I am strongly inclined to recommend this medicine in every doubtful and equivocal case, more especially where syphilitic symptoms have preceded, either lately or ever so remotely. Let the form in which it is used be fumigation with cinnabar, and that, in the first instance, without any other preparation of mercury, so that the fume may produce a full and fair local action.

Of a doubtful nature, but perhaps allied to

cancer, are some excrescences arising within the mouth.

Case 7.]—About thirty years ago, Mr. Percivall Pott removed a tumor of this kind, from a boy, with the actual cautery. And a like cure was effected some years ago, in the Middlesex Hospital, by the same means, by my worthy colleague Mr. Samuel Howard:—but cases like these rarely happen. As the stronger chemical caustics are not admissible within the mouth, the only application which gives a chance of removing the whole of the part diseased, with safety, is the actual cautery: and in such cases, principally, has modern practice ventured to apply it.

Those *Polypi* of the nose which are not cancerous,—the polypi of the vagina, in the like predicament,—and the fungous excrescences within the rectum, originating in piles, and not actually of a cancerous disposition, are to be distinguished from cancer. But there are some hard, incompressible polypi of the nose,—some tumors in the vagina, probably,—and some affections of the rectum, certainly, which are truly cancerous.

The *Noli-me-tangere* of the face takes its rise from a small beginning, like a pimple or little wart, which is probably a diseased miliary gland of the skin. The discharge after ulceration produces a scab or crust. Should that crust be rubbed off from time to time, it is exposed to the air, being sometimes in an incrustated state and sometimes as

a sore, from picking or handling. Under these circumstances, with a strong predisposition in the habit, a creeping and spreading ulceration comes on, slowly, if the part be little irritable; but it is sometimes so irritable that the mischief extends with great rapidity.

Case 8.]—An incipient case of the former kind, having the appearance of a small tumor on the side of the nose, I once cured, by keeping the part covered constantly with a powder composed of two parts of Lapis Calaminaris, finely levigated, and one part of Pulvis Cerussæ.

The employment of the above dry, astringent, sedative, and, I may add, incarnative powder to painful, irritable and phagedenic sores was so far new as to be my first time of using it. I had, many years ago, seen the Pulvis Fuscus used in St. Bartholomew's Hospital, to hasten the cicatrization of sore legs. This was a composition of Lapis Calaminaris, levigated with a small quantity of Myrrh, with which the sores were powdered with a puff, and covered, without lint, with Ceratum Epuloticum. It was very useful in promoting both incarnation and healing; and, if I mistake not, the same, or a similar, application was employed by the ancients to promote the healing of wounds and sores.—Now, as cancer resembles, very much in one respect, a phagedenic sore, for, like it, it is highly irritable, often spreads, and destroys the skin, cellular membrane, and glands even, at a

great rate, I adopted this composition *by analogy* in the above case, as it was not only likely to remove the extreme difficulty to give ease, but to prevent the extension of corroding mischief\*.

Case 9.]—In a second case, in a much older person, the ravages have been checked, for years; by the same means; but the complaint still subsists.

Case 10.]—A gentleman came from one of the West Indian Islands to England, to get medical advice for a large spreading ulceration, which the faculty supposed from its obstinacy and duration to be cancerous. The port he landed at was Plymouth. He there consulted a surgeon, who advised him to apply a carrot-poultice. On reaching London, he applied to another surgeon, still thinking his case cancerous; and this gentleman, seeing the sore in a tolerably good state, recommended him to continue the application. In a very few

\* The hint for this composition I took in part from Mr. Adair Hawkins, who, without ever having employed it in cancer, had frequently applied it to phagedenic buboes. His method of using it was in the form of a dry powder, but combined with *Cort. Peruv.* This remedy was powdered on with a puff, so as to make a wall or covering of the composition. As fast as the covering cracked, the crack was filled up, to the exclusion of the external air; and under this, the spreading and phagedenic sore usually healed. In the exact form recommended by Mr. Adair Hawkins, I first applied it in the Middlesex Hospital, to what was conceived to be a cancer in the groin; but the sore being of great extent, it rendered all endeavours fruitless.

weeks he was perfectly cured. But, let the character of the complaint have been cancerous or not, I think some part of the cure must have depended on the change of climate, and the sea-voyage; although I give due credit to the use of the carrot-poultice.

That carrots will take off the fœtor of cancer, there can be no doubt: I have seen them do more,—they have not only cleansed, but have caused the healing and cicatrization of some parts of a cancerous sore. The disease however in this case kept going on with the destruction of other parts, whilst the patient's general health, during this time, was passing from bad to worse, and he daily getting weaker.

It is mostly supposed that, in a genuine cancer, mercury not only does no good, but a great deal of harm. However, in another *reputed* [Case 11.] *cancer* of the face, a strict mercurial course produced a lasting cure.

To decide between venereal and cancerous sores is by no means easy, where ulceration is the only symptom; and the true nature of a case can sometimes only be known by experiment, that is, by a fair trial of the effects of mercury.

Case 12.]—I remember a case of this kind, in a young man who had been venereally injured, in which a crusty, horny sort of substance pushed forwards from the middle of one cheek, until it acquired an elevation of more than half an inch

above the skin, and was then followed by a rapid ulceration:—this was the only symptom. The ulceration could not be stopped in its progress, until the fullest effects from mercury were produced; and these effects I found it necessary to keep up, for a considerable time before the sore would heal. If these effects had not been of the most decisive kind, I am almost certain that the sore would never have healed; or that it would have put on the old, or some other, form. These last cases, no doubt, stood on a venereal basis.

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Cancers of *the lip* are more frequent in men than in women, and occur generally in the lower spheres of life\*. They arise from small beginnings,—are followed by a corroding kind of ulceration,—general hardness and thickening of the lip,—large discharge,—excavations, and fungous risings. But it is possible to have *reputed cancer* in this part, depending wholly on *syphilis*. The tumor, if small, may be known not only by its aspect, but by its hardened base, and by its firm attachment to the substance of the lip. In its more early state, it may possibly be moveable; but I have more frequently seen it adhering to the subjacent parts.

\* The disposition to cancer in the *lip*, in men of the lower orders of life, *may* have its origin in the habit of smoking tobacco, which produces the liability to *irritation* on that part, from the accidental adhesion of the tobacco-pipe. E.

There is a species of cancer which is very common to a body of people who are greatly to be pitied, namely, *Chimney-sweepers*. This begins generally in the rugæ of the scrotum, by what has been called the soot-wart. This wart, from the itching and uneasiness it at first occasions, and from the part being frequently rubbed in the act of climbing and descending in chimneys, is often scratched and otherwise irritated; thus a constant stimulus is applied. If one small wart is picked off, another soon supplies its place; and, at length, there is not only a horny crust, if I may so call it, but a thickened base beneath, proceeding inwards, until a spreading ulceration is produced, and the testicle itself is affected with disease.— I have seen the soot-wart not only on the scrotum, but on the hand.

Analogous to this, but of a different species, are some other hard kinds of tumors, which have been observed on the face and on the legs of old people; and it is worthy of note, that a mere superficial sore, of the skin only, if constantly irritated by the nails, may have crust upon crust form upon it, and last for weeks and months, until an actual disease takes place in the part. I knew a gentleman, who, from the slightest excoriation, by riding on horseback originally, had scab after scab, for six months; and unless he kept his fingers off it, it continued for an indefinite time, and



might have been attended with serious consequences.

With respect to diseased Testis, so much has been said by Mr. Percivall Pott, and by others, that but little can be added. In these, however, as in all other scirrhus and cancerous affections, the disease will go on, either slowly or rapidly; and the surgeon cannot be too much upon his guard against the latter, for I have known a testicle capable of removal, from the freedom of the spermatic chord, which could not [Case 13.] be taken away on the same day of the week following, with any prospect of success, owing to the very quick progress of the disease in the chord.

Case 14.]—I also remember well a consultation by letter from the country, in which the surgeon had described a case, with great accuracy, and mentioned particularly the rapidity with which the disease was advancing.—Mr. Pott's answer was decisive and short; in these few words:—“*Let the testicle be removed, immediately.*”—The operation took place, and the patient was saved from what must otherwise have brought on a speedy and painful death.

Having mentioned the Chimney-sweeper's cancer, I must note another species of disease, somewhat similar, affecting the scrotum, and testis also.

Many years ago, I was desired to see a poor man in the country, from whom one testis had been removed, some time before, the particulars of which I could not learn. After the operation, the disease attacked the other testis; [Case 15.] and when I saw him, there was a deep slough in the scrotum, with some hardness of the testis. This slough, I understood afterwards, separated, and the man recovered, without a second operation.

A gentleman, living in Goodman's Fields, had one testis removed; and disease came on afterwards in the other.—He had a distempered, plumbean kind of countenance. In this remaining [Case 16.] testis there was a diseased hardness; and in the scrotum there was a slough, which primarily attacked this part, and affected the testicle afterwards\*.

Cases, 17 and 18.]—I have since seen two other cases, very similar to these, but not so far advanced. The event of the first I could not learn: the second ended in the removal of the testis; and the same indisposition attacked the other afterwards. Whether these were scrofulous, in the common acceptance of that word, I do not know: I think it most probable that they were cancers of a particular kind. Whatever the disease may have

\* This person died suddenly, whilst under my care; but I had not an opportunity of examining the body.

been, it is very like that which I am about to describe, although the seat of it be different.

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A gentleman, aged about 45, was attacked by, probably, a *new* species of cancer. Having, as he conceived, slept in a dirty bed abroad, a hardness and a scaly eruption came on one shoulder, nearly upon the head of the humerus, resembling Lepra, but which terminated in a slough. This appearance, after some time, subsided, and caused the mark or cicatrix of a previous ulceration. After the complaint had left this shoulder, in a few months it attacked the other, below [Case 19.] the point of the shoulder, upon the upper part of the deltoid muscle, where a kind of indolent tumor, or hardness, arose, about the size of an egg; not in the muscle itself, but in the integuments. This hardness went on slowly through the course of some months, and without much pain, until the skin became of a purplish hue, like a boil, but not so painful; and this was followed by a slough, which separated in a sluggish way, and left the muscle bare, deprived of the cellular and adipose membrane, and of a part of the skin. Then the sore healed.

The gentleman's health was in a declining and very precarious state, before the appearance of the disease, and as it went on, he recovered. Finding only a local and external complaint, under in-

creasing health, it was suffered to go on. I had never seen any thing similar, and it seemed to be a *non-descript*. I was happy to find that the ravages this complaint made were *external*, and that health was restored. It is now sixteen years since its first appearance: he has had at least fifty such tumors, during that time, following precisely the same natural progress. As one goes on to cicatrization, others arise, and proceed in the like course, vegetating, increasing and sloughing. The time of growth of these tumors seems to be during the winter and spring, and the time of sloughing, which gets to its height in August or September, is during the summer; after which, the sores heal. From the shoulder to the elbow, the skin is all scar; and the disease has sometimes extended to the fore-arm, having passed over the joint without producing disease within:—it has however occasioned some degree of contraction; and the tumors which have formed below it, press upon the flexor muscles of the fingers.

In my humble opinion, this very singular affection is constitutional, and probably leprous; its seat is in the skin, and in the cellular and adipose membrane under it. It produces, ultimately, a sloughing of the common integuments. It affects the subjacent parts, viz. the muscles, only in as far as the sloughing leaves them naked, and without the natural covering: it neither ulcerates the

skin, as a herpes, nor does it corrode the subjacent parts.

It is impossible to conjecture what could have determined this sort of humor or affection to the arms only; but I am inclined to think that if the like humor had fallen upon the integuments of the scrotum, being immediately in the vicinity of an important glandular part, a cancer might have been occasioned, resembling those I have described.

Notwithstanding what has been said, as to cancer being generally and properly a disease of glandular parts, the above affection may lead to a *different sort of cancer*, having its seat in the skin, and in the cellular membrane under it; and if at any time it affects the glands at all, it may injure them secondarily.

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*Cancer of the Penis.*—I have described a leprous affection of this organ\* which showed no tendency to become cancerous, but probably would, if irritation had been applied. I see no reason why irritation, induced by any accident on a part so predisposed, may not produce cancer. The structure of part of the glans is, no doubt, villous, but connected with these villi are the glandulae odoriferæ; and as we daily see the sebaceous matter

\* Vide Case 1 and 2; particularly at page 22, line 14.

of these glands becoming acrid and stimulating, from detention between the glans and prepuce, through want of cleanliness, can it be a subject of wonder that, where a leprous affection prevails in the habit, such parts should be affected with cancer?

The laws of Moses ordained the custom of circumcision amongst the Jews, and the custom has prevailed with these people ever since. It has generally been imagined to be a religious ceremony, to distinguish this nation and its descendants. The practice originated with them; but it has been adopted by the modern Turks, and, I believe, by all those who are the followers of Mahomet. From the account given of Lepra in Leviticus, I suspect there must have been some other reason for its introduction amongst this people; and it may have been adopted by the great Lawgiver, not only as a religious institution to distinguish them from the Egyptians with whom they were long in bondage, but as a salutary medical precaution to prevent the propagation of the leprous infection amongst themselves, or from receiving it from the surrounding nations, with which they must have had intercourse.

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In the divisions made of cancer in the *femate Mamma* are comprehended the tubercula *majora* and *minora* of Hippocrates. The first I conceive

to be those which are deep-seated in the body of the breast; the latter are such as are small, superficial, in the miliary glands of the skin only.

At first view it would appear that there were two distinct species of cancer; but as the one resolves itself frequently into the other, I have classed them together, believing them to have one common cancerous character. They seem to me to be identical in kind, though differing in situation. In the same breast we often find not only the miliary herpetic kind of spreading ulceration of the skin, but also a large mass of glandular disease internally.

Cancer may begin either in the miliary glands of the skin, or in the body of the breast; but in the latter case, when the disease proceeds to ulceration, it almost invariably affects the miliary glands secondarily, and that sometimes to a very great extent,—of which certain instances will be given hereafter.

The circumstances of a cancerous tumor, (I will suppose of the female breast) when it is not ulcerated, are very different from one in the state of ulceration. When not ulcerated, the progress of the disease may go on from the part originally affected, towards the axilla, until one or more glands may become also diseased in this direction; and this seems to proceed from glandular sympathy. There is no evidence of the absorption of the cancerous fluid contained in the

breast, though that is not improbable; and the lymphatic glands, which in the axilla are naturally large, may possibly be affected and swell from irritation merely, without absorption. A distinction should therefore be made between cancerous tumors leading towards, or even into, the axilla, from that enlargement of the lymphatic glands which may be the consequence of irritation; in which case they should not be touched or removed. And, indeed, if absorption does naturally take place, before the ulceration of a cancer, what good can arise from an operation, when the diseased fluid has entered the circulation, and has been distributed throughout the system? The lymphatic glands of the axilla are naturally of great importance, and cannot be removed without hazard, nor, I fear, without occasioning that pain from obstruction to the lymph, which sometimes follows the removal of tumors in the axilla.

I am in doubt whether absorption does take place before ulceration; but when once the part has proceeded so far, from that surface there is doubtless absorption; and hence it is that the operation so frequently fails in an ulcerated cancer. I hope in what I have said I shall not be misunderstood: I do not object to the removal of tumors which are clearly cancerous in the axilla, but to the taking away such lymphatic glands as are essential to the lymphatic system. Some are so essential, that no part of them can be removed



without occasioning pressure upon cicatrization, and without obstruction to the course of the lymph; with that most painful of all the symptoms attending cancers of the part,—an enlarged and greatly swollen arm. If this symptom take place, let it rather have been produced by the preternatural enlargement of the glands, from disease, than from the tucking down of the cicatrix after the removal.

Cancerous tumors leading towards the axilla, or into the axilla, may be removed sometimes safely, without subsequent obstruction and swelling of the lymphatics of the arm; but this is by no means always the case.

That accurate physiologist—Haller, (although he may have mistaken the order of glands concerned in scirrhus and cancer,) in the *first edition* of the “*Primæ Lineæ*,” 1751, gave me the idea that the glandular system, like other parts of the human fabric, must in time undergo a change from advancing age, and that it must in consequence wear out. In justice to that usually accurate and respectable author, I must subjoin the passage. In reference to the lymphatic glands, he says:—(Par. CLXXXVI.)—“ (*glandulæ*) constant  
 “ è membranâ externâ, firmâ, levi, multis vas-  
 “ culis rubris pictâ; deinde substantiâ molli,  
 “ cellulosâ, sed laxâ, et tamen brevi, in cu-  
 “ jus spatiolis innumerabilia vasa, minora et  
 “ rubra, et lymphatica, decurrunt. Folliculus,

“ muscularès fibræ, membranæ duæ perinde mihi  
 “ ignotæ sunt.”

(CLXXXVII.) “ Boni aliquid has glandulas vasis  
 “ lymphaticis, et lymphæ præstare satis certum  
 “ est, cum nullum vas lymphaticum, lacteumve,  
 “ ad suam insertionem perveniat, quin in aliquam  
 “ glandulam ramos priùs distribuerit, ramosque ab  
 “ eâdem reduces receperit. Chylosus succus, quo  
 “ hæ glandulæ in junioribus hominibus et anima-  
 “ libus replentur, et niger ille, quo turgent in pec-  
 “ tore senili, demonstrat, secerni aliquid de sanguine  
 “ in his glandulis, et adfundi lymphæ chylove, in  
 “ cellulosa fortè, spatia expulsis. Magnitudo et  
 “ integritas in junioribus, corruptio et destructio  
 “ in adultis senibusque, suadent hanc secretionem  
 “ in juniore animale integerrimum, in senio perire.  
 “ Non alibi crebrior scirrhus. Accelerari ergo ibi  
 “ lympham non probabile.”

If this excellent writer has not in the above quotation delineated the altered state which the lymphatic glands undergo in consequence of *age*, I have totally mistaken the sense; and it must ever be considered as the valuable remark of a great man. I cannot however maintain with him that the *proper* seat of a scirrhus is in the lymphatic glands, because I believe scirrhus to be more particularly an affection of other glands; but that the lymphatics may be altered by *age*, and affected *secondarily* by cancer, I have not the smallest doubt. And age may, in like manner, have an

influence more immediately on other glands, not strictly speaking of the lymphatic kind,—but on other glands in which lymphatic vessels enter, no doubt, as a part of their organization or structure.—The knowledge of the complicated and very curious fabric of the glandular system throughout the body is, I repeat it, but in its infancy: there is still a great and ample field for human investigation.

Phlegm, melancholy, and the *atra bilis* of the ancients, and, in the subsequent records of physic, among the Arabian and early writers at the dawn of literature, have been the subject of ridicule; but, imperfect as their anatomical and physiological knowledge was, still their discernment led them, from facts, to something they knew not how to express or explain. And no men of experience can deny that there are phlegmatic, melancholic, and sanguineous temperaments, nor that the *atra bilis* forms a prominent feature in the habits and conditions of men, more particularly as *age* advances. Why, towards the decline of life, and under certain circumstances, is the venous blood remarkably changed to a darker colour, if *age* does not produce the alteration, amongst its other inevitable consequences? What does the countenance of a person the reverse of florid, with the veins increased in fulness and size, upon taking exercise, show, but a disposition to a melancholic temperament? And the disposition attaches even

to the mind, which is in such a case rather sedate than lively, and slow rather than quick in its operations, with a bilious tendency. The phlegmatic temperament they knew from its proneness to diseases which they supposed of a cold kind, in which there was rather a torpor than a great irritability of the nerves, and but little disposition to active inflammation. And, in the sanguineous temperament, they were almost as sensible of its great irritability and proneness to inflammation, as we are at this day. The doctrine of temperament therefore is I conceive founded in truth and nature; and that the different temperaments actually influence the course of many cancers, I have no doubt. They will account, in some measure, for the slow increase of some cancers, and for the great rapidity of it sometimes in others; and also, in part, for those bilious affections, indigestion and vomiting, which frequently take place, if not before the attack of the disease, or during its formation, at least afterwards. I have noted these, frequently, during the advance of it; and I have known it also precede it.—The rapid progress of scirrhus tumors is more particularly remarkable in fair women of a sanguineous temperament, because such are constitutionally subject to inflammation.

Case 20.]—A large corpulent woman, aged 60, had a cancer of the whole breast, not ulcerated, with a beginning affection of the glands in the axilla. An operation was performed; and the

whole of the diseased breast, with the diseased part in the axilla, was accurately removed, and the greater pectoral muscle was left clean and bare. The operation was performed in the old way, without attempting to save any skin, or to unite the wound with sticking-plaister. Whatever portion of the integuments there might be in a diseased state was completely taken away, with the cancerous mass.

The sore never healed, but contracted, and, after showing a disposition to heal, spread, and was followed by contraction under the axilla; and the enlarged glands in this part pressing on the lymphatics, caused a very painful and very considerable swelling of the whole arm, down to the fingers.— She survived the operation only six months, and, latterly, <sup>died</sup> in the greatest misery.

Case 21.]—A sister of the above woman had also a cancer, not moveable, but perfectly adherent; about the size of a walnut; with the skin, when I first saw it, not discoloured. She was a thin, spare, abstemious woman. The progress of the tumor was slow, but it became at length renitent; a scab was formed upon it, and a gradual ulceration took place:—she died however of another disease.

This may be considered as my first proof that the disease may run in the same family.—I know another family in which a similar hereditary disposition was equally plain. And I believe this ten-

dency to the disease is much more frequent than is generally imagined.

Case 22.]—A woman, about 50 years old, of a dark complexion and melancholic temperament, had a cancer of the breast, of which she died. Her countenance had been ever unhealthy and plumbean.—The husband of this woman had a scrofulous aspect, but without any actual disease about him.—The son of this couple, at the age of 14, laboured under an apparent Elephantiasis, of which he died. His voice was usually hoarse, his ears enlarged, swelled and scabby; the nose was destroyed slowly by a dry and scaly sort of ulceration; and his respiration was difficult. In this boy's case there was certainly no swelling of the legs, as in the true Elephantiasis; but I am of opinion it was a modification of that disease. In the two first Cases, page 20, the family connexion between another modification of Elephantiasis, or Lepra and Scrofula, was shown; but *here* is an instance exhibiting the direct correspondence of cancer in the mother with Elephantiasis in the son. And, if I were even to put my suspicion out of the question, about the father being scrofulous, it is certain that there was a mixture of scrofula in the family, because two other children of this couple were scrofulous, by evident marks. Here might therefore be said to be a combination of Cancer, Elephantiasis and Scrofula, in the same family.

Case 23.]—An elderly lady died of a cancer: no

operation had been performed. The son of this lady was of a scrofulous aspect; and a daughter of this son had a tumor removed, which appeared to be scrofulous. A grandson died from disease of the mesenteric glands; and another grandson is living, perfectly healthy. Another daughter is healthy and well, but she has a hoarse voice, and a rough, dry, scaly skin.—Here the family tendency to Elephantiasis or Lepra seems greatly broken down, and the connexion between Cancer, Lepra and Scrofula remote, and hardly discernible.

Case 24.]—A lady, aged 60, having very weak eyes, subject to inflammation, with raw and sore eyelids, and specks on one cornea, with evident scars of scrofulous tumors which had formerly suppurated in her neck, had an adherent Cancer, which did not admit of removal by an operation, and which, after continuing some years, ended badly.

Case 25.]—A single woman, fifty years of age, had a Cancer of the breast, not ulcerated, but whether moveable or not I cannot say, for my memorandum, dated 1764, does not mention. The advice of an eminent surgeon was to do nothing more than palliate the disease; that if the tumor was once irritated it would be like rousing a sleeping lion. Contrary to this, however, the lady applied to a gentleman, famous at that time for the application of a peculiar caustic. His caustic was submitted to; but in the course of a few months she died, for the ulcer never healed.

[Case 26.]—A lady, about 45, unmarried, had a fairly moveable scirrhus tumor in the breast, superficial, not larger than a walnut,—the skin not discoloured, and she, otherwise, in perfect health. She applied to a surgeon, who conceiving, from the smallness of the tumor, that he could destroy it with the lapis infernalis, *gradually* in the first instance pencilled the skin, and then, by the subsequent use of the same caustic, attempted to destroy the gland. This was extremely injudicious. Had he acted differently, and had destroyed the gland *at once*, by causing the application to act to the bottom by every part of the tumor, it is possible that the whole might have sloughed away, because it was small, circumscribed and solitary. Instead of which, he raised immediately a great degree of irritation where there was little before; and he kept that irritation up, by a gradual repetition of the caustic. The removal by caustic should have been so managed as to have been done at once, or the caustic ought not to have been used at all. Indeed, it would have been infinitely better if this moveable tumor had been extirpated by the knife.—To proceed, ulceration having been produced, it spread rapidly, and the lady's health became immediately affected.

Under these circumstances, finding no relief from the surgeon, she submitted to have the sore sucked by toads. I was informed, by the attending apothecary, that this extraordinary application



brought the sore to heal nearly, but that she died of a hectic fever, notwithstanding,—having had the resolution to use the toads many times.—This case occurred several years ago, and I shall never forget how rapidly her health declined, immediately after the caustic had produced ulceration.

The son of a sister of the above person, was highly scrofulous.

Case 27.]—A lady of high rank, aged 70, had a small, moveable tumor in one breast; superficially hard, and of a shining purplish hue, without any other mark of disease in the breast. She would not submit to an operation, although the tumor was favourably circumstanced. It had been kept quiet for months, by a particular soap-plaister which her surgeon was in the habit of using, spread on thin leather; but, at length the skin broke, from the increase of the tumor; and, from that apparently trifling ulceration, her general health became affected, and she did not live a month.—So dangerous are all ulcerations in Cancer, whether brought on by the natural course of the disease, or prematurely and improperly by bad management!

Case 28.]—A lady had a scirrhus tumor in one breast, moveable, the skin neither discoloured nor inflamed. Upon a consultation, the application of crude mercury, extinguished by hog's-lard only, was recommended, superficially, upon lint, but not to be rubbed in:—by this application alone, the

tumor dispersed. The regimen and other circumstances were not minutely inquired into. It was communicated to me by the late Mr. Spray, more than 30 years ago, and I have but the above short account of the case.

I have only to remark, that a milk and vegetable diet, with purging by Epsom-salt frequently, even without the use of leeches, might probably be a great assistant to the action of mercury, in such cases. But, if blood be repeatedly taken by leeches, from *near* to the part affected, there would be a greater prospect of cure.

Case 29.]—A lady from Yorkshire came to London for the purpose of having one of her breasts, which was cancerous, but not ulcerated, removed:—she was between 50 and 60. The operation was fruitless, the sore never having healed completely, but, after some time, spreading with callosity, pain, &c.

This breast, on examination after the removal, contained a considerable quantity of fluid: it was large, and several glands were in a soft and suppurating state, like so many sloughs.—The fluid was extravasated, I conceive, and arose probably from these glands, which, having no natural outlet, became a secondary cause of distension, pain and disease.

Case 30.]—A lady about 30, married and healthy, had a tumor about the middle of the Biceps Muscle, on one arm, of the size of a walnut. It was ob-

scurely moveable, and seemed deeper than the integuments. The surgeon, after making a free longitudinal incision, separated it with ease from its attachments; and it appeared clearly to have been covered by several muscular fibres of the Biceps, as if imbedded in that muscle.

The wound healed in a few days, and the tumor, on examination, appeared to be a true solitary glandular enlargement,—not of the steatomatous kind.—From the complexion of the lady, I suspected it might be scrofulous.

Case 31.]—A person aged 30, having a large scirrhus tumor in one breast, had it removed by the knife. Several ligatures were made, to restrain the hæmorrhage, all of which came away, on or before the 10th day. No bleeding followed, until the 13th day, when a considerable hæmorrhage took place; not from any particular vessel, but from the whole surface. This was synchronous with the usual period of the catamenia, of which none appeared; the evacuation from the wound supplying the deficiency.—This, if other proofs were wanting, shows the sympathy between the uterus and mammæ.—The disease, in this case, did not return.

The lady came from Ireland; and the operation was performed above 20 years ago.

Case 32.]—A lady, between 50 and 60, the wife of a surgeon; of a melancholic temperament; lusty; using little exercise, and living luxuriously;

felt pain, and perceived a small degree of hardness in one breast. The whole breast was taken off, within a fortnight after it was first noticed. Upon examination after removal, there was neither extravasation nor glandular induration, but a thickening and a hardness of, what seemed to me more like, condensed diseased cellular membrane, than any thing else to which I could compare it. The axillary glands were not affected, nor was the tumor of great size; and it was perfectly moveable.

If, in this case, the indurated part only had been removed, without taking away the whole of the mamma, I should not have wondered at a relapse; but when the operator went clearly beyond the apparent extent of the disease, in every direction,—when he dissected the whole from the pectoral muscle, so as to leave the fibres of that muscle bare, and that too at an early period of the disease,—I say, when all these circumstances were considered, it was matter of astonishment to me that the unfortunate sufferer did not obtain a cure! But the fact was otherwise.

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Case 33.]—*Milk-abscess; but with singular and important circumstances.*—A married woman, of a healthy sanguineous temperament, but not corpulent, who from the form of her right nipple was never able to suckle her children with that breast,—six months after having lain in with her fifth

child (which she suckled with her left breast only) had a milk-abscess in the right breast, in consequence of irritation and stagnation of the milk. When she first came to me it was prodigiously swelled, and the glands in various parts were enlarged, with suppuration near the nipple; but the abscess was small, and the sore afforded but little relief to the general load in the diseased breast. This sore healed: a second suppuration, more like a scrofulous collection than any thing else I could compare it to, took place superficially, and remained for some time open. The whole breast was, during this time, in a state of great general tumefaction, very hard, and apparently *scirrhus*. The pain was great, with little rest; and her health was very much altered for the worse. Indeed, from the whole complexion of the case, I began to think I had attended to the suppurative process of nature long enough, and, unless the breast was removed, I feared she might die from the progress of the complaint; for, not only the axillary glands became affected, but also two or three miliary glands of the skin. When I say affected, it was not an indolent but an inflammatory affection of her glands, depending probably on the state of her breast.

For a few days the appearances were so threatening, and I was so deceived by the scirrhus kind of enlargement and the general mass of disease, that I still suspected the case would end in its re-

moval. However, I determined to watch the progress of the complaint narrowly, and not to recommend the operation.

Of all the scirrhus affections I had seen, if this were one, I had never observed the like disposition in the glands to enlarge, inflame and suppurate; and I settled my final opinion of the case from these circumstances, determining to see the event of that disposition.—I had long had an idea that if in scirrhus and cancer it were possible to produce laudable suppuration, the cancerous character might sink in such suppuration; but I do not think this is safe to attempt as an experiment, nor perhaps is it possible, in a true cancer.

This is a curious and very important question, and has never been put to any thing like a practical proof, as far as I know. There are cancers in which I believe it would produce a very bad effect, but there are reputed scirrhi and cancers in which the attempt may be vindicable. But this should not be done by very stimulating, but by mild and gentle, suppuratives; forwarding that process which attends the formation of matter, and producing that gradual fermentation in the part irritated, as when a thorn inflames the skin, and when that thorn is loosened and finally removed by a consequent suppuration; thus I conceive some scirrhi may be brought to suppuration.—It is very remarkable that all milk-abscesses do well, and that too principally by suffering the suppurative process

to go on until the matter pushes itself through the skin.

How difficult or impossible soever it may be to produce *suppuration* in a true scirrhus or cancer, yet the attempt to resolve or *keep such tumors quiet*, by means which lessen the force of the circulation in them, is by no means difficult, and has been attended with a certain degree of success, as will be hereafter shown.—But I return to the case. Distressed as I was by the above appearances, the attempt to temporize was well worth the trial: no one suppuration was opened; they were all suffered to gather, and to break of themselves. By fomentations, poultices, and other gentle relaxing means to the part, the general tumefaction subsided and melted down by degrees, gland after gland; unloading the whole by suppuration. The pain diminished, and the enlargement even of the miliary glands, and that of the glands of the axilla, were dispersed.—Besides the above local treatment, the system was supported under the prodigious discharge by opium, bark, and good nourishment, with the occasional use of gentle laxatives to obviate costiveness.

The great circumstance, next to the easy gentle treatment adopted, was, that though one breast was obstructed, the other breast was open, and with this she suckled her child for some time, the elaboration going on in this breast during the progress of inflammation in the other.—But, how

totally impossible is it to obtain the like inflammatory and suppurative aids in scirrhus and cancer!

This case was literally a milk-abscess; with singular and important circumstances indeed, but influenced by a preceding gestation.

Case 34.]—A married woman, aged 34, had a scirrhus in one breast, when pregnant, which increased with great rapidity during gestation, so that at the time of her delivery her breast was of a monstrous size. She was delivered of a dead child. I did not see her until a fortnight after delivery, and then the breast was in a state of mortification, and exceedingly offensive. By supporting her with wine, bark, and opium, and by the frequent application of antiseptic fomentations and poultices, she recovered strength enough to undergo the removal of the whole breast, which was not adherent, and without any enlargement of the axillary glands. The sore healed, and she regained health and strength for a few weeks. But the truce did not last long, for hard tumors arose on the cicatrix, which quickly increased to a great size, and became aggregated, so that the mass equalled in a short time the bulk of the breast before any disease had attacked it,—and it was originally large. This mass had, for the most part, the true cancerous hue; but, in one part, there was a kind of puffy feel, to a great extent, and a fluctuation was palpable under the fingers. The



pain and distension of the tumor was great, and extremely distressing. In the hope that there might be matter, the evacuation of which might possibly give relief, a small puncture was made with the point of a lancet; but nothing followed, except blood in small quantity,—affording neither the least relief, nor lessening the distension. The greater part of the tumor was formed by a fungus of a very particular kind, of a colour inclining to white, tough and springy. It might be cellular membrane condensed, or something of the cyst kind, altered by disease. I could compare it to nothing so like it as to toad-stools, or irregular fungi which arise on the bark of certain trees:—they seemed strongly attached, and as it were growing out from the pectoral muscle, posteriorly.

This poor woman was soon carried off by extreme pain, a cough, difficulty of breathing, and a constant drain.

The absorption of cancerous matter might have taken place, even before the removal of the breast. It is a curious and useful inquiry to *ascertain* when the absorption of cancerous matter takes place. Does it ever take place before ulceration? This is difficult to solve satisfactorily. It has been said that symptoms of absorption of matter, and hectic, do not take place in Psoas Abscess until after the opening of the abscess, or until nature herself has made an opening; then, and not till then, has the

hectic been supposed to begin. Pain, inflammation, and other symptoms attendant on the formation of the contained fluid, however, precede it. The simple fact of letting the air into the cavity of the abscess, gives rise to a new train of symptoms, and absorption from that time probably commences. Thus in inoculation of matter from the small-pox, pain, and sometimes swelling of the axillary glands precede the further progress of the disease; but there was a small and open wound in this case: so also in the Lues Venerea, the poison is generally admitted through a small breach in the skin when a chancre follows.

I do not strictly know whether the matter of a cancer is ever absorbed before ulceration takes place; certain, however, I am that it takes place afterwards, when in an ulcerated state. My opinion has been already stated that *irritation* during the scirrhus state of a gland, without wound or breach of skin, may be propagated to other glands, and that these may take on a similar action with the gland first diseased; but *absorption* is not to me quite so evident until the gland becomes ulcerated; then absorption is certain, and then the irritation from one gland to another goes on not only more rapidly, but absorption takes place from every part of the diseased surface. The propagation of disease from one glandular part to another may thus go on, before ulceration, even to such an extent as to preclude all probability of success from

operating on the breast, testis, or other parts; but, in a circumscribed tumor, when ulcerated, there is a more direct and evident absorption,—and the consequences may be fatal in both instances.

It is worthy of remark in the case just related that the patient recovered her health for a short time after the operation, and that it again declined upon the repullulation of the disease, when the effects of absorption, namely, the cough, difficulty in breathing, and hectic, were evident.

With respect to the cough and difficulty in respiration, which attend for the most part on persons who die from a cancer of the breast, the symptoms may be heightened by the vicinity of the sore to the ribs and intercostal muscles; and I suspect they may sometimes arise from the great loss of substance and tucking down of the cicatrix upon the naked pectoral muscle, there being, from the loss of the breast, no longer any intervening fat or cellular membrane: and when this muscle has been laid bare, which we are directed to do in the removal of the whole breast, every motion of that muscle must tend to stretch the skin of the cicatrix, and to make it crack and fly open.

The sister of this woman was highly scrofulous, although she herself had no such appearance.

The detail of this case shows that the proper time of application for the removal of the original tumor should have been before pregnancy, or before

its rapid increase and consequent ulceration; but, after her delivery, when the parts were in a state of mortification, would it have been better to have continued the wine, bark and opium, and antiseptics externally, as she had gained strength under their use, in the further hope of having a large separation of slough, a cleaner sore, and more established health, in order to the operation, if that should have been judged necessary ultimately?—It is possible that her life might have been thus prolonged, for a short time; but I am of opinion that the disease would have returned as certainly under the one method of treatment as the other.

Case 35.]—Many years ago, I was consulted by a surgeon in a case of cancer in a female patient, in which the whole breast had mortified, from the great distension of parts, and had sloughed throughout, leaving a clean and tolerably healthy-looking sore, of large extent. The separation of the sloughs and the healthy appearance of the sore were produced by Bark, and by the external and internal use of Hemlock.—The event of the case never came to my knowledge.

Case 36.]—A woman aged 69, apparently healthy, consulted me about a tumor, not immediately on the breast, but half way between it and the axilla, about the size of a hen's egg, hard, and very painful at times, particularly at night; the surface shining, of a purplish hue, and the skin

showing a number of small veins in a state of distension, and with a scaly depression in the middle: the whole obscurely moveable. Leeches had been applied to the centre of the tumor, before I was consulted, and the effect was to produce a depression and scab, with tucking down of the skin in the middle of the glandular enlargement; which enlargement soon became considerable, from its drawing to itself the nipple of the breast. I advised leeches *around* the tumor, but not strictly upon it, to lessen the force of the local irritation, with Epsom salt frequently, and a diet consisting principally of milk, light animal food, and vegetables. As an application to prevent the scab from running into ulceration, I directed her to bake some fuller's-earth, and powder it as fine as hair-powder, and apply it, wetted with water, to the part. This plan she continued for some months, with apparent benefit in lessening her pain, and in arresting for a time the progress of the disease; but it afterwards went on, notwithstanding, to ulceration. I found her, some time after, with the whole of the tumor in an ulcerated and sloughy state; extremely foetid; her strength greatly diminished, so that she was obliged to keep in bed; with a countenance yellow and fallen,—but, fortunately, without cough or difficulty in breathing. She was naturally of a costive habit, which was still more increased by the necessity of taking opium; however, this was counteracted by Epsom

salt, and by other opening means. During the whole time of sloughing, she took opium, and a solution of it was also used externally, to which were joined wine, bark in large and frequently repeated doses, with a constant supply of fresh poultices of boiled carrots, and antiseptic fomentations. By these means, the whole of the tumor was cast off, by sloughing: the sore became clean, granulating and healing to a small point, but with some hardness, and her general health was perfectly restored. A swelling afterwards arose, precisely on the same spot where the original tumor had been, which, in the act of sloughing, took in the nipple, with a part of the breast; and this swelling had the same characteristic marks of the first. After a considerable time it ulcerated, and she used the fuller's-earth again.

What is remarkable in this case, no affection of the miliary glands of the skin appeared, nor of the glands of the axilla; her health was good, and without cough, but the tumor was as painful as the original, before it took on the actions of sloughing and cicatrization.

In May, 1804, twelve months from the healing of the first tumor, she was with me again. I directed that the new swelling should be spread with Pulv. Lap. Calamin. and Ceruss, covering the whole with a cerate made after the manner of Turner's, but with more Lap. Calamin. and with Ol. Amygd. Dulc.—It was to my no small asto-

nishment I found a tumor like the first, with excoriation rather than ulceration, and a disposition in the skin to cicatrize, with a small discharge, and the tumor not very large, though painful at times; but, neither affection of the miliary glands nor cough, and the health and appetite good:—her age was now 71.

Case 37.]—In Case 34, the disease recurred after the affected parts had been removed by the knife, but in the Case which follows, it returned, although nature, assisted by art, without a surgical operation of any kind, did the business.—This cancer was perhaps of the kind to spread slowly.

In the beginning of 1805, the last-mentioned woman came to me again. I found her health good; neither a sloughing, which I had apprehended, nor any derangement of health having taken place since the former visit. There was an open sore, somewhat of an oval form, the smaller end of the oval towards the sternum, and towards the axilla: the sore was about  $3\frac{1}{2}$  by  $2\frac{1}{2}$  inches.—It had healed partially in the middle, forming, what the late Mr. Crane\* was accustomed to call, *Islands of Sunshine*, but with a margin around the sore, from the tucking down of the skin, of considerable thickness, reddish, with the veins apparent, and without affection of the axilla or miliary glands. She used, occasionally, decoction

\* Formerly surgeon to St. Bartholomew's Hospital.

of Poppies, as a fomentation. The progress of the disease was slow, but the event would be, I then thought, unfortunate.

In the summer of 1805, she was with me again;—the sore was stationary, with a reddish thickened margin,—the discharge trifling,—pain little,—the sore in the middle was actually healing, and covered partially with skin. Her general health was good, and no axillary affection whatever.

Case 38.]—I was desired to see a woman who had been originally under the care of another gentleman for a tumor of the breast, which must have been large, from the great size of the cicatrix. His application had been of the caustic kind. After a large separation of parts, it was evident that the sore had healed perfectly; and the patient's health was, with the exception of her local malady, tolerably good.

I had often seen a repullulation of the disease, after the operation with the knife, but this was the only instance (probably from my not having often met with similar practice) in which the sore was healed after caustic. There was, as happens under the operation, the like kind of hardness in the cicatrix, going on *de novo*; and though I do not precisely know the event, I have no doubt it ended fatally, for the disease was beginning to make its usual ravages;—it was tending to distension and ulceration, and was spreading towards the axilla.



Case 39.]—A woman between 60 and 70, having been married, but barren, had a scirrhus removed from the left breast, and the sore healed in five weeks. She had another similar tumor in the other breast, at the same time; but as the former was most pressing, to remove it was deemed proper. Three months after the operation, that on the right breast increased and became painful. Five months after the removal of the tumor on the left breast, the disease returned, into that part also, there being several small cancerous tumors.—This person's constitution was not easily irritated by cancer, and her health therefore continued for many years, apparently unimpaired, the disease going on slowly, in its natural course. She had many tumors, which were purplish, shining, and renitent, but by endeavouring to keep the skin whole, some of them would scab, but not turn into a running ulceration. Others appeared indolent, and without inflammation: to one of these I ventured to recommend a blister, but it neither alleviated the pain, nor altered the state of the tumor. A strong rubefacient was applied at different times around, but not upon, the tumors, which gave her ease for a time, and made a lasting impression on the progress of the disease; for after continuing in tolerable health, with every locomotive faculty for many years, she died of a complaint totally independent of any thing cancerous.

Case 40.]—Very different from the preceding is the following case, with respect to its progress.

A person, from frequent exposure to cold, going from a warm room to the door of an inn to receive and attend on customers, in the winter of 1799, had an affection of her chest, with cough, difficulty in breathing, with a most uncommon and very distressing pain in the head. The catamenia were regular, and she was the mother of many children. Her hair was light-coloured; her complexion clear and delicate: though fair, she was robust; and, before this illness, healthy. Her age was 40.

A great variety of medicines were prescribed, for a length of time, by her surgeon, who was a very intelligent and sensible man; but the symptoms were obstinate, and did not give way readily to the means employed. As they diminished, so a fulness, followed by a hardness, came on in the right breast. The tumor, in the space of two months, proceeded rapidly. She would not submit to its early removal, nor indeed until pressed by great pain and other circumstances.—It is remarkable that in proportion as the tumor enlarged, her general complaints, of headache, cough, &c. left her.

She was bled largely from the system, by the lancet; and from the neighbourhood of the part, by leeches, as the veins of the breast were full and turgid, though in no considerable degree of pain.

Urged by business, she went for a fortnight to the sea-coast, but, during her stay, she did no more than counteract costiveness, which had troubled her for some months. She returned in all respects worse: evacuations, both general and local, were again employed, so that in the short space of three weeks she used more than fifty leeches. Her strong aversion to any surgical operation still continued.

She was, it was suspected, scrofulous, for one of her daughters had actually died of a scrofulous affection of the hip.

A fluctuation being perceived in one particular part of the breast, there were faint hopes that something like matter might form, in process of time: I must own myself to have been of a different opinion, and therefore pressed for the operation; but this was over-ruled, and it was determined to wait the event of the supposed suppuration, although the breast was yet moveable and without axillary affection. Nothing like suppuration followed, but the tumor increased daily in size, so that there was not only very great distension, but much increase of pain, and uneasiness also from the weight of the breast, with a new tumor toward the axilla. She became much thinner; her strength daily diminished, with cough and colliquative sweats. Worn out with constant pain, she at length submitted to the operation, which was extremely well performed. Although

the breast appeared to be moveable, as well as the small tumor towards the axilla, yet when the operator had proceeded half way posteriorly from the pectoral muscle, there was discovered, for a small space, something like part of a cyst attached to this muscle, and there were positive appearances of a cyst lower down, the portions of which were so firmly attached that they could not be separated without taking a part of the muscle with them. The contents of the breast were one large hard gland, at the upper part, (a circumstance I have repeatedly seen); with blood, extravasated; diseased cellular membrane, seemingly in a sloughy state; and the tumor in the axilla a true glandular enlargement. The sore healed, but the disease repullulated, nearly in its original form. After a short time therefore it spread rapidly, and became elevated, with hardened base and edges, equalling before death the bulk of the original tumor.

Case 41.]—A lady, of a habit and complexion evidently scrofulous, had one breast removed by the operation. The sore healed, but an enlargement came upon the cicatrix, within a few weeks: this increased rapidly, with the purplish renitent appearance, and went into a state of ulceration, spreading to a great extent. She had a troublesome cough, a difficulty in breathing, and was greatly emaciated and weakened by the pain and discharge, which were considerable. A total loss of appetite, sickness, vomiting, and constipation

of the bowels supervened. A great number of miliary glands in the neighbourhood of the ulceration were hard, and in a diseased state. There was one on the head, another on one of the thighs, a third on the opposite breast, and there were also many in the neck, so that at this late period of the disease there was a general glandular affection. Various means were used to check, if possible, the hasty progress of the disease, but all to no purpose;—such were the carrot and fermenting poultices, with yeast, &c. These in a great measure corrected the fœtor; lessened, and somewhat ameliorated, the discharge; but they did not prevent the general and local glandular symptoms from spreading to the last.

Case 42.]—During my attendance on the above lady, I was desired to see her cousin, a married woman, aged about 40, having had children. She had a small moveable tumor in one breast, which might have been easily removed; but, with an instance before her eyes of an operation having failed in her relation, she would not listen to it. Indeed, the tumor was so small, indolent, and stationary, I did not urge it, but directed her to have leeches applied, not on the tumor, but around it; to keep her bowels open with Epsom salt; to live sparingly as to animal food; to eat vegetables; and to make milk a part of her diet. I made a drain below the tumor, at some distance from it, by penciling the skin with Lap. Infern.—A friend

recommended electricity, which was complied with.

She then went to the sea-side, and used the tepid sea-water bath; and within the space of a few months, she applied nearly a hundred leeches.

Upon examining the tumor, a year after having put her upon this plan, it did not seem increased; but, contrary to my advice, she suffered the issue to heal. She went on for four years, pursuing occasionally a part of the plan, the tumor yet remaining quiet and stationary. During the latter two years of this time, she complained of an uneasiness and troublesome itching about the pudendum, which she knew not how to describe or express: there was not any particular discharge, and she menstruated much in the usual way. Within five years of my first attendance, without any increase of the tumor taking place, she had a cough, from a neglected cold, as she imagined, difficulty in breathing, and general emaciation. She had a bloody uterine discharge, which at first was not so considerable as to weaken her, but it seemed to relieve her chest. However, it increased, and with other circumstances soon indicated a cancerous state of the uterus,—of which she died.—During all this time, the original tumor remained quiet, without increasing or ulcerating.

Her temperament was of the melancholic kind; black eyes, and rather a dark swarthy complexion: but I had no reason to think her scrofulous.

Case 43.]—A married lady, of a thin habit of body, and scrofulous, had one breast removed, for a cancer. Within seven months, the disease returned, at the cicatrix, and a new tumor arose, but so circumscribed that in consultation it was determined the most probable chance for life would be to remove this tumor also. In a short time after the wound of this second operation had healed, a small immoveable hardness arose on the cicatrix, and there were two other small moveable tumors, not bigger than peas, near the axilla. These last, in time approximated, and the two became one tumor, and, like that on the cicatrix, was also fixed.—The progress of this last was quicker than the tumor on the cicatrix.

Great care having been taken to keep the skin whole, by defending it with a mild litharge-plaister, an *exudation* only took place, for a considerable time, through its pores;—that was followed by excoriation, by a yellowish crust or scab, and, at length, by ulceration. The tumor on the cicatrix followed now the course of the last tumor, and it ulcerated also.

There was only an interval of *seven months* from the removal of the breast, until the second operation; but there was an interval of nearly the same number of *years*, from the latter to the final termination of the disease.

Under the idea that Hemlock internally, and Plummer's Alterative Pills might be of service, she

gave a fair trial to both, for a considerable time. From the Hemlock, she derived no advantage: Plummer's Alterative Mercurial was taken for many weeks, and towards the close of the course it seemed to have diminished the tumor nearest the axilla;—it made no impression however on the other tumors, and injured her general health. It rendered her irritable, disposed her to colds and coughs, and laid the foundation of repeated attacks on the chest. When I say that, I believe it did no more than accelerate the kind of pulmonic affection which takes place sooner or later in most cancers of the breast.—She often went out during the use of this medicine, in inclement weather, contrary to advice.

The last mentioned tumors, though they finally ulcerated, were at no time larger than a small nutmeg. Other tumors, apparently of the same kind, afterwards arose in their neighbourhood, in the skin: their number was great, though in size small, for she was a thin, spare woman. Thus the disease went on, from one gland to another, first hardening, then ulcerating, until the several ulcerations extended to the size of a large dish, reaching not only to the axilla but to the scapula on that side. In this manner and direction the principal ravages were made, without running on to the sternum and to the other breast. By the constant use of a poultice of boiled carrots, these ulcerations had not only no fœtor, but they often



looked well, and would heal in one part whilst they broke out in another. Partly, however, from the constant drain, and partly from repeated attacks on the chest, she got every day weaker, more emaciated, and hectic. Under all these distressing circumstances, the place where there was a tumor near the axilla showed not only a disposition to heal, but was so far healed that the tucking down of the skin made a kind of stricture on that part. This, together with other diseased glands in the axilla, produced such a pressure on the lymphatics, nerves, and blood-vessels of the arm on that side, that, from the distension and load, great numbness and pain were at times experienced. The loaded lymphatics might be traced down the arm; and, at certain distances, suppuration bursting forth, afforded a temporary relief. The whole extremity, even to the fingers, was not only much swelled, but the skin was in some parts discoloured, from the want of sufficient circulation. The lungs were frequently affected with an asthmatic kind of paroxysm, and those affections were attended with cough, with pain in the side, and a sense of stricture and suffocation. These internal symptoms alternated with the painful state of the arm: in proportion as the one part was more violently affected, so was the other relieved; and in this way it went on to its final termination. This person had been subject, for years, both before and after the attack of the disease, to violent

headache, a very distressing vomiting, and bilious affections of the bowels.—It is a very interesting case.—The second tumor, arising on the cicatrix so soon after the removal of the breast, shows that a portion of disease was left behind, and produced its regeneration; and the rise of the small tumors, after the second operation, points out that there were germs remaining, which were the occasion of others being multiplied to such an extent that the disease ended in death. The whole progress of the tumors demonstrates, in my opinion, a *local glandular sympathy*, and seems to show that there was no absorption of matter into the system from the first and second tumors, nor from the three last, before ulceration; and, if so, the disease, whilst in such states, may be said to be *local*. If the disease be propagated by a germ, or one diseased gland, it may be like a seed planted in the ground, having a local action where sown, and extending only to a certain space, without influencing the whole of the system.

There are three things of great consequence to determine, namely—1st, at what period of time in the disease, the acrimonious fluid of a cancer can be absorbed into the system of the person affected:—2dly, whether it be not sometimes a disease merely local? and 3dly, whether, although appearing as a local affection, it may not be a disease of the constitution,—like scrofula, for in-

stance, which is not a local but a general disease, although it may exhibit itself in one place only?

This case I noted more than twenty-eight years ago: at that time the great utility of purgatives and issues I did not know, nor were they attended to by medical men. I make no hesitation in saying that had I known so much then, there would have been a great probability of prolonging this person's life, after the appearance of the three small tumors, beyond the period of seven years from the second operation:—a want of knowledge I shall regret, to the last moment of my life!

Case 44.]—A corpulent woman\*, whose left breast was very much enlarged,—not ulcerated,—moveable, without axillary affection, submitted to its removal; and the whole was fairly dissected off.

In Cheselden's Anatomy, p. 140. edit. 8vo. is this remarkable passage:—"The breasts and uterus in women, the tongue, mouth and penis in men, and the eyes in children, are the parts most subject to cancer; yet there is no part where this disease has not sometimes fixed. It is a matter of dispute among some surgeons, whether cancerous tumors should ever be extirpated or not, though it is certain none of these were ever cured without, and, being extirpated,

\* This case, amongst others, is derived from the Cancer-ward, in the Middlesex Hospital, founded by the munificence of the late Samuel Whitbread, Esquire.

“ there have been many. The objection against  
“ extirpation is this, that the operation often pro-  
“ vokes the part, which otherwise might lie quiet:  
“ but I do not think this is true. In desperate  
“ cases where we cannot extirpate, we find the  
“ best remedy is plentiful bleeding (which also is  
“ nature’s last resort), gentle, constant evacuations  
“ by stool, and a vegetable diet: and though  
“ physic never cures whilst the tumor remains, yet  
“ after extirpation it is highly useful, and even  
“ the worst constitutions have been brought to  
“ their primitive state. An eminent surgeon in  
“ the city, having a patient with a cancerated  
“ breast, extremely large, and so much ulcerated  
“ that the stench of it was insupportable; she in-  
“ sisted on extirpation, against all advice, with  
“ no other hopes but to be delivered from the  
“ offensive smell. Some time after the operation,  
“ the wound looking extremely sordid, he sprinkled  
“ it all over with red mercury precipitate, which  
“ put the patient into a high salivation; upon  
“ which the breast grew clean, and healed; the  
“ patient recovered, contrary to all expectation,  
“ and lived many years in good health. From  
“ this accident I learnt the usefulness of salivating,  
“ after extirpating cancerous tumors, though  
“ nothing is more hurtful before. In the extirpa-  
“ tion of a breast, and all other tumors, as much  
“ skin as is possible should be saved; for the loss  
“ of a great deal of skin is sufficient to make an

“ incurable ulcer in the most healthful body, and  
 “ much more so in a bad constitution.”

With this case mentioned by Mr. Cheselden strongly imprinted on my mind, I proposed to the late Mr. Minors to try the effect of the Red Precipitate, during the healing of the sore in this Case, which he readily adopted. The immediate effect it produced was a ptyalism, which healed the sore rapidly, and she was discharged, well. Six months after, she appeared again, having an enlarged liver, and being otherwise ill, of which she died; but without any return of the original disease to the part.—She was not examined after death,—her friends not consenting.

Case 45.]—A cancer in one breast was removed by the late Mr. Wyatt, and a like affection went afterwards to the other, which induced Mr. Wyatt to refuse performing a second operation. She left the Middlesex Hospital, and this breast was taken off out of the house, by another surgeon. At no great length of time from the last operation, a scirrhus affection of the liver took place, of which she died,—it having been found in this state, upon dissection.

Case 46.]—A middle-aged woman had a scirrhus tumor in one breast:—by the repeated application of leeches,—by emetics, given twice a-week,—and by giving frequently Epsom salts, the tumor dispersed.

Case 47.]—A person, aged 62, had a small lump,

originally only in one breast, which in the space of five years increased until it at length ulcerated. This ulceration spread rapidly, and destroyed the whole of that breast. The sore was attended with great heat, and darting, shooting pains. She had been subject during the progress of the disease, to a painful vomiting, which came on at intervals of a few days only, and brought up but little:—her habit was naturally costive. Upon seeing the other breast, I found there also a tumor, and another under the axilla. The ulcerated part spread in some places, and showed a disposition for healing in others. She had a troublesome cough, which increased daily; her strength gradually diminished, and the usual symptoms of difficulty in breathing, with hectic, came on; but she lived more than twelve months after the part had ulcerated. Her cough came on soon after the ulceration took place, which she attributed to cold; it never left her, but increased with the difficulty in breathing. The Wiltshire Holt Water\*, as a dressing and a wash

\* Some few years ago, I was informed that a young gentleman who acted as House-surgeon at that time to the Middlesex Hospital, had omitted to procure a supply of the Wiltshire Holt Water, which was in much request. To conceal the circumstance, he filled one of the accustomed bottles with water from a pump in the apothecary's shop there, and having inserted a sealed cork to complete the resemblance, he used that water as a substitute. The effects were so similar to those of the genuine mineral water, that he continued to employ it, to confirm him, and to gain instruction in his profession.

for the sore, with cerate to cover the edges of it, carrot-poultice, &c. were tried, but were merely palliatives.

The ulcerated cancer arose from a small beginning, and was like the scirrhus in the other breast.

Case 48.]—A woman, aged 24, had an ulceration in the axilla, the origin of which was, what she called, a lump. It was seven years increasing in its progress to its present state of ulceration, and it had been ulcerated a year and a half.—She had also a fulness and tumor under the clavicle of the same side.

This case was strictly scrofulous, and was cured by the external application of Wiltshire Holt Water.

Case 49.]—A woman had a large ulcerated cancer on the forehead, with caries, for fourteen years. It was first in the form of a pimple, no larger than a pin's head. It increased in three months to the size of a hazel-nut; and then, thinking there was matter in it, she herself cut off the top of the tumor with a pair of scissars:—blood only followed. She then applied blue-stone to it, and a poultice, which kept it under. After admission into the Cancer-ward of the Middlesex Hospital, she became subject to sickness and vomiting. She

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Of the truth of this relation I have no doubt, and I therefore feel it to be a duty to record it.

had been under the care of several persons, but she could not specify the treatment. Soon after this, it was discovered that the os frontis was carious: Opium and Bark were given freely, and different applications to the sore, but nothing checked its progress. It spread rapidly, corroding not only the integuments, but the skull itself, towards the root of the nose and eyes;—and in a few weeks she died.

Case 50.]—A woman, aged 35, had a tumor of a fleshy or fungous kind, somewhat like a large nipple, but ulcerated, arising on the forehead. By her own account, it came at first like a pimple, and by degrees, during the course of a few years, it increased, and at last ulcerated. This tumor was removed by Mr. Samuel Howard; but in the space of a few months it returned, much larger than before,—and it bled frequently. In this state, she was admitted again into the Cancer-ward; but in a few days, before a determination could be made as to what could be done decisively to this new sprouting of the disease, she was seized with a violent cough, great difficulty in breathing, furred tongue, quick and low pulse, &c. and died. Upon dissection, the pericardium was found adhering partially to the heart, with a portion of pus and water within its cavity.

This woman was of a suspicious character, nevertheless there were no symptoms for supposing the complaint on the forehead to have any cou-



nexion with syphilis. I had seen her frequently in the country; and if the tumor was not cancerous, I know not what to call it. According to her own account, as above stated, its origin was a pimple; but, having known an instance of a worm having been discovered upon opening the skin of a forehead, it has often struck me that this might have been produced by an animalcule of some kind or other; for she got her living by working in the fields, both in summer and winter, and was frequently exposed to sun and heat. Had she lived, the tumor was so isolated that it might possibly have been removed by astringents, caustics, or the cautery.

Case 51.]—Many years ago, I was desired by an apothecary to see a boy of about ten years of age. He had a spongy and considerably elevated fungus on his chin: it was not painful, nor had it a hard base, but seemed superficial. I had long entertained an opinion that some fungous excrescences might be mortified by a strong solution of Saccharum Saturni: this application was used to the fungus. Its sedative power was so great that it turned the fungus black, mortifying it completely, so that the eschar fell off. I had afterwards a clean sore, without pain, which healed perfectly by means of the usual dressings, with no remaining hardness.

Case 52.]—An elderly man came from the country with a disease in the under-lip, which had

almost completely destroyed it. It was fungous, painful, hard beneath, discharged much, and, in short, had every appearance of a cancer. He said it was of nine months standing; that it came from a blow originally. He used the Wiltshire Holt Water, frequently, as a wash, and also applied the water, with lint soaked therein, as a dressing. This gave him considerable ease, but made no great change in the ulceration. It was left off, and the late Mr. D. Minors, of the Middlesex Hospital, ordered Red Onions to it, mashed, in the form of poultice, cold. After using this a month, it was perceived that the discharge was increased, but without pain: the eminences of the fungus, which occupied the whole of the lower lip, became less toward the edges, as it were shrunk; and this appearance extended afterwards over the surface, so that upon the whole the sore looked much better. It continued to go on well, a considerable time, excepting for a short interval, during which the onions could not be procured; but, upon recurring to them, the sore continued to contract and look better, and in four months more, it had not only contracted considerably, but was in a state of cicatrization. At this period it had become necessary to discharge him, for repeated irregularity and bad behaviour, and I did not hear of him afterwards. Before he went out, I observed a kind of exostosis towards the angle of the left jaw.

This person was in the constant habit of chewing tobacco.

Case 53.]—A woman, aged 61, had a large cancerous breast, extending into the axilla. It began, by her account, near the sternum, and thence extended to the body of the breast: it came to its present size and state in between six and seven years, and for the last nine months had increased with extraordinary rapidity. She was a married person, but had never had children. It was fourteen years since she had menstruated: was a large woman, leucophlegmatic and asthmatic; and the breast was of a prodigious size, but not ulcerated. Although the cancer was not ulcerated, the carrot-poultice was applied, which gave some relief, and lessened the size of the breast; but in different parts there was much hardness, and ulceration seemed coming on, from the tenseness of the skin. The hardness in the axilla increased, with a very troublesome cough. She was of a costive habit, but was relieved by the use of Epsom salts. At length, ulceration of the tubercles of the skin took place in one part of the breast, attended with a considerable discharge; but by the carrot-poultice she was kept tolerably easy, and the sore was preserved from fœtor. The application of Red Onions was tried, but it irritated the sore, and therefore carrots were again had recourse to:—Wiltshire Holt Water gave some relief, though not much.

She desired to be discharged, having a little in

come of her own; and as, from the nature of the case, nothing could be done for her, with the smallest prospect of permanent relief, she was discharged accordingly.

Case 54.]—This was an excrescence upon the upper part of the alveolar process of the upper jaw, about the size of a large hazel-nut, adherent by a broad base. It was removed as close to the bone as possible, with a knife. The wound bled copiously from a considerable artery, which seemed as if situated in the bone itself. The actual cautery was applied freely, not only to stop the hæmorrhage, but with the intention of destroying as much of the base of the tumor as possible. The cautery did not produce so much pain as is generally imagined, nor did it perfectly stop the hæmorrhage; but, when aided by pressure, the bleeding ceased.

In hæmorrhages arising from an artery, situated as this was, passing probably through a canal in the bone, a cautery, with a small end in the form of a cone, would have been more successful; that used on the present occasion was flat.

This person was discharged cured.

Case 55.]—A gentleman, far advanced in life, had a *Noli me tangere* on one side of the nose, spreading to the breadth of half-a-crown. By using a powder composed of three parts of Lap. Calaminaris and one of Cerussa, kept dry constantly on the part, without any other application,

this sore was so far reduced, that there remained after its application for three months, only a very small scab. With this appearance, it very little excited the patient's attention; and when I saw it last, it was in that state; since which, for a considerable time, it had spread again, as I heard,—whether owing to the discontinuance of the application or not, I do not know,—but he was afterwards cured by a gentleman somewhere in the neighbourhood of Pimlico.

Case 56.]—A woman, aged 60, married, but who had never borne children, had a scirrhus tumor in one breast, which was fairly removed, and the sore healed in five weeks. She had a tumor at that time in the other breast also, but small, and not requiring immediate attention. In three months, this tumor increased, and became painful. In four months from the operation in the one breast, small tubercles arose; and the case ended unfavourably.

Case 57.]—A woman, aged 48, married, but without breeding, had an ulcerated cancer, with disease in the axilla, which came originally from striking the part against a chest of drawers. She had not menstruated for five years. When admitted into the Hospital, the breast had been in a state of ulceration for a month; and in another month, from the extension of the ulceration, the nipple was destroyed. A cough, difficulty in breathing, and other symptoms of weakness came on.

Case 58.]—A woman, aged 41, had a consider-

able ulceration in the upper lip, which came originally from a blow: this sore never healed. In a month, it became painful, and at the time of admission into the Hospital the fresh ulceration was plentiful.

This ulceration was cured by the internal and external use of mercury, in two months (viz. Aq. Phagedenic. et Aq. Calcis, as topics, with Pil. Plummer. as a general remedy).—This case I suspected to have been venereal, but it may not have been so, for sores of all kinds do sometimes spread and become troublesome, from a bad habit, without venereal mischief; and hence it is that mercury, as a corrector, has frequently the best effects.

Case 59.]—An aged woman, with scirrhus, and hardness extending to the axilla, when admitted into the Cancer-ward had had a cough, with much difficulty in breathing, for the space of two months; medical assistance could not remedy this, and she died from the violence of the affection,—although the cancerous tumors had not ulcerated.

The last stage of cancer is (as has been fully explained) marked by cough and great difficulty in respiration; but here they came on at a more early period, viz. before ulceration.

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*At Bedwell-Lodge, Hertfordshire\**, Nov. 4th, 1805.—Since I have been here, only a few months,

\* The summer-residence of the author. E.

I have seen three extraordinary facts, two in the human body, and a third in an animal body.

Case 60.]—The first case was of a woman, aged 60, who came to consult me about a tumor she had had from her infancy. It had been nothing more than a wart, or mark of the mother, as she said. When I saw it first, there was a large tumor, excessively painful, hard and circumscribed, with surrounding hardness, which had a serious disposition to slough. She was herself apprehensive it was cancerous, for it was near her breast. I said, “No; it was not:—that by using a proper poultice (Farin. Lini and Carrot) it would get well.” The original tumor sloughed throughout, a suppuration having taken place in the surrounding parts; which was evidently the work of nature, with very little assistance from art.

Case 61.]—The second case was of a boy, who came to me with a large tumor in the neck, of the size and hardness of a cricket-ball, dipping down very deep, so as to preclude all idea of removal, from its attachment posteriorly, in the neighbourhood of the carotid artery. I recommended him to foment it, night and morning, with warm salt-water\*. This lessened the tumor in two weeks; and in two weeks more, I could feel a fluctuation in it, though obscurely. He came to me again, and told me it had gathered and broke.

\* Two table-spoonfuls of kitchen-salt, to half a pint of warm water.

This large tumor had discharged its contents, of itself:—the original tumor was now levelled and gone; though there was a small orifice remaining, —but the skin was flat, and in a state of healing.

Case 62.]—The third case was in an animal. What I am going to say may appear trifling; but I have had such an instance of the lessening of a tumor in the neck of a cat as appears to me worthy of notice. She was with kitten; and in her neck, during that time, there was a kind of scrofulous swelling on one side of it,—as large as a moderate-sized egg: it was hard and incompressible. This, as was stated, was before she kittened. I thought it a fair case for ascertaining whether the process of suckling her young would dissolve this tumor, or reduce it. She had four kittens, of which three were drowned, and one only was retained. She suckled this for two months, during which a gradual diminution of the tumor took place; and at this time (viz. four months from my first seeing the tumor) it is not a tenth part of the size it was during gestation.

Though this tumor had no immediate connexion with the mammæ of the animal, it had indirectly, through the lymphatic system; and I do consider it as a great and important fact, applicable to the human body, for it shows, that by unloading the lymphatics, a tumor of no inconsiderable size may be lessened.



It is not only necessary that the intestinal canal should be absolutely clear of fæculent matter, but that, afterwards, the body should be kept open, in order to prevent obstruction in the mesenteric glands\*.—So much for purgative medicines!

\* See "*Russel on Sea-water,*"

IF we sum up the several observations on Cancer and its effects on the human body, we shall find that one, and perhaps the mildest, species of what may be so called, arises from a blow or bruise on a glandular part, obliterating its vascular and secreting structure; and this obliteration once effected, a permanent disease is the consequence, capable of being acted upon by any irritation or stimulus. Now this disease, by a glandular as well as a lymphatic sympathy, may be communicated to other glands, not only in the neighbourhood of the one originally diseased, but more generally in the glandular system: thus we have cancer generated from a blow, first obstructing and spoiling the gland, and afterwards spreading from irritation to other parts. Instances of this kind there have been many, not only in the breasts of females but in the testes of men.

Defluxion, from a disposition to rheumatism, erysipelas, and gout, (which is a species of erysipelas, although a distinct disease from what is so called) I suspect are other causes of cancer.

Enlargement of the glandular parts of the breasts and uterus, upon the cessation of the catamenia, is another cause, from these organs ceasing to be regulated by this natural evacuation: and the latter is amongst the more frequent of the causes; and

may, as has been already said, sometimes be a predisponent, and sometimes an exciting cause. From what has been herein adduced, it appears that a scrofulous or a leprous disposition, or a tendency to elephantiasis, may act as causes; and, amongst the rest, it is proper to remark, that scorbutic humours, which are frequently seated in the skin only, may affect its glands, and be consequently productive of cancer by translation to other glandular parts.

Of the several kinds of cancer, thus originating, that sort seems the least dangerous, and most under the control of surgery, which arises from a blow; for in this, whatever alteration of glandular structure may have taken place, the tumor, in its *incipient* state, before considerable irritation and great pain have affected it, (if it is unattached, or, as it is usually called, moveable,) may, with the greatest prospect of success, be taken away. And the removal cannot be too early, nor too perfectly done; without attempting to save the integuments, as has been too frequent, or the parts immediately surrounding the tumor, or attached to it posteriorly. The whole should be fairly extirpated, root and branch; for it is most probable that if the smallest germ or particle is left, although this is the mildest of all the cancerous tumors, the disposition to germinate in the neighbouring glands will continue, and fresh tumors will in time arise, similar to the first. Every the smallest portion of

diseased hardness must be therefore taken away, leaving the parts surrounding the tumor, in every direction, in a sound state. When this rule of practice has been followed, the case has very frequently been complete and lasting; but when it has not been sufficiently attended to, the cure has too often failed.

The advantage of saving healthy skin in the removal of cancerous tumors, and of endeavouring to approximate the lips of the wound, so as to heal it by what has been called the "*first intention*," is well known; but if any part of the *skin* partake of the disease, this also should be removed; and although a considerable portion even of this covering should in any case be unavoidably diseased, it requires removal: yet afterwards, with the assistance of sticking-plaister, the necessary business of approximation may be greatly forwarded. It is almost needless to add, that all glandular, hardened cellular, or diseased adipose, thickening, should also be taken away, previously to the lips of the wound being placed in contact, or, what is probably better, in juxta-position. In Mr. Cheselden's "*Anatomy*" may be seen a plate fully descriptive of a mode of saving skin, by a double elliptical incision, in the direction of the fibres of the Pectoralis Major Muscle; a mode of operating which, in my conception, must tend greatly towards the healing of the wound in the first instance, and to preventing the cicatrix breaking out afterwards.

by the motion of the arm, or by the action of this muscle.

I must here beg leave to make a very important remark. In settling the diagnosis of cancer: every tumor apparently of a scirrhus kind may not be cancerous; but every cancer in its incipient state (as has been described) is truly a scirrhus.—This very necessary distinction has not been sufficiently attended to. Taking the word *scirrhus* to imply simply a glandular hardness, a practitioner is easily deceived, and may take one disease for another. In Case 61, which I saw at Bedwell, if I had not adverted to the age of the young man, and to the circumstances which I conceived pointed out his constitution, I might have proceeded to a very difficult and dangerous operation; but there the scirrhus hardness, by a simple remedy, terminated in the formation of a fluid, which made its way to the skin, and was evacuated. But this was scrofulous, and not cancerous.—The truth is, that we have no absolute mark to distinguish, in the most early state, *in all cases*, those scirrhi which are not, from those which are, cancerous. The age and temperament will, however, generally lead us right, when added to other circumstances.—But, admitting a degree of uncertainty in this matter, it is surely, as a general practical rule, safer to anticipate irritation and diseased action, (which sooner or later take place in every such gland,) when it is *very small and perfectly moveable*, than to suffer it

to remain, liable to increase and become irritable from a mere process of nature, as well as from accidents! How many incysted tumors, when small, have been removed, which, had they been suffered to remain and increase, would not have been removed without danger and difficulty!

I will readily admit that a true scirrhus, which in time will lead to cancer, may often remain quiet, for days, months, and even years; but the progress of cancerous mischief is so uncertain as to the time of its increase,—so liable to accident, and, as to the ultimate advantages of an operation, so uncertain at a late period, that it cannot be entered upon too early:—this has been, for ages, the general rule of practice.

I ought however to observe, to prevent the imputation of inconsistency, that the success attending the *removal*, at the very early stage I am now supposing, is one thing; and the uncertainty, when the disease has made much greater ravages, is another.

In the female mammæ, when gland after gland has become diseased, even though there be no axillary affection, and the tumors moveable, the complaint has passed beyond the first and safest period. I do not say that such a case does not admit of relief when perfectly moveable, but a permanent cure is by no means so certain as in the first instance. But, as the patient carries about these diseased parts,—not only useless in them-

selves, and liable to become worse from the natural progress of the disease, and from irritation by accidents,—the better way perhaps is to remove them; and such is the general practice. It is however possible, could accidents be avoided, that such tumors, if they cannot be discussed, may be quieted and kept from increasing.

As the greater number of sufferers under what are called cancers, have not sufficient courage to submit *early* to the above treatment, it is matter of useful inquiry,—how far these objects may be obtained without an operation. But before I enter on this very interesting matter, I must mention a recent instance of courage, in a young married lady, that has surprised me.—She complained of a small superficial tumor, perfectly moveable, on one of her breasts: she was then pregnant, and came to me, much alarmed, thinking it cancerous (her grandmother having had that disease); and, indeed, it had somewhat the appearance of a cancerous tubercle. She insisted on having it removed, if I thought it had a cancerous tendency. I said, “No, “ I do not think it cancerous;—it will probably “ suppurate, as a boil, or be dispersed in consequence of child-birth; and I will not by any “ means advise you to have it taken away.” Still was I pressed to the operation; but, upon my assurance that she was much too young to have a cancer, and was under circumstances in which cau-

cerous complaints do not generally arise, she was satisfied.

The tumor dispersed,—more from the operation of nature than the assistance of art,—for no other application was used than a soft sedative plaister, to defend the tumor from friction and irritation, using general cooling means, with laxatives occasionally.

As in a diseased testis, so in the female breast, when the tumor changes from a quiet to an irritable state, something analogous to inflammation in the softer and external parts of its body takes place. This high degree of irritation proceeds not however to suppuration, but to a certain action or fermentation, and to extravasation, both within and without the gland; and sometimes to a slough, somewhat like the French “*suppuration gangréneuse*,” from a slough of the cellular membrane, in diseased habits, near the rectum; or, more properly, like the slough of a carbuncle. But there is more frequently a granulated kind of hardness in a diseased cancerous gland.

As this stage advances, so is the hope of success from an operation more or less uncertain. When the disease has proceeded still further, and the axillary glands are affected, though the skin and integuments should be whole, such affection implies not only great irritation, but perhaps absorption of the cancerous fluid; but of this last I have some doubts. Be this as it may, from the great



extent of the disease, success becomes more doubtful; and when the cancer affects parts adjoining, as in the case of diseased testis, where the complaint has spread from this gland to the chord, and to the glands of the corresponding kidney, nothing favourable can be expected from an operation. So in the female breast, when ulceration has taken place, with considerable surrounding hardness, even though the axillary glands may not be enlarged, the probability of relief from an operation is very feeble. And whatever opinion there may be with regard to the absorption of a diseased fluid before ulceration, and whilst the tumor is entire, I have no doubt of absorption taking place afterwards; one proof of which is the appearance of tumors in remote parts of the body (instances of which I have given) as well as in the neighbourhood of the ulceration; and another proof is the very rapidly colliquative symptoms attending the last most deplorable stage of the disease.

Whatever means are employed to keep quiet a gland diseased from a blow or bruise, in cases where an operation will not be submitted to, the rule of practice of endeavouring to discuss it, or prevent its increase, at an *early period* holds good. From the time of the accident, it should never be neglected or left to itself. Applications of a sedative and discutient kind should be had recourse to immediately:—pressure from the stays should be

guarded against:—the bowels should be kept open, and a cooling regimen enjoined; and it may be necessary to draw blood repeatedly, by means of leeches.—It is before ulceration takes place, that leeches may be applied, at some distance from the injured part, and afterwards to the part itself.

The action of discutients in promoting the absorption of blood extravasated from bruises is generally quick. If therefore the above means should fail, either to give ease or to remove any hardness that may remain, blisters may be repeatedly applied, which, by stimulating the skin and producing a considerable serous discharge, will probably prevent the injured part from taking on a diseased action. And where the injury has been neglected, and where at a distant period, pain, enlargement, or preternatural fulness has taken place, the like means may be had recourse to, *spatiis catameniorum intermediis*. And with the same precaution, a warm sea-bath, or where that cannot be had, an artificial sea-bath, or even the common warm-bath, may be employed. The immersion of the body draws the circulation and nervous power to the whole surface of the skin, and increases the sensible and insensible perspiration from the cutaneous glands and pores: it relaxes not only the injured parts, but the system in general, and thus I conceive relieves by causing a powerful resolution; but it is very probable that sea-water, as well as some mineral warm-baths, the

Harrowgate for instance, may have a specific action, independent of their operation as warm water.

What has been now said, by way of palliating or obviating the bad effects of a blow on a glandular part, does not by any means preclude the removal of an enlarged gland when it can be submitted to, if it is judged advisable; but as very many persons dread exceedingly the idea of the most trifling operation, even that of blood-letting, for the sake of humanity I could not leave them unassisted, without pointing out what appeared to me the probable means of relief, and what I knew from experience had given vast help in many instances. And I am strongly inclined to believe that a judicious and careful trial of the above plans, when the complaint is not proceeding with rapidity, and provided there be time for such treatment, will render even the operation itself more successful, should it be resorted to afterwards.

DEFLUXIONS may arise, and be determined to the female breast by a variety of causes, viz. tenderness, fulness, breeding and inflammation. At the time of the catamenia, a partial plethora is sometimes the prelude to, sometimes the concomitant of, this salutary drain, and will frequently take place from puberty, throughout the prime of life, and to their first cessation. Soon after puberty, or a little sooner in some habits from the natural

growth, a considerable influx of fluids is determined to the mammæ and uterus. To the former is imparted a certain indescribable irritability, occasioning fulness, and hardness even of a glandular kind; sometimes ending in suppuration, and sometimes admitting of discussion from a more indolent state. To confound them with legitimate cancer would be wrong, as they generally give way to the above treatment, if due attention be paid to the state of the habit, with respect to the catamenia, which much more frequently requires a spur than a check; unless the local defluxion on the breast be violent, in which case aloetics, the pediluvium, immersion of the abdomen and body in a warm bath, will make a revulsion. But in cases approaching to, and marked by, the circumstances of chlorosis, to aloetics must be added steel, calomel, and sometimes bark, the cure of the defluxion depending on the due state of the natural evacuation from the uterus. A determination to the breast may take the lead, and whenever that is the case, it must be evacuated as well by local as by general treatment; the curative indications being obvious, as deduced from what has been said.

EMETICS and PURGATIVES have been employed in cases like the preceding, and I have seen some benefit arise from the former, but much more from the latter. Such is the habitual state of costiveness in some persons, that purgatives of the lenient

kind will never have a full and fair effect, and in these cases the more active drastic purgatives must be given. It is truly astonishing, when in these cases the ingesta are great, to find in what large doses, and to what an extent, cathartics may be employed, so as to produce the usual effect.

Except when a stimulus is required, in chlorosis, the diet in all cases where there is a cancerous tendency cannot be too strictly cooling. If it consisted wholly of vegetables, farinaceous substances and milk, many lives might be saved, or at least prolonged; but, on the contrary, the majority of patients in this predicament have an unnatural appetite for luxurious eating,—and this exasperates the disease. Their digestion is faulty: they are subject to vomiting: the chylopoietic viscera do not perform their functions properly. If the bowels are particularly costive in one person, they are often irregular and lax in another, and from this laxity they seem to find relief. In the more costive, as was said before, even drastic purgatives may be necessary; in the more delicate, when bilious affections prevail, Epsom-salt, or Kali Vitriolatum with Rhubarb and Magnesia, or Calomel, may be more proper\*.

\* Though I will not say that every enlargement of gland is a cancer, yet convinced am I that every enlargement, whether cancerous or not, may be relieved, by acting upon the lacteals in the intestines, which not only absorb nourishment from our food, but are furnished with the necessary means of carrying off every su-

Much has been said and much expected of medicines of a SPECIFIC nature for the mitigation and cure of cancer\*; but this object, in my humble opinion, is not likely to be attained by any one medicine, but by the co-operation of several, uniting to form and support different indications, according to the state, nature, and circumstances of the various affections which go under the general name of Cancer.

EXCISION, if in the most early state of the disease, is a good remedy; but, as far as my experience has gone, I am almost led to believe that *if external and internal means of relief are applied with due discrimination and judgment, sufficiently early, the knife even may be superseded.*—Where, from the established rules of surgery, as when a cancer is fixed, or adherent, this means cannot be employed, it is matter of curious inquiry

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perfluity; and the counterpoise to the absorption of chyle is, the discharge of fæces, and an increased secretion from the villous membrane lining the intestines, on which all purgatives act more or less. And by this action, absorption is probably promoted throughout the lymphatic system; and the lymphatics themselves are cleared and relieved in some measure from a load, or a superabundant quantity of lymph. I believe the proper use of purgatives is one great mean of affording relief in all cancerous complaints, not actually in an extreme state of debility. I have recommended Bark and Cordials, when necessary; at the same time taking care to clear away bile, and to keep the intestines open; and this with the happiest effect.

\* See "*Russel on Sea-water,*" and his method of using it.

to learn how many persons with cancers of this description go on for years, even to extreme old age, with only such a share of pain as can be submitted to, without much injury, yet performing all the common functions of life!—The fact is indisputable.

I suspect, in these happy constitutions, nature, in some way not easily explained, works for their benefit, to which medicine has not hitherto sufficiently adverted. I know there are natural constitutions, though thoroughly cancerous, in which the disease proceeds slowly and without much irritation in its progress; and these are for the most part called cold habits, abstemious, and not given to idleness or to the luxuries of the table.—On the other hand, in full, more plethoric, obese habits and sanguinary temperaments, in those who indulge in wine, and good eating, without much air or exercise, the disease frequently goes on with rapidity.

If these be facts, they point out the great necessity of a very abstemious regimen, with moderate exercise, in the alleviation and cure; and they show, amongst many other circumstances, that whatever irritates the part externally, or the system internally, must accelerate the disease,—and so we naturally find it. Hence, whatever the expectations of other medical men may be, as to a specific remedy for this disease, I am of opinion that it

will never be found amongst the class of direct stimulants.

But this requires a certain qualification: I believe the assertion is right, both with respect to internal and external stimulants, in the form of high diet, plaisters, caustic, &c.; but the operation of a blister, (though it be a strong irritant to the skin) has a concomitant which the common stimuli to the skin want, namely, *increased secretion*.—It is not the simple stimulus, but it is the combination of the two effects which makes blistering so remarkably useful.—This mode of relieving by blisters deserves to have been employed more frequently.

In enlargement of glands in young women, the Cummin Plaister was usually applied in the Middlesex Hospital, under the direction of the late Mr. Minors, with good effect; but medicines internally were at the same time employed. Here a blister would probably have been a better application. In a true cancerous tubercle, where there was considerable pain, I have used a blister without producing ulceration; and it had a temporary effect in relieving the pain, though it did not diminish the tumor. The tubercle to which it was applied, though painful, was not inflamed; but, as there were other tubercles in its neighbourhood, with tense skin and the purplish blush, I was fearful of going on with it. The excoriation healed, just as the excoriation of the skin does after this applica-



tion. The woman lived a few years, without experiencing any ill effects from the blister; and she did not die of this disease at last.

I am strongly inclined to believe that in all incipient scirrhus and cancerous tumors, at an early period of life, after due relaxation by evacuation from the neighbouring vessels, by leeches, and in some instances by cupping, under a cooling diet, with the frequent use of purgatives, *much may be done by blistering the part, repeatedly*,—having recourse to it in aid of the foregoing means. We know that in pleurisy and peripneumony, and in other inflammations, the above means render blistering highly efficacious; and that in acute rheumatism, it is a speedy and effectual assistant in removing the complaint:—why then may it not have a good effect in promoting resolution in incipient cancers as well as in inflammation? As in the one case suppuration is prevented, so in the other may the progress of cancer be arrested; and its tendency to increase, with pain from distension and alteration taking place within the gland, be prevented.

From the obstinacy with which scirrhus and cancerous tumors go on, the above plan cannot be adopted too early, or proceeded in with too much strictness. Whatever other means may be thought necessary in aid of the foregoing, or as probably supplying the place of excision, plentiful evacuation from the part must form the foundation and

system of the principal treatment; and I can safely say that the application of a judicious local and general treatment has been attended with success, not only in scirrhus but in incipient cancer\*.

From the irritability of most cancers, some very great practitioners have relied much on the effects of nature, and have considered that almost all topical and general modes of treatment have rather exasperated than retarded the progress of the disease. If this observation be confined to the use of most external and all internal *stimulants*, there is I believe much truth in the doctrine; but experience has brought me to think that a treatment

\* If a blister be thought advisable, two circumstances should be attended to. The skin which covers the tumor should be in an uninfamed state, and before it takes on the shining purplish hue of cancer, when the excoriation will be likely to heal,—in which case it may be repeatedly renewed;—but, if applied when in an irritable and highly inflamed state, I suspect it would tend to ulcerate the part, and bring on, prematurely, the cancerous mischief. And, moreover, before its application, evacuations, particularly that of blood-letting by leeches, should be used; and as these make small irregular wounds, I have never applied them to the skin which covers the tumor, even when that skin has been without the purplish blush, but to such parts surrounding the tumor on which there is neither irritation nor inflammation,—and here they may be applied with safety.

As a general caution, this is worth attending to, for I am certain I have seen ulceration greatly accelerated, when leeches have been suffered to draw blood from the surface of an irritable and inflamed cancer.

both local and general, of a *sedative* kind, is of singular service.

First, With respect to repellents, externally, such as the preparations of LEAD, which have in all ages been recommended, in some form or other, as palliatives in this disease, much might be said, upon the authority of ancient as well as modern writers. Not however to dwell on the assertions of others, but merely to give the result of my own experience, I have found some of them useful, in the early state of the disease, before ulceration, both as sedatives and defensives. The latter may appear to be an obsolete and antiquated term, but it is of some consequence in an incipient scirrhus or cancer, to defend it from external injury, and from friction, and from being involuntarily scratched. This may be done by the wearing of a thin coat of good Emplastrum Simplex, spread on soft leather:—Nutritum\* also has been used on the most irritable of all sores, viz.—those arising from burns; and it is a soft and easy application, if the ingredients of which it is composed are good, without any portion of rancid oil. Unguentum Tripharmacum †; Aq. Litharg. Acetati;

\* *Nutritum*. An ointment consisting of Litharge, Vinegar, and Olive-oil, *tritulated* together. E.—See *Quincy's Dispensatory*.

† *Unguentum Tripharmacum*; (Ointment of three ingredients).—It is composed of Litharge-plaster, Olive-oil, and Vinegar, *melted* together. E.—See *Quincy's Dispensatory*.

Solutio Salis Ammoniaci, *in Aquâ*; have had extremely good effects.

A very intimate friend of mine, an eminent surgeon, was much tormented with the shingles, and he applied to me for, what he was pleased to call, *my* plaister: he used it, and not only experienced instant relief, but a speedy cure. The history of the plaister is this;—A lady of my acquaintance having learned that a female had a certain *nostrum* for the cure of cancer, which she kept secret, by dint of persuasion induced her to give up the Recipe; and this it is which follows, in the note below \*. I am of the opinion of Lord

\* Put a complete handful of the inner bark of green Elder into a quart of the best Olive-oil, and let it soak for two or three days. Then set it over a gentle fire, in a brass skillet, and let it stew until the Elder-bark be crisp. Strain it off, and add more oil, to make up a full quart, and set it aside to cool. To this quart put half-a-pound of Red-lead, and half-a-pound of White-lead, both finely powdered and sifted. Boil them *gently* till the mass comes to a salve, keeping it stirring the whole while with a stick of Elder. When it is done, and going to be cooled, stir into it two drachms of powdered Camphor.—(It will take probably two or three hours boiling.)

To know when it is enough, drop some of it on a plate, and when it is tenacious, without sticking, to the fingers, it will do. Have ready as much old linen-cloth, quite clean and free from starch or hems, as will soak the whole up; to be put in whilst the salve is liquid. Take it out; hang it as smooth as you can, over lines, and let it dry without sun or air:—then rub it on marble with a slick-stone until quite smooth; and keep it rolled in paper, for use.—It may be made in brass, bell-metal, silver, or earthen-

Bacon, that every Recipe should be given faithfully, and I therefore communicate it as I received it:—the medical reader may make the composition of any degree of consistence he may think proper.

This plaister I have frequently applied, not only to tumors, but incipient cancers. The effect, as far as a simple remedy can go, I found useful as a palliative; and so in many other cases of irritation, and in contusion. I myself had a very painful affection in the joint of one of my elbows, from a neglected blow from a dog, by a thrusting out of his teeth, which had continued for weeks, and had made me uncomfortable. By this, apparently trifling application, it soon became easy; and I have felt no effect from the injury since.

The uses to which such a topic may be applied are many. Most of our plaisters, and many of our ointments, are heating and strong stimulants; but

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ware; the first is best.—March or September are the right months for making it; and the longer it is kept, the better it gets.—  
N. B. A very skilful hand may spread it on one side of the linen-cloth, if the accumulation of plaister on both sides, by dipping it, be found inconvenient.

It is good for all outward complaints, in man or beast. For a strain, you should cover the whole ankle with leather or paper, of the size of the plaister, and over it; and let it remain on as long as it will stick, viz. a month, or more. For a wound that discharges; lift up the plaister, wipe it and the wound, and down with it again; and change it only when absolutely necessary: perhaps, once in two days, or oftener.

this is a sedative, and a very valuable one. All topics in which lead enters as the basis are repellents. Their sedative power is so great that they may imprudently cause a metastasis of inflammation (as in gout and erysipelas) to the more noble parts, and by the debility they may bring upon the part, when used in too concentrated a state, may produce mortification; instances of which I have seen from using too strong a solution of Goulard's Extract. The fault is not however in the medicine, but in the prescriber; and, like all other applications, may do good or harm accordingly. It is the disease and circumstances that must guide the practitioner. The arcanum, both in surgery and medicine, not being how to make a composition or an instrument, but how to apply them properly, as to disease, time, and other particulars.

When preparations of lead are employed as sedatives, there can be no objection to an admixture of OPIUM: it may be combined various ways, with this and other sedatives. If by such combinations, relief from pain and irritation, and a retardation of the progress of the disease, be effected, scirrhus may become stationary. There is reason for believing that Opium applied externally to a scirrhus, though the skin be whole and without ulceration, will exhibit its sedative qualities; (if we may argue from the analogy of its effects on an inflamed eye,—the irritated rectum,—urethra,—

bladder,—and every mucous membrane in the body).—The knowledge of its salutary effects externally on painful sores is only in its infancy; and there seems to be no reason for doubting the virtue of Opium, when applied to any irritated part of the body, provided the medium, or mode by which it is conveyed, be neither heating nor stimulating.

When, from a partial cessation of the menses, and from an accumulating plethora in the whole body, particularly in the veins, congestions in various parts arise, with occasional cough, asthma, peripneumonia notha, swelled and often ulcerated legs, with a disposition to what may be called humours, of a fugitive nature, but liable to fall on different parts of the body,—can it be matter of wonder, as there is surely a very natural sympathy between the breasts and the uterus, that affections of either of those parts should also sympathize?—A case has been given (see Case 42; page 94) in which this sympathy was evident in cancer. It may be that this cancerous connexion between the two parts is frequent; but, from that delicacy in women, and concealment of every thing uncommon or preternatural, with relation to the uterine parts, until forced to discovery by pain and disease, it has not been sufficiently attended to by practitioners.

In a portion of this work, it has been stated that the glands take on, at certain periods of life, an

altered state, and in consequence, new actions and a new disposition;—that erysipelas, gout, and a variety of local affections, such as asthma, sore legs, and an habitual disposition to chronic diseases are incident to late periods of life, at which time scirrhus tumors become generally troublesome, and the cancerous tendency shows itself. If at such periods there exist this kind of diathesis, especially in females, how easy may the transition be to the breast or uterus, causing local mischief there, in lieu of other more usual affections!—I am convinced that many defluxions on glandular parts have thus originated.

With respect to relief under such circumstances, I apprehend that a vast deal must depend on regimen and diet, and on evacuations, particularly bleeding and purging. As to the first, the French seem to me to have carried this point, at the critical period of the cessation of the catamenia, much further than we have; and as a greater degree of plethora then probably prevails, the practice appears well founded:—I fear, with regard to this evacuation, we are too remiss.

An abstemious diet is also of the utmost importance; and of equal necessity is—due attention to the state of the bowels. Without these, very little progress can be made in our attempts to keep a scirrhus tumor quiet, or prevent its speedy progress towards a cancerous state. The same practice which the late Dr. Russel found necessary,



of purging thoroughly with sea-water\*, and thereby emptying the intestinal canal, and setting the absorbent lacteals at liberty, in obstructions of the mesenteric glands, and in scrofulous tumors, would be of great use in all scirrhi and in all tumors having a cancerous tendency. And what is remarkable, and which has been shown in many of the preceding cases, there is an obstinate costiveness, absolutely requiring this counteraction.

It was long ago remarked, I think by the judicious Mr. Samuel Sharp, that a milk and vegetable diet, with the use of purging salts, would often tend to keep a scirrhus affection quiet. How much more likely are the same means to give relief *now*, when, in addition, it has been discovered that LEECHES may be applied to the neighbourhood of the diseased part, without irritating the tumor; a practice which was not prevalent in *his* time! Nor was the immersion of the whole body in TEPID SEA OR WARM WATER, at that time conceived to have any salutary effect:—nor was the *local* effect of SEA-WATER OR SEA-WRACK (*alga marina*) so well ascertained as it is now.

With respect to *leeches*, I have known more than one hundred used within the space of a few months, with singular benefit; and if the orifices from a few leeches be kept bleeding, for some time after their commencement, by means of a sponge and warm

\* See his "*Treatise on Sea-water.*"

water, the evacuation is by no means trifling,—for it is powerfully sedative.

I do not pretend to say what will *cure* a scirrhus or a cancer without the knife, (and even that is very far from being infallible,) but this I know—that *sedatives*, when applied to the part, or to its neighbourhood, or to the system in general, will frequently check its progress for a long time; and I also know that whatever applications are used locally or generally to the system, of an inflammatory and heating nature, accelerate and increase the violence of the symptoms.

Whether it be that the local irritation necessarily attending the operation of removing cancerous tumors (either by excision or caustic) be too great for nature to bear, I cannot say; but the fact is, that the *former* of these modes of relief is frequently *unsuccessful*, and the *latter*, so far as my experience has gone, *is still less to be depended upon*.

This want of more general success, which every surgeon in common with myself must deplore, may arise from more sources than one. If the disease, when once formed on a part, is a germ indicative of a general glandular affection throughout the body, I can readily conceive that its removal by surgical operation can only take away the local mischief, which was the primordium of a general disease; and that when, by operation or otherwise, this primordium is disturbed, the irri-

tation may extend to the whole glandular system :—it is on this account, I think, ineffectual. So if the disease be a virus sui generis, or if it be leprous or connected with scrofula, no man can wonder at our want of success, after the removal of a cancerous breast, whilst there are constitutional affections ! Nor, if a diseased gland be like an excrescence, vegetating on the skin, (as a fungus, on the bark of a tree, or a seed sprouting in the ground,) the extent of which vegetation we cannot see, are relapses to be thought extraordinary ? Although the surgeon may remove the larger plant, (if the local affection may be so called,) yet, from seedlings which he could not see, a new plant may arise, and the destructive consequences of the disease may go on : and whatever the true nature or essence of the complaint may be, such are too frequently the effects of a removal.—We know with tolerable accuracy how far operative surgery can go towards the relief of this malady ; but we do not sufficiently advert, as we ought, to the cases in which this disease goes on slowly, and for many years, without making any very considerable progress.

In Case 21, after having given an instance of an unsuccessful operation for cancer in one sister, I gave also a short history of the other, in which the progress of the disease in the two sisters was very different. In the sister on whom the operation was performed, there were the Tubercula

Majora of Hippocrates, the whole mamma being very large. In the other sister there was only a single tubercle. In the first, there was, what I have endeavoured to describe, an *internal* cancer of the mamma; and in the other, an *external* cancer, apparently in the skin, or immediately under it. The habits of life and the temperaments of these two sisters were different; and the progress of disease was much less rapid in the one than in the other. The firm attachment of the cancer, at its base, in the one sister, precluded the operation, the tumor not being moveable; and in the other, the whole mamma, being moveable, proceeding with more rapidity, and being of larger bulk, was removed. In the one, although the disease remained, the progress of it being slower, (but as I conceive, of the same specific character) the termination could not have been speedily fatal: she died indeed from another cause. In such a superficial cancer, (for a cancer it certainly was,) in its more early stage I conceive much might have been done towards assisting nature in keeping it quiet, and in protracting its natural progress. From its appearance in the state in which I first was shown it, with the usual tense bluish blush, its increase I think might probably have been checked *in the beginning*, by general treatment; and leeches might with safety have been applied, or cupping-glasses in the neighbourhood of the part, (but by no means to it, or too near it,) and issues also might

have been made.—To corroborate in some measure the ideas just given, I must here add another case.

Case 63.]—A lady, unmarried, about 40, had a prominent external tumor on the right breast, not discoloured, but painful at times, proceeding, with a kind of apex, outwardly, towards ulceration, with a small corresponding enlargement of the axillary glands. She was regular, of a very costive habit of body, subject to a humor in her face, for which she had an issue made, before I was consulted, and which she had continued for some years. She was restless, and could not sleep. I directed her to keep herself open with a solution of Epsom-salts in Jessop's-Well water; but having been in the habit of taking Scotch Pills, the Epsom-salt was not sufficiently active, and she was obliged to have recourse, occasionally, either to the pills before-mentioned, or to a stronger drastic (in which there was Aloes) whenever the other purgatives were ineffectual. In addition to this, she used, in the course of three months, ninety-six leeches; not upon the tumor, but around it, and at a small distance from it. By this treatment, the tumor became less painful, less prominent, and evidently diminished. The catamenia left her during the latter part of this course of treatment, and never returned. Although she was a nervous woman, she bore these evacuations better than might have been expected. Her health improved,

and the progress of the disease was certainly arrested. The strength, during the course, was occasionally supported by Bark; and as opiates, in her costive habit, would have been injurious, she took Hoffman's Anodyne, to procure good nights. It is now five years since the above treatment, during which she has depended for relief principally on purgatives, (to counteract her natural costiveness,) and also on the issue in her thigh, which she has however since dried up, and has substituted another in the arm.

This lady dated the original of the tumor so long back as when she was twelve years of age, and it then came on, immediately after the exposure of the breast to cold. It remained quiet, and without pain, until a short time before my attendance. There has been a small tumor for some time in the other mamma, toward the axilla, but not painful. The first tumor, which was before the above treatment as large as a nutmeg, irregular, painful and increasing, was so much diminished, that it can now scarcely be felt; and *it has remained stationary for years*. In the summer of 1803, she had been extremely ill with bilious attacks, so much so that she would sometimes be obliged to throw her dinner off her stomach: she was relieved by medicine, and has since enjoyed better health,—but she has for years been subject to symptoms of indigestion. What may be the final event, as to the permanency of relief, in this

case, I cannot say, and time alone can show; but the check put to the increase of a scirrhus tumor, most probably of a cancerous kind, was as evident as in Case 42. In that indeed, though the disease in the breast remained quiet, from the application of leeches, &c. yet the malady was translated to the uterus, and in that part made its ultimate ravages.

In addition to the facts contained in the foregoing pages, and to the opinions of my own derived from those facts, I cannot omit to furnish the reader with a quotation from the writings of the late Dr. Alexander Monro, sen., a practitioner of justly acquired celebrity.—“The quick returns of cancerous knots, after the extirpation of a breast, calls to my remembrance a problem which I have often wished to have a solution of: viz. Whether ought cancerous tumors to be extirpated, or ought the palliative method only to be followed, when they cannot be resolved?”—

“The resolution of a cancer I acknowledge to be very rare; but having seen two such tumors, or at least what I judged to be such, cured, I would not exclude the supposition altogether.”

“To encourage others to tell their experience and opinion, I shall give you mine.”

“Of near sixty cancers, which I have been present at the extirpation of, only four patients remained free of the disease for two years. Three of these lucky people had occult cancers in the

breasts, and a fourth had an ulcerated cancer of the lip."

"The disease does not return always to the part where the former tumor was taken away; but more frequently in the neighbourhood, and sometimes at a considerable distance."

"Upon a relapse, the disease, in those I saw, was more violent, and made a much quicker progress than it did in others on whom no operation had been performed."

"When an ulcerated cancer that can be extirpated is wasting the patient so fast that it must bring death in a short time, there seems little doubt that it ought to be taken away, as the only means of prolonging life."

"If an occult cancer is occasioned to a young healthy person by a bruise, or such other external cause, the hope of escaping a relapse would persuade us to extirpate it."

"In all other cancerous cases, the earnest entreaty of the patients who have had the danger of a relapse fairly explained to them, and not the surgeon's persuasions, should make the extirpation be undertaken\*."

\* Edinburgh Medical Essays, 8vo. 1742, Vol. 5. Part 1st, page 420.

THE END.





