

of the uterus; and puerperal diseases, viz., phlegmasia dolens, puerperal mania, and fever. These articles are well written, practical, and of great use to the practitioner, giving evidence of large experience, and a closeness of observation on the part of the author.

The American edition is in clear, excellent type, well illustrated, and presents a very creditable appearance. We cordially recommend the work as one of ready reference upon many practical points in obstetrics.

R. P. H.

AST. XXXII.—*The Origin of Cancer: considered with reference to the Treatment of the Disease.* By CAMPBELL DE MORGAN, F.R.S., Surgeon to the Middlesex Hospital. Small 8vo. pp. vi, 87. London: J. & A. Churchill, 1872.

This little book, which is in part reprinted from the pages of the *Lancet*, contains a well-reasoned and well-written argument in favour of the "local origin" theory of cancer, which, as our readers may remember, was so ably advocated by the late Mr. C. H. Moore. Mr. De Morgan admits that there may be an inherent or constitutional tendency to cancer, just as there is often observed an inherent tendency to warts, or to fatty or sebaceous tumours, but denies that cancer is at its beginning a constitutional or blood disease, and maintains that it is at first as strictly a local affection as other forms of tumour, or as the variety of keloid seen in cicatrices. The author's remarks upon the modes of dissemination of cancer are well worthy of attention. As an indication of the existence of general contomiation, the presence of *scintic pain* is particularly referred to. "The fact," says Mr. De Morgan, "was pointed out to me by the late Dr. Fergusson, many years ago, and of its truth I have had abundant proof. Why it should be so, I do not know; sometimes it appears to be connected with that softening of the iliac bones, which we find in cancerous patients."

The author properly insists upon the important bearing of the theoretical views entertained as to the origin of cancer upon the modes of treating it: if it is considered a blood disease, "we must strive to find some correctiva to the constitutional taint, or to the blood-poison," but if its local origin be admitted, the hope of safety evidently lies in early and complete removal. His plea for early operation seems to us so well founded and so forcible, that we cannot do better than quote it:—

"Given a defined tumour in the breast of a woman over thirty, and, however negative other signs may be, sooner or later we may be sure that an operation will be required. There may be cases of general or partial enlargement of the breast, with pain and hardness, which, while in the end they may prove cancerous, yet may result from simple chronic irritation, and which subside under proper treatment; such cases it will be right to watch. There may be cases in which a lump in the breast presents characters which leave a surgeon in doubt as to whether he has to deal with a tumour, or a deep abscess, or a cyst. Here exploration may be necessary, not if this reveal the existence of abscess or cyst, simple evacuation of the contents may be all that is required. But, if tumour be undoubtedly present, such as sarcoma, or colloid, or adenoma, it is true that no harm might come from waiting, though no good would be done. But suppose it to be cancerous; what irreparable mischief may not ensue from delay? To-day the glands may be free; to-morrow they may be infected; not to such an extent as to attract notice, but not the less to be the seeds of future cancer growth. To-day all existing disease may be within the range of an

operation; to-morrow, disease may be distributed far beyond. Yet, what is more common than for a surgeon, when a patient has pointed out to him 'a lump' in her breast, and he has found that she is in good health, that there is no puckering of skin or retraction of nipple, and that the glands in the axilla are not enlarged, to assure her that she need not be uneasy, but that she should watch the swelling, and apply ointments, lotions, etc. A month or two afterwards, perhaps, she is seen again; and then there is adhesion of skin, and a small, hard gland in the axilla. What does this puckering of skin, etc., imply, save that the influence of the disease, or rather the disease bodily has been spreading in all directions, and that possibly it may have extended beyond reach, even if it could be detected. Are the chances of success equal under these altered circumstances? I shall believe that only when I find that leaving behind a visible piece of cancer structure in an operation is of no consequence. . . . I should say, then, that in the case of a doubtful tumour, the surgeon ought not to wait till its true character has revealed itself; but that he should proceed forthwith to ascertain its nature by exploration, and be prepared at once to remove it if it turn out to be cancer, or any disease likely to become serious. He would save his patient much risk and much anxiety."

In taking leave of Mr. De Morgan's little volume, we most cordially commend it to the attention of our readers.

J. A., Jr.

ART. XXXIII.—*Lectures on the Principles and Practice of Physic. Delivered at King's College, London*, by Sir THOMAS WATSON, Bart., M.D., F.R.S., Fellow and late President of the Royal College of Physicians in London, etc. etc. In two volumes. From the fifth revised and enlarged English edition. *Edited, with Additions and numerous Illustrations*, by HENRY HARTSHORNE, A.M., M.D., Professor of Hygiene in the University of Pennsylvania, etc. 8vo., vol. i. pp. 880; vol. ii. pp. 963. Philadelphia: Henry C. Len, 1872.

THE first edition of these lectures was published in 1843, and, although since that time there has been almost a revolution in medical thought, they still maintain their popularity. Nor is this to be wondered at, for not only is Sir Thomas Watson one of the most agreeable and elegant writers in our profession, but there is abundant evidence in every part of the edition we are called upon to notice, that he is fully alive to the necessity of keeping himself abreast with the present condition of medical science. There are, it is true, a few subjects which seem to us rather superficially treated. This is without doubt partly owing to the difficulty which every one must experience who attempts to compress into two volumes all that is comprehended in the title of the *Principles and Practice of Medicine*. There are, however, some of the lectures the deficiencies of which cannot be fully explained in this way. For instance, the chapters on inflammation, although improved by the additions of the accomplished editor, are not equal to those on the same subject by Professor Wood in our own language, and of M. Jnecond in the French language. Again, in the lectures on jaundice Dr. Watson makes no allusion to the theories of Frerichs and Marchsian as to the origin of those cases of icterus in which the discoloration of the surface cannot be traced to reabsorption of bile. The explanation of these cases has always given trouble to pathologists, but there are few who will agree with the author that they always depend upon a conversion of the colouring matter of the blood into that of the bile. While admitting, however, with Dr. Hartshorne, that these lectures are not, and were not intended to be exhaustive, few readers will dissent from his opinion that they present