

haps I may be allowed to add, are considered at length in my forthcoming work on the prostate. For the present suffice it to say, there appears to be evidence that some beneficial result may be in certain cases so attained, although a better and safer method of dealing with the affection will, I believe, yet be found. It is a significant fact, however, that Mr. Guthrie, with whom the proposal originated, did not recommend it in later editions of his works.

Evulsion of the tumour by means of a lithotrite has been performed—that is to say, a portion, supposed to be the protruding one, is seized between its blades, and crushed or torn away, if possible, so as to ensue a state of sphacelus. M. Leroy records a case in which he did this with Jacobson's lithotrite (in his treatise on "Lithotripsy," p. 214). The description of such an operation is not calculated to prepossess one in its behalf. Surely it would be better, in a favourable case, provided the diagnosis of valvular tumour was clear, to make an incision in the median line of the perinæum—a nearer and safer route to the neck of the bladder than the lateral operation offers—to fix the tumour with a vulsellum, and divide its base of attachment with a probe-pointed bistoury, or with the écraseur, if preferred. But if it be a fact—and our museums declare it—that these outgrowths almost never exist without considerable hypertrophy of the lateral lobes, sufficient alone to offer a considerable obstacle to the outflow of the urine, no very large balance of prospective benefit can be reckoned on against the hazard of such an operation.

I am, Sir, yours obediently,

Wimpole-street, Cavendish-square, HENRY THOMPSON, M.B., &c.
April, 1857.

RECURRENCE OF CANCER AFTER OPERATION.

To the Editor of THE LANCET.

SIR,—To a practical surgeon seeking to educe from his clinical observations a general law respecting any disease, and more especially such a disease as cancer, your columns invariably offer a most useful and uncompromising purgatory, in which the facts and opinions he may enunciate will be sifted and winnowed, and subsequently accepted or rejected, accordingly as they may prove by controversy and the rubbings of men's minds and experiences to be founded in truth and nature, or to be but the "baseless fabric of a vision."

My paper on Cancer, which you so kindly printed on the 11th of April, has elicited from Dr. Hannotte Vernon, on the 18th of April, a most courteous commentary, agreeing generally with my views as to the pathology and constitutional treatment of the disease, but demurring to the estimate of the value of operations. Dr. Vernon objects to my phrase that "operations do not usually cure the disease," because the 128 cases of recurrent cancer noticed by me in support of that opinion are not and, as he truly says, cannot be the determinate proportion of a gross number of cases operated on; that therefore these cases show no logical pertinence in the matter. But as a jury often decides equitably, yet contrary to law, so I conceive that any man must be strongly biassed against operative procedures—with the exceptions mentioned in my paper—who has seen the recurrence of the disease after operation in so large a proportion of the cases that come before him. Moreover, Dr. Vernon has put aside the experience of three other surgeons whom I named, and whose cases show an average of about three per cent. only permanently benefited by operation. I might also have added the results of Mr. Paget's inquiries in sixty cases mentioned in his Lectures at the College of Surgeons. Referring to a letter of his in THE LANCET, I find he says that "the average life of those whose breasts are removed, and who survive the effects of the operation, is about 43 months, and that the average life of those in whom the disease is allowed to run its course is about 55 months." It matters not that these figures refer to scirrhus of the breast only, inasmuch as this form and localization of the disease is as 7 to 10 of the whole, and 8 to 10 taking the female sex only. The exceptional cases referred to in my paper, in which I consider operation absolutely called for, will be sufficient to counterbalance the two or three necessary to complete the decimal.

I agree with my learned critic that "these questions are not to be settled by the mere results of a rule-of-three sum;" but I cannot agree with him in his opinion that "as far as individual cases are concerned, the value of numerical results is reduced to the lowest possible ebb." He could not say so respecting the action of any particular medicine—cod-liver oil in phthisis, for instance; numbers have been cured by it, and individuals, as a consequence, are treated with it. Numbers have not been cured of cancer by ablation, and individuals will do well by

adopting a sthenic mode of treatment, combined with such local sedative and discursive treatment as I have advised. Depend upon it, Sir, we are on the track of a great improvement in the treatment of this disease, if not an entire command over it. There is a period at which its progress is stopped by Nature if the powers of life are sufficient to bear with it so long. Be it our privilege to give those powers of life, and let us not waste them and add to the dyscrasia by operations with the knife, or the frightful and prolonged suffering of enucleation by caustics. I have the honour to be, Sir,

Your obedient servant,

Upper Berkeley-street, April, 1857. WEEDEN COOKE, M.R.C.S.

THE SO-CALLED CANCER CURE.

To the Editor of THE LANCET.

SIR,—We hear a great deal about Dr. Fell's wonderful cancer cures, and, if really proved to be such, the profession and the public will be his debtors. But in the absence of any proof that Dr. Fell effects what he professes to accomplish,—viz., the radical cure of cancer,—I think medical men had better exercise caution in endorsing his treatment. Dr. Fell undoubtedly removes diseased masses from the breast and elsewhere by means of external applications, but this is nothing new in the annals of surgery; hundreds have done the same thing scores of times, but with very questionable results. The experience of almost all surgical pathologists is, that the removal of cancer, whether effected by the knife or by escharotics, *does not* secure immunity from further development of the disease, nor lengthen life—an immense majority of cases of cancer terminating fatally within two years of the period of the local manifestation. Dr. Fell knows this, and he, in addition to external applications, professes to give the same remedies internally, with a view to destroy the cancerous diathesis. Now, well-educated surgeons will be slow to believe this; they will be apt to stigmatise it as "fallacious," and not without reason, I fear; but if Dr. Fell believes this to be the case, why does he only undertake to "cure" good cases,—that is, cases in which the disease is not far advanced? If his remedy be a specific, it ought to eradicate the disease in any stage. Arsenic is a specific for certain skin diseases; psoriasis guttata, for instance, will yield to it, whether manifested as a single spot on the hand, or whether it cover the whole body.

Dr. Fell, I understand, has been practising this speciality some years; he is, therefore in a position to state whether the disease returns or not, and if so, in what proportion of cases. It is to be hoped his forthcoming book will contain this information. The profession will take his word, as a man of honour, as expressive of his experience, which, if favourable, will doubtless induce many to adopt his treatment, leaving it to time to confirm the truthfulness of the Doctor's statements; if, on the contrary, experience proves that, notwithstanding Dr. Fell's "remedies," we are still unhappily as far off as ever from that "consummation so devoutly to be wished for"—a cure for cancer, then Dr. Fell will bear his own punishment in the accusations of his conscience, in having led the profession, and especially the suffering public, to indulge hopes which, alas! could not be realised.

I must also say, I think the surgical authorities at the Middlesex Hospital exercise superfluous caution in excluding students and others from witnessing the *progress* of the cases under Dr. Fell's care.

I am, Sir, your obedient servant,

April, 1857.

STUDENS.

P.S. I enclose my card.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—By the accompanying letter to the Poor-law Board, you will perceive the Weymouth Board of Guardians have paid me all the fees to which I laid claim. The amount, £4 14s. 6d., was not in itself the object so much sought, as to establish the principle that medical officers are entitled to receive fees when called in consultation out of their own districts. To render the claim legal, it is necessary to have an order from the relieving officer; in a case of emergency the overseer has also the power to give an order. Three of the cases for which the fees are now paid are narrated in my pamphlet addressed to Lord Palmerston, (see letter of December 12th;) the fourth was for a consultation out of my district, by order of the relieving officer, to decide on the permanency of a pauper's complaint prior to removal to his own parish.