Sect. **III. *Of Cancers.***

Cancers moſt commonly ariſe in the glandular parts of the body, where they are occasioned by any bruiſe or con­tuſion, ſometimes a very slight one : and hence they are more common in the lips, and in the breaſts of women, than in any other parts of the body. Cancers have been gene­rally diſtinguiſhed into *occult* and *open.* By the former are meant ſuch hard ſcirrhous ſwellings as are attended with frequent ſhooting pains, and which at laſt generally termi­nate in the latter.

By the *open cancerous ulcer,* is underſtood that ſpecies of ſore which commonly ſucceeds to hard swellings of the glands ; although in ſome inſtances it occurs without any previous hardneſs. The edges of the ulcer are hard, rag­ged, and unequal, very painful, and reverſe in different ways, being ſometimes turned upwards and backwards, and on other occaſions inwards. The whole ſurface of the ſore is commonly very unequal, there being in ſome parts con­ſiderable riſings, and in others deep excavations. The diſ­charge, for the moſt part, is a thin dark-coloured fetid ichor ; and is often possessed of ſuch a degree of acrimony as to ex­coriate, and even deſtroy, the neighbouring parts. In the more advanced ſtages of the diſeaſe, by the erosion of blood- vessels which occurs, conſiderable quantities of pure blood are ſometimes alſo diſcharged.

Patients labouring under real cancerous affections univerſally complain of a *burning* heat over the whole ulcerated ſurface; which, in general, is the moſt tormenting ſymptom that attends the diſorder ; and thoſe ſhooting lancinating pains, which were troubleſome in the more occult ſtate of the complaint, become now a great deal more ſo.

Theſe are the moſt frequent ſymptoms which attend an ulcerated cancer ; but the appearances of ſuch sores are ſo various, that it is almoſt impoſſible in any deſcription to comprehend every one. When two, three, or more, how­ever, of thoſe enumerated, concur together in the ſame ulcer, we may always be pretty certain of its being of the cancerous kind.

Concerning the cauſes of cancers, there have been a great many conjectures, but without any ſolid foundation. It is of ſome moment, however, to deternine whether they ariſe from ſome general diſorder in the ſyſtem, or whether they are only to be accounted local diſeaſes. Many of the moſt eminent practitioners have been of opinion that they ariſe from a general diſorder of the ſyſtem ; and hence conſider them as totally incurable even by extirpation, as the latent seeds of the diſeaſe, in their opinion, will not fail to bring on a return of it ſomewhere or other. Of this opinion the late Dr Monro appears to have been ; and in a paper on this ſubject in the Edinburgh Medical Essays, declares, that " of near 60 cancers which he had been preſent at the ex­tirpation of, only four patients remained free of the diſeaſe at the end of two years.” From this bad ſucceſs, and the violent progreſs of the diſeaſe, he finally concludes againſt the extirpation of cancers, and propoſes only the palliative method of cure. But later practitioners have been a great deal more ſucceſsful ; and a late publication by Mr Hill, ſurgeon at Dumfries, has put the uſefulneſs of extirpation beyond a doubt, when the operation is performed in time : though, after the diſeaſe has continued long, and the virus been abſorbed, the whole ſyſtem acquires a cancerous diſpoſition, and the diſeaſe almoſt certainly recurs in ſome other part. From internal medicines we can expect little or no­thing in the cure of cancers ; and external applications can do no more than palliate. Great expectations were formed from the powder and extract of cicuta; but it has so univerſally failed, that few put much confidence in it at present. However, it has ſometimes been of ſervice in caſes oſ a simple indurated gland ; and even where the diſeaſe has been farther advanced, it has produced a better diſcharge, and diminiſhed the fetor of the ſore ; but as it cannot be depended upon for a radical cure, a delay of the operation is never to be recommended.

No part of the body is more ſubject to cancer than the breaſts of women. Cancer of the mamma may ariſe at any period of life, though it ſeldom appears till about the time the menſes uſually diſappear. Tumors ariſing in the breaſt previous to this period have been conſidered by ſome prac­titioners as being only of a ſcrophulous nature ; and it is probably owing to that circumſtance that ſeveral cures have been of late years made on tumors of the breaſt by mercu­rial frictions and other remedies.

Scirrhus and cancer of the breaſts are diſtinguiſhed by the following marks : When the tumor is firſt obſerved, it is commonly in form of a ſmall hard knot in the glandular part of the mamma, while the ſkin at the ſame time is free from inflammation. It frequently continues in this ſtate for ſeveral months : by degrees, however, it increaſes conſiderably in ſize, and at laſt a ſharp pain is felt shooting to­wards the axilla. The lymphatic glands at the under edge of the pectoral muſcle and in the axilla are often enlarged, and an occult cancer is now formed. By degrees the inte­guments over this part of the tumor in the mamma become diſcoloured, and at laſt an ulceration or open cancer breaks out. Violent hemorrhagies now frequently enſue ; the pain becomes ſtill more excruciating ; and, unleſs proper aſſiſtance be given, the patient is generally cut off in not many months after the breaking out of the cancer.

In early ſtages, the diſeaſe in general may be conſidered as entirely a local affection, and a radical cure may be of courſe expected ; but in proportion as the ſkin ſhall after­wards be found diſeaſed and adhering to the gland, and that to the pectoral muſcle, and the lymphatic glands near the mamma and in the arm-pit ſwelled, the chance of a cure be­comes more doubtful, as the cancerous matter may have been abſorbed, and part of it carried into the ſyſtem. The moſt unfavourable ſtate for an operation is when there are ulce­rations in the breaſt, large, deep, and of long ſtanding ; and particularly if theſe are attended with great pain, when the arm of the affected side has become œdematous, and the health of the patient is much impaired. In this laſt ſtate very little is to be expected from a ſurgical operation.

In extirpating the mamma, which we ſhall firſt ſuppoſe is to be done where the ſkin is found, and where the tumor has no uncommon adheſion to the pectoral muſcle, the pa­tient ought to be placed horizontally in a bed, or upon a table covered with a mattress, &c. The operator is to be ſeated, and to have proper aſſiſtants. A longitudinal inciſion is then to be made with a common ſcalpel through the ſkill and cellular ſubſtance along the whole extent of the tumor, and at a little diſtance from the nipple, which is to be ſaved. When the longeſt diameter of the tumor is acroſs the body, inſtead oſ a longitudinal inciſion, a tranſverſe one is to be made. The integuments being dissected from the mamma on both ſides of the inciſion, the patient’s arm is to be ex­tended to ſave the pectoral muſcle ; and the whole glandu­lar part is to be detached ſrom the muſcle, though a ſmall portion only ſhould be diſeaſed, beginning at the upper side, and ſeparating downwards. If there be any indurated glands, they are to be carefully removed. If the patient be faint, a glass of wine, or ſome other cordial, is to be given. After the diſeaſed parts are removed, the wound is to be cleaned with a ſponge wrung out of warm water, which will generally render the ſmall bleeding veſſels more conſpicuous. The integuments are next to be cloſely ap­