ledge. That the cancer cell is not quite like anything else may be admitted; but so are some cartilage cells unlike anything normally found in the adult body.

As an accidental accompaniment of cancerous deposit, I am lastly bound to mention inflammation or hyperæmia. As in various processes plastic effusion may be or not accompanied by this condition, so may or may not cancer. The following case may be an illustration.

CASE. M. B., aged 40; soft cancer of skin of chest supervening on mole; enlarged axillary glands; excision; cure; diminution of glands; severe neuralgic pain; incipient repullulation of cancer *in situ*; relief to neuralgia by cauterizing the newly sprouting warts; fatigue just before menstrual period; sickness, abdominal tenderness and signs of hepatitis; jaundice; sudden enormous swelling of liver; inflammatory symptoms subside; slow death by inanition, from cancer of liver.

Having thus gone through the alleged characteristics of malignancy, we find, on summing them up, that cancer is the only malady which possesses them all; that epithelioma, the Greek elephantiasis, lupus, and tuberculosis, come the nearest to it; that the glandular, fibrous, cartilaginous, and fibroplastic usually display only four or five; yet that whilst there are exceptional cases, which prove the possibility of a cure of cancer, so there are conversely exceptional cases which prove that tumours, usually innocent, may destroy life, in the same way in which cancer does.

Therefore I argue that, the vital characteristics of these growths being variable, and the structure constant, the latter alone can be taken as a basis of classification; and that, since cancer is, as a rule, the only *malignant* disease, using that word in the sense of incurable, it were better, when cancer is spoken of, to call it cancer; because, if the term malignant be applied to any other disease, it occasions confusion and mischief; it may lead to the belief that a disease is cancer, when it is not; and that it is incurable, when perhaps persevering treatment might be successful.

A good instance in illustration falls under my notice even whilst I am revising this paper. Within these few days, I have seen, in consultation with my friend Mr. Hunt, a man, aged 60, with an immense ulcer, which has destroyed the right half of the lower lip, and great part of the right cheek, laying bare the lower jaw-bone. It began thirty years ago, as a little induration, covered with a thin scab, which became a foul ulcer, but, after a long time, healed. Again it broke out, and healed. On breaking out again, it was cut out by Mr. Bransby Cooper, and was well for a time. It reappeared, however; and the patient, amongst a multiplicity of medical advisers, before he came under Mr. Hunt's care, met with one physician who told him that it did not signify; and with a surgeon, who said it was "malignant", and ought not to be touched. There is, however, no sign of cancer about it: the ulcerated lip, at its edge, is as supple and thin as possible, and the only induration is in the periosteum at the edge of the denuded bone. I cannot help thinking that the case might have turned out more fortunately, had the case been more perseveringly followed up. But, in truth, the word malignant, applied to a disease, is like the *Græcum est, non potest legi*, of the mediæval ecclesiastics; it is an excuse for non-interference; it appeals to the imagination, invests disease with mystical supernatural qualities. Thus the practitioner, instead of treating his patient, lulls himself to sleep with dreams of heteromorphosity.

But since, under the term malignant, have been grouped diseases palpably different, which nevertheless have all been condemned as hopelessly incurable (thus, even in a work published in 1853, cancer, epithelioma, and corroding ulcer of the female genitals, are all styled malignant, or cancerous and incurable), one practical benefit resulting from the disuse of this term will be greater care in discriminating the various species of disease, and in assigning to each its most appropriate treatment.

Thus, of the corroding lupus, it seems now a well established fact, that efficient excision or cauterisation may be followed by absolute cure. In the case of the late Pope

Gregory XVI, an ulcer of this kind was eradicated from the face by the arsenical paste, and there was no return during the eight remaining years of his life. In the corroding ulcer of the female genitals, too, thorough excision or cauterisation have effected permanent cures.

In the case of the epithelioma, and of warty growths resembling it, which are liable to become the seats of this affection, there can be no doubt of the propriety of excision as early and freely as possible.

In the case of cancer, the general practice of the profession seems, so far as regards extirpation, as sound in principle as the present state of knowledge permits it to be. Regarding the treatment of cases not capable of extirpation, I have reason to know that the vague term malignant, and the idea of death through cachexia, operate most unfavourably, by inducing the surgeon to neglect palliation or treatment; but if the opinion were acted on, which I believe to be the just one, that cancer, as a rule, destroys life as other diseases do, by its local effects, then the surgeon would feel that every particle of skin he can save from excoriation, every portion of the foul and irritable ulcer that he can cleanse or soothe, will be so much taken from one palpable cause of death. I know of one case in particular, in which the more than commonly assiduous use of common means, especially blackwash and bismuth, was of immense service in prolonging life.

As to general treatment, much may be hoped from the persevering use of means to neutralise pain and exhaustion. The neuralgic pains, in the case last related, were immensely soothed by ether and warm negus, more than by opium, though this last, with chloroform, is unhappily the sheet anchor.

At present, all treatment of cancer is palliative, and directed against local manifestations and their results. But, when we consider that, ten years ago, before Hughes Bennett taught us the use of cod-liver oil, consumption was almost regarded in the same light, we surely need not yet despair of finding some substance which may destroy and eliminate what is noxious, or supply what is deficient, and so bring this intractable disease within the proper sphere of therapeutics. That there is a potentiality of cure, is shown by the degeneration of actual cancers; that real cures may have happened, cannot be denied; but, before any fact can be held as certain, or can be estimated statistically, a reform of nomenclature and classification, and the disuse of that most noxious word "malignant", are essential.

Curzon Street, January, 1854.

DRY CUPPING IN LABOUR.

By A. J. MANSON, Esq.

CASE. I was called on the morning of Jan. 23, 1852, at 7 o'clock to attend Mrs. Tocher, parish of Forgue, aged 23, of full habit, in labour of her second child. The pains, which were of a violent and distressing nature, were referred to the sacrum, and described as "going up, rather than bearing down", or as "being on herself rather than on the child". I found the os uteri about the size of a shilling, tense and undilatable. The vagina was hot, dry, and quickly adhering to the finger, on the removal of which exquisite pain was produced.

The head of the child presented with the occiput to the right sacro-iliac synchondrosis. I was told, by the midwife in attendance, that the patient's state had not materially altered since she was called at 1 o'clock of the previous morning, except that the pains had become, if possible, more distressing. She had administered castor oil and emollient enemata, which acted well, and subsequently opiate enemata, yet these measures were followed with but slight temporary relief. I bled her, although in the absence of other indications for so doing, I had not much faith in its efficacy as a relaxing agent in tedious and painful dilatation of the os uteri. I may here mention that from the first her pulse was soft and natural, her skin cool, and her tongue clean and moist. I then put her under the influence of tartar

emetic, given in one-third grain doses every hour or two, with an occasional enema containing two teaspoonfuls of laudanum in thin starch. At 10 o'clock P.M., of the same night, there was no change in the state of the os uteri or in the parturient passages generally, except that, if possible, the heat and tenderness had increased. The pains, which now declared themselves in an almost continuous scream, during which the arms, hands, and fingers were extended and rigid, were still referred to the sacrum, and with greater intensity than ever. Her looks were altogether wild and expressive of extreme agony. I sent home, a distance of about four miles, for the long tube syphon, in the hope that the application of warm water, by this instrument, might aid the other means already had recourse to in effecting the dilatation of the os uteri; but before its arrival, one of the females in attendance came wishing me to go to her immediately, as she said "the pains had all gone to her head, and that she was getting delirious." Indeed, I had been fearing that if this state of matters continued much longer, either rupture of the uterus, delirium, or convulsions would soon take place. I had no chloroform, otherwise I would have used it, and the case was one in which ergot of rye was quite inadmissible. This state of matters led me to think of a lecture on tetanus by Dr. Todd, in which he states his own and Dr. Bowman's theory on that disease, to the effect that a state of tension or polarity is set up in the peripheral extremity of a nerve, this is transmitted to the spinal cord, and thence by conduction to the medulla oblongata. Here was the os uteri and vagina in a state of extreme hyperæmia and hyperæsthesia, and the pain referred entirely to the sacrum, a sufficient physiological proof, in my estimation, that the former receives its chief supply of cerebro-spinal nerve fibres from the sacral plexus, while its almost tetanic rigidity in this case, and the well known fact of its being frequently felt to contract during expulsive efforts of the body of the organ, may be regarded, I think, as also a sufficient physiological proof, even were anatomical evidence wanting, that the os uteri is made up of circular or sphincteric muscular fibres, the particular use of which I need not here stop to inquire.

Probably the hyperæsthesia in this case, and so frequently met with in parturient females, was due to toxæmia, which, according to Dr. Cormack, is, from mechanical and other causes, apt to be present in all parturient females, but especially in primiparæ.

With the view of relieving the hyperæmia, I planted a large tumbler on each side of the seat of pain, and one immediately above the coccyx. This measure immediately altered the complexion of the case. The unnatural screaming was instantly given up; the pains became at once of the natural, down-bearing description. I examined, and found the os uteri widely dilated; the vagina cool, and abundantly lubricated; and, in less than half an hour, the child was expelled. It was weak and long in breathing, and died in about three hours, no doubt in consequence of the continued compression to which the placenta had been subjected between the child's breech and the uterus.

By a Periscopic Review in the ASSOCIATION MEDICAL JOURNAL for 1853, p. 469, I see that this practice has also suggested itself to an American physician, and that he considers the effects of dry cupping as analogous to those of ergot; but from the experience I have had of both, I should think that their actions could not be more diametrically opposed. The ergot of rye seems to produce almost uninterrupted contractions of the whole muscular structure of the uterus; and if given before the os is sufficiently dilated, or during an irritable state of the os, it will induce greater contraction of its circular or sphincteric fibres, than of the longitudinal, or, more properly, expulsive fibres, distributed to the body of the uterus. Whereas powerful dry cupping has seemed to me in every case to lessen the irritability, and diminish the action of the sentient and motor fibres of the nerves supplying the os uteri, vagina, and os externum, thereby taking off the resistance opposed to the expulsive fibres; in fact, doing away with the resistance to the peristaltic action of the uterus, and the associated expulsive efforts of the

abdominal and other accessory muscles and organs concerned in the parturient process.

From the effect of dry cupping in the case above detailed, and in many others which I could adduce, I would conceive that its action is precisely analogous to that of chloroform, with this exception, that whereas chloroform influences the whole nervous system, dry cupping acts as local derivatives and anæsthetic. I have since used it with similar benefit in cases where previous labours were always tedious and difficult. It seems to me, also, that some discrimination is necessary to be observed, as to the time at which the cups are to be applied; for, if had recourse to before the peristaltic action of the uterus is sufficiently established, it will tend to retard that process. And from the consideration of this fact, I was first led to have recourse to dry cupping in cases of threatened abortion. And here I have found it of great value, instantaneously checking its progress. Several cases by this means have progressed to a favourable termination, wherein the disposition to abort had, by frequent repetition, been previously established. By those who hold that labour is a natural process, and ought not to be meddled with, such treatment as I have mentioned above may seem superfluous; but as labour, as well as many other natural processes, is subject to a variety of perversions during its progress, it seems to me equally suitable for active treatment. Take, for example, painful digestion, or, in short, any other abnormal condition existing in the performance of an organic function.

The propriety of adopting active measures to remedy perversion of function in the stomach, liver, heart, or, in short, any of the organs connected with circulation, respiration, or digestion, is never called in question. Why, then, have any scruples about the treatment of labour, when any derangement in its progress is perceived?

In conclusion, I may mention, as good proof of the efficacy of dry cupping in labour, that I have never yet employed it without receiving the decided approbation of the patient.

Inverkeithnie, N. B., December 26, 1853.

ON EXCISION OF OVARIAN TUMOURS.

By JOHN ERICHSEN, Esq., Professor of Surgery in University College, and Surgeon to the Hospital.

[Read before the North London Medical Society, Dec. 1853.]

THE question as to the propriety of extracting ovarian tumours is one on which professional opinion is so much divided, and, at the same time, is of such great practical importance, that I have thought it might not be altogether uninteresting or unprofitable to bring before this society the particulars of a case on which I lately performed that operation with success, and to make a few remarks on some of the more important points connected with this operation in the hope of eliciting the opinions of the experienced practitioners whom I see around me. The case that I refer to is as follows.

CASE. On the 3rd of Sept. last I was requested to meet Dr. Murphy and Mr. Stewart in consultation on a lady, who was the subject of an ovarian tumour. The patient was sixty-five years of age, tall, thin, and pale; a resident of Thetford, in Norfolk, a widow, without children; never having been pregnant, and indeed having married too late for gestation; the general health was good, but delicate. The history of the first appearance of the tumour was obscure. It was probable that it had existed about two years, but it was only during the last few months that it had become so manifest as to attract much attention. During the last three or four months she had been losing flesh rapidly, her appetite had diminished, and she perspired at night. She felt herself growing weaker daily; and, attributing her ailment to the increasing growth of the tumour, had determined upon its removal, and had come up to town for that purpose.