Thomas G. Netheron
Cancer

The disease which we now intend to treat of is one of the most deadly and uniformly fatal, to which the human frame is liable. At its very name man shudders, at its very first appearance the physician's brow is clouded - its origin is as incomprehensible, as its termination is inevitable. The study of its story is replete with difficulty, and hence arise the numerous theories of its commencement, its increase, and its general propagation. While one points to the blood as the one Medororum, another shows that the tissues themselves are the hotbed which calls into existence its original germ, while a third goes further still, recognising in the prevented action of the digestive functions, the first cause of its fatal production.
From the earliest time the nature of cancer has ever been a cause of discussion among medical men, and now we "forever in the files of time" with our microscope, our chemistry, and our anatomic pathological investigations, still find ourselves making it the subject of incessant controversy. Every age has had its write on cancer, and gradually but surely have its various characters been worked out, and elucidated by careful study—statistics have been collected, cases have been recorded, and researches have been published, which enable us now to settle many of the old disputed points in its history, to encourage us to pursue onward the study of its different phases, till we can arrive at a more definite and a clearer knowledge of its origin and progress, and till
we can discover more successful means of treatment. At the very outset of our enquiry we are met with a difficulty which reduces itself into the simple question—What is Cancer? So many authors have treated of this disease—so many writers have defined it, so many physicians have applied numerous and different adjectives to it, that it is hard clearly to lay down what cancer really is. The surgeon at once says, cancer is a malignant growth. But in what does a malignant growth essentially consist? Here we come to a variety of ideas. One says a malignant growth is the result of Constitutional taint. Another that its return after extirpation, a third that its fatal ulceration, stamps it as malignant. And a host of other definitions have been given of it. In fact, whenever a surgeon is unable to check the
progress of a growth by constitutional and local means - by cautie, pressure, or by the S Knife - returning in spite of all - he knits his brow, and mutters malignant. The idea of malignancy, which has ever been the last to our mind, is that conveyed by the definition of Dr. Bennett, when he says, "The most accurate meaning of the term malignant I conceive to be, the one which accords with a growth, having the power in itself of redevelopment; that is, once exciting it may spread to other tissues and organs, causing in them a disease or growth similar to itself, by a species of propagation similar to that possessed by animalcules or vegetable fungi."

Thus, recognizing in cancer a growth fatal to life, against whose onward progress nature can throw out no plastic barrier, but which increases...
endogenously - let us examine the different characters in which it may present itself. Many classifications have been made of Cancer by various authors, drawn up from the appearance to the naked eye from its structure under the microscope, and from the consistency of the Tumour. But we think we will do well to follow Dr. Walsh in describing only three distinct varieties viz. Sceinhus, Encephaloma, and Colloid - and then glance at Spillumina as a growth closely allied to Cancer.

Sceinhus, or Hard Cancer.

This is the most frequent form of Cancer and is seen most often in the female breast - the Rectum, as a primary growth - but secondary Sceinhus may occur in any structure, especially in the lymphatic glands of the liver and the bones.

Primary Sceinhus may occur in
two forms, either as a circumscibed mass, or infiltrated in the tissues. It forms a hard, craggy, nodulated tumour, at first small and perhaps movable, but as it advances it becomes firmly connected to the tissues around, and cannot be moved without these—this forming a strong diagnostic feature. As it grows it draws into it adjacent structures and adheres firmly to these. And in doing so it seems to faster upon, infiltrate, and subdue in itself some tissues more quickly than others closely adjoining them. Now it increases irregularly, and this gives that peculiar craggy, nodulated feel before mentioned. Its growth is generally slow, often it is present long before its existence is discovered by the patient. Pain is usually the first symptom which attracts attention, and on examination a small hard tumour is found.
In its progress this tumour grows harder and draws the surrounding tissues to it, and thus forms deep and immovable connections - contracts the skin above it, and in the breast retracts the nipple. The skin which has become adherent to the tumour at some point, is now of a dusky livid colour and very vascular. Soon some part of it softens, cracks, and discharges a thick and glutinous fluid. Ulceration has set in and will soon be followed by jetted discharge, increasing pain, exhaustion, and death. Such is BœWięss, and of all the forms of cancer it is the most likely to affect the absorbing glands. Whether the cancerous material is taken from the tumour itself or deposited in the glands, or whether the glands were affected at the same time as the primary tumour, or at all events by an agency independent of that tumour - has been the subject of dispute - we think that the former
is the true reasonable supposition. Especially as the changes of cancer have been demonstrated in the lymphatic tissues. Still doubtless in many cases the lymphatic glands are very early affected - and in some they even appear to be alone or primarily diseased. This however must be a very rare occurrence.

When we make a section of a skin cancer tumour, we find that it is hard and resists the knife. The cut surfaces are smooth and glistening and very shortly become slightly concave. This concavity is very characteristic and is owing according to Paget - "To the persistence of that tendency to contraction, to which during life we have to ascribe the traction of the surrounding tissues, and which is now longer resisted by them." In colour it is generally of a light yellowish grey, or it may be marked with intercrossing lines. On scratching the cut surface, a thick pulpy juice
May be removed, in which when placed under the microscope may be seen that crowd of molecules, granules, cells, fragments of fibrous tissue, pigment, and of fatty matters, which tell so plainly of its deadly character. The cells which we find in Science are good examples of what has been called "the cancer cell." In shape the cancer cell may vary indefinitely. It may be spherical, spindle-shaped, cuneate, linear, square or oblong. This very diversity in its shape being one of the strongest features of malignancy, is imitated only by the cells in cartilaginous tumors.

In size the cell varies from 1/100 to 1/300 of an inch in diameter. The smaller ones being generally found in tumors of the quickest growth. The cells are compound, granular, with large nuclei and well-marked nucleoli. It is generally colorless, except in
Melanosis, where the pigment granules tinge it darkly. The cell wall is very thin, smooth and sometimes is with difficulty discernible. These characters are better seen, when a little water is added. There is always one nucleus, often two or three and sometimes as many as eight or nine. When the number is more than one, they are generally of a small size. Each nucleus contains a bright, well-defined nucleolus. Independent of these contained nuclei: Among the materials of hard cancer we find some free nuclei. These may have escaped from the cells during examination, or they may be, as stated, free nuclei. Muddled with these cells & nuclei is abundant molecular and granular matter. Crossing the field under the microscope, in all directions, like the meshes of a net, are tissue interlacing.
lines, which appearance caused Scirrhus to be called Carcinoma Reticulate (by Müller). What these lines consist of is hard to determine. Paget speaks of them thus:

"The fine branching and reticulated lines that compose the more characteristic reticulum, are found especially in cancers of the glandular organs."

And in those of the breast they are so often found, among the products of degeneration in these, what are

"seemed to be portions of withered ducts and epithelium, that I fell nearly sure, that the essential characters of this reticulum in the Scirrhus cancers of the breast, are to be ascribed to the minute lactiferous tubes which involved in the cancerous infiltration, are now with their contents, compressed degenerate and wasting."

These then are the histological elements of a Scirrhus Tumour.
that Tumour may be rapid or slow in its progress, but it tends surely to end in \underline{\text{infiltration}}, \underline{\text{secondary be-}} \underline{\text{posits}} \underline{\text{and death.}}

\underline{\text{Encephaloid or Soft Cancer.}}

As its name implies, this species of cancer is of soft consistence, and on section presents a brain-like appearance. It is the most malignant and rapidly-growing form of the disease. It may be first noted in almost any part of the body, but is most frequent in the globe of the eye, the nose and other cavities of the face, in the articular ends of bones in the Testis. Though bearing on its face such distinctive characters, from Stinking, it is nevertheless sometimes found associated with it. They sometimes consist in the body at the same time, or when one is extinguished, the returning disease assumes the characters of the
other - In these Cases it is always En-
cephaloid which occurs as a sequence
to Scirrhous, and not Scirrhous to
Encephaloid - This form of the disease
is almost the only one which we find
in young children, and it has
ever been found in the Fetuses in
Utero.

It commences as a Tumour which
is usually from the first soft and
delicate & is variously lobed. It
shuts out its tetal prolongations
on various sides extending on the
one hand to deep seated and unsus-
pected connections - and on the
other enveloping in its malignant
Growth important Vessels and
Nerves. As the feel it is soft
and perceptually - and it has
none of that tendency which Scirrhous
exhibits of attracting to itself ad-
joining tissues - but rather dis-
tends and thrusts them aside by
the rapid and great Accumulation
of cancer material. Sometimes a regular capsule is seen; an 
epithelial tumour, composed of thin cellular tissue. This capsule is vascular and 
firm tightly to the tumour, leading in prolongations into its substance. 
Sarcephaloid cancer is very 
vascular. Vessels of large size, and with very thin walls, traverse 
it in all directions. To their 
covering the tumour generally 
contains large and tortuous 
veins. The supply of blood often goes 
to the tumour a certain amount 
of pulsation and of heat. 
Sarcephaloid cancer then we 
have a tumour, rapidly growing, 
of a soft, elastic, semifluctuating 
feel, with deep seated connections 
accompanied by some little pain. 
It increases, the skin becomes 
adherent, discoloured, and even 
ulcerates at some point. The 
tumour now relieved from the
presence of the fascia and subcutaneous tissues seems to act in its growth. The last 
free local barrier of nature has been burst, and the enemy has appeared openly as a hideous, suppurating, fungous mass. Soon the 
patient exhausted by continual discharge, broken down by secondary deposits, and worn out by advancing cachexia, can no longer hold out.

Constitutional resistance - cancer triumphs and death claims its victim. To the sprouting forth of this vascular mass they applied the 
name "Tumours Acanthodes" which has sometimes been treated of as 
a different form of cancer, but we prefer to see in it only the 
last stage of enchondroma.

When a soft tumor is infiltrated with fragment granules, it is called 
Melanosis or Melanotic cancer. This is generally seen in the Globe of 
the eye and the Sangu.-St.-Louis.
exactly the same cause as Menenhiral and throws out dark sanguous granulations.

When a section is made of an Menenhiral Tumor we find it soft and cerebriform. There is a loose fibrous texture pervading it which is very soft and easily crushed. In colour, when fresh it is white or light grey, stained and bleached with bloody patches. These depend on blood infiltrated into its substance. Often these are masses of yellow matter in it closely resembling Tubercle. This is owing to fatty degeneration of its substance. When pressed this Cancer yields "The Cancer Juice" in great abundance. This is digestible in water and renders it uniformly turbid. If all this juice be squeezed out, there is left a small quantity of tissue which is the "Stroma" of the Cancer.

This differs from that which in the head
"Cancer has been so named - in that it is not part of the tissue in which the Cancer has its seat, but is probably formed from the proper Blastema of the Cancer, and is as truly part of the Cancer as the Cells of other Corpora are."

When a little of the Cancer juice is placed under the Microscope, we find abundance of true Cancer Cells - with molecules, blood corpuscles, nuclei & fibres. In metastasome the Cancer cells often reach a higher degree of development than in any other form of Cancerous growth. They are closely allied to the Cells found in Hard Cancer and cannot be distinguished from them. It is said that they are often, as well defined & more easily disintegrated by Wines. The great difference, however, consists in the way in which the Cells are packed - in relation one with another - in Stains, they are closely united by
a firm intermediate substance whereas in meningioma they are loosely held together in a true liquid substance. Sometimes there may be a total absence of cancer cells and the tumour consists of free nuclei embedded in a molecular basis substance. The nuclei often contain two or three nucleoli. They are usually well defined. Lymph cancer arising in a bone presents a character which is never seen in Seminoma viz. stagnation in its interior. Meningioid cancer runs its course much more rapidly than Seminoma. In it the Constitutional Iatery occurs early and is well marked. Taking an average Medullary cancer may be said to run its course in two years, while Seminoma extends to three or four though of course this may vary either way. Lymph cancer very rarely occurs in the breast. Medullary
Cancer in the alimentary glands is a deviation of that of the primary organs. It is soft and more rapid in its growth than that arising in secondary leucia. The pain in soft cancers is considerably less than in leucia and seems to arise chiefly from the implication of the nerves by its extended prolongations.

Collord Cancer.
This is a form of cancer better known to the Physician than the Surgeon. It most frequently occurs in the stomach, and as found in that situation we will describe it. It may be seated in the pylorus or cardiac orifice, or in the great or small curvatures. It is most common however in the pylorus. It consists of a very delicate translucent membranous struma, forming numerous spaces in which is contained
a gelatinous matter, sometimes transparent and at other times opaque. In this matter are found cells in all states of development and much molecular matter. Colloid cancer seems to commence in the submucous cellular tissue or in the cellular tissue between the fascicular muscular fibres. It soon infiltrates all the structures of the stomach. The vagus nerve has been found infiltrated. The size of the organ may remain natural—be dilated—or contracted.

"The first is generally the case when the disease is not in the orifice. The second is when it is in the pyloric orifice, and the third (cardiac orifice) is when it is in the cardiac orifice." It occurs most frequently in females and is very rare before thirty. It seems to be more often met with in the higher ranks of life. It extends by infiltration along the walls of the stomach. The vessels may become adherent to the liver, pancreas, intestine &c.
The duration of this disease after it is first discovered is short, generally about 13 months, after the appearance of the first symptoms.

Let us now briefly look at the leading characters of what has been called Epithelioma.

Though closely allied to the varieties of Cancer before mentioned, Epithelioma differs from them in many important particulars. It resembles them in its tendency to local infiltration and ulceration; and in its contamination of the lymphatic system; but it differs from them in its usual anatomical situation. We find it most frequently in the lower lip, where the skin and mucous membrane join. It is found also in the tongue, of the tonsils, of the soft palate, of the anus, of the penis, of the vulva, of the nose, of the ears, etc. In the prostate it forms the well-known Chimney-sweepers' Cancer of Mr. Pott. It is not attended by secondary deposit in the viscera—It
penalty makes its appearance in the situation where the mucocutaneous surface has been subject to a long continued force of irritation. Thus the continual smoking of a pipe clay pipe seems to act in many instances as an exciting cause of epithelial cancer of the lip.

Epithelioma commences as a small indurated spot which soon elevates. It appears at first as a foul, incurable ulcer. This ulcer goes on increasing in size, sometimes occurring in one part. It occasionally becomes growing externally, but infiltrates into the deeper tissues. The lymphatic glands soon become affected, cachexy sets in, and exhaustion ultimately kills the patient.

On examination we find the tumour consists of a firm base, with a number of condensed and allied epithelial cells packed in it. At the superficial surface
is a cecum formed by epithelial scales, blood and pus. On pressing an epithelial cancer there exudes a soft, curdy substance, like the sebaceous contents of a hair follicle. This when mixed with water does not diffuse itself like the cancer juice of cordons or encephaloma, as to render the water uniformly turbid but seems to divide into minute particles. There are seen under the microscope epithelial cancer cells, nuclei either free or embedded in plasmas. granules, molecular matter, thus like muscles. The most frequent cells are large and scale-like, with a well defined nucleus, and these cells are packed together in masses or balls assuming a concentric arrangement, hence termed "concentric globes." Other cells exist of all shapes, but are generally of a large size, filled with molecular matter. Some of these
old dry and filed - others undergoing fatty degeneration - & others in all stages of growth. Thus we have a structure very closely allied to cancer and in its local appearance scarcely to be distinguished from it. But we have the important pathological difference, that in distillation we do not find those secondary deposits in the viscera, which are so fatal a characteristic of true cancer.

We have now examined the various forms in which cancer presents itself. We have seen the growth in its infancy, we have followed its progress to maturity, and we have acknowledged the futility of its recent termination. Thus far all is plain and palpable to the senses. Its grosser features are easily recognised - but if we wish to treat it, the question at once
cancer in our minds. Where is it? What is its origin? And here is a
difficult question indeed. The origin and nature of cancer has long been,
and still is, shrouded in considerable obscurity. By some it has been looked
on as a poison, infections, and contagious.
By others as a parasite. But now
that our microscopes have revealed
the true nature of its minute structure,
and of its growth, we cannot hold these
doctrines. Great efforts have been
made to prove that it may arise from
infection. Cancer of the penis has
been said to arise from connection
with a female having cancer of the
stomach. But these cases are so few that
we can only look on them as oc-
- incidences. Cancer juice has
been injected into the tissues of a
living dog, and on one or two occasions
the production of cancer is said to
have been the result. But we
know that cancer is a very common
disease among dogs, and surely an
isolated example of one animal
having the disease subsequent to cir-
culatory, standing alone among a
hundred failures, cannot be looked
to as confirmatory.

What there is Cancer?

Cancer we hold to be a morbid
growth. And the fact, with that which
we are acquainted, lead us to con-
clude, that this growth arises from
an evagination from the Blood. An
evagination is poured out, which forms
a Blastema, in which appear vessels,
granules, and cells, which in their
turn increase grow like other tissues
of the body. But their origin is
from diseased action, and their
growth is morbid and perverted.

If we look on Cancer in this wise,
we must continue on and ask,
why should an evagination poured
from the Blood be transformed into
defect of cell & filament which
incorporate in their growth otherwise healthy organs, and safe the foundations of life? There must be an altered condition of the blood which affords the opportunity, if not the cause, of the disease. We confess our ignorance. The evidence is too feeble for us to receive the theory of the Vienna school, that it depends in some way on an increase of albumen or of fibrin. So far then we recognize in an altered state of the blood - the predisposing cause of cancer. But why on the one hand an exudation should result in tuberculosis, and why on the other, it should terminate in cancer, we know not. But thus we do know, that the two rarely exist together, that the presence of the one seems to be incompatible with the presence of the other, or at all events that one is antagonistic to the other.
are cases on record, in which advanced Phthisis was suddenly arrested on the appearance of a diminutive tumour in the breast. Tuberculosis is a disease of early life - cancer of maturity and old age. Tuberculosis affects primarily the glands and then the fibrous or subcutaneous tissues. Cancer affects the lymphatic glands secondarily.

Cancer arising suddenly without any apparent cause, in persons hitherto enjoying the most perfect health, and here we must look for its origin in an altered state of the blood. But numerous cases of cancers are opened by the patient in the receipt of an injury - a blow or a fall. Here we must look on the injury as the inciting cause. Whether a cancer may arise in a case like this from local action, independent of any constitutional tendency, we think almost doubtful. We know that we are
ignorant of the essential mode of production of an excudative cell or of a piece of muscle, which we acknowledge to be the result of a strictly local action. But their production is the constant sequence of injury; yet how seldom indeed is an injury ever followed by the growth of cancerous or encephaloid. In these cases we lose or the blood as in a state of morbid alteration, which wanted only an exciting cause and a fitting locality to excite a fatal blastema. Again the injured cell is that in which cancer is apt to originate spontaneously. The eye and the testis are favorite sites of encephaloid, and cancer is most often found in the female breast. It may be asked: if an injury in the breast of an apparently healthy individual be followed by cancer, and that cancer be due to a proved constitutional tendency, how is it that injury may occur afterwards?
in another part of the body of the same person, and be healed by an exudation of pus cells, and by healthy granulations. This is a very hard question, and evidently shows that some part of our theory is imperfect as yet. But it is hard that when a tissue is once formed, it possesses a kind of vital attraction, whereby it selects from the blood only materials as are suitable for its own growth. But that sometimes a second injury may be followed by a cancerous excudation, was distinctly shown in a case which occurred a short time ago, and came under our notice. A woman applied for relief, with a Seminus Tumor of the Breast, which she stated to have arisen from a blow received from her husband. A few days after admission into the Hospital, on getting out of bed, she fell and fractured the Femur. A Quartet.
or so afterwards the boy attacked with Syphilis, and died from it.
A Post Mortem was made for examining under the Microscope the inflammatory cells around the ends of the fractured Humerus, the germ of Cancer were distinctly seen.

On the subject of the hereditary nature of Cancer we will not enter, but merely express our opinion, that from the statistics collected it seems to us that a greater proportion of cases are hereditary, than would appear to be due to chance. And we think that if we acknowledge the hereditary character of any disease, we should certainly include Cancer as one of these, the tendency to which may be transmitted from parent to offspring.

It is probable that as the blood is always changing its condition may vary as
to its tendency to produce and main-

tain Cancer. A Blastema once
thrown out, which ends in the pro-
duction of a cancerous growth has
done its work — cells have thrown
up in it, which have the power of
increasing endogenously, and
fibrous tissue is formed in which
new vessels arise and from their
erudation sufficient is forced out
for the growth of the Tumour.

This growth in its rapidity, depends
greatly on the tissues in which it
is situated — if infiltrated among
the muscular planes, where there is no
limit to its extension, its increase is
fearfully rapid — but when bound down
by fibrous tissue its growth is considera-
ble slower. Thus a Tumour may have
existed for years, and increased but
little if free, being being bound down
by fascia & integuments, but when
all these give way its increase is
horrible, & totally fast.
The dissemination of cancer seems to hold to no regular rule—there is generally but one primary tumour, and this may affect other parts by continuity of tissue. Again it travels along the lymphatic ducts to the glands. The cells, the nuclei, and the molecules, are conveyed along the channel of their circulation, and are deposited in the glands, where they grow and develop themselves. The glands as we have before mentioned are the favourite seats of secondary cancer. Probably some of the cancer material gets into the current of the blood, and is conveyed by it to the different parts of the body. Cancer cells have been found in coagula in the venous trunks by clinicals. Why some parts of the body, such as the liver, should be more subject to secondary deposit than others, we don't know. The liver would appear to have some peculiar
We now come to a more unsatisfactory part of our subject—that is, the treatment of cancer. All researches into the origin, growth, dissemination, and true nature of disease, are hardly means to an end. They are but the stepping-stones to lead us to the rational treatment; the prevention of the cure of the malady. If then we have found that cancer arises from an irruptions from the blood in an altered and virulent condition—then our efforts at treatment must be to improve that condition. And in doing so, we must recognize the fact that probably the primary and secondary digestion are in the just place out of order, and that owing to some derangement of their junctions the life stream is contaminated.
found that the growth of Cancer, its development and increase, consist in the multiplication and elaboration of Cells + Nuclei, then our object in the local treatment must be to prevent and destroy, as far as possible, those Conditions which favor Cell growth. The growth of Cells is always most rapid when they have free room to expand, a certain amount of moisture, an elevated temperature. And we find that many of the so-called Curative local means, employed by various Surgeons, have been directed to the removal of these Conditions. Thus Excision, Ligature of the supplying Artery, & the application of freezing Agents, have all been used, and doubtless in some cases with considerable benefit as a palliative, but we doubt if ever, as a Curative Agent. Those Tumours which have been said
to have been entirely resolved by pressure they cold may or may not have been cancerous. The difficulty of diagnosis is great and the very fact of their disappearance, (especially in the remarkably short space of time in which some often did) is strong evidence that they were not malignant growths but still, great good may be affected by the steady continuance of well-regulated pressure--much pain may be relieved by the local application of a belladonna plaster and if the disease is far advanced the foment may be much diminished by a hotly solution of the chlorides and much benefit is often derived in these cases from the sprinkling of powdered opium over the ulcers.

But are there no curative local means? Can curative hot cat away the malignant cells--can the phlegm just sweep off
the Mortoid Growth? Here springs up a question on which surgeons have to debate. Which was beguiled with as much silence a hundred years ago, as it is today — and which is as much settled today, as it was a hundred years ago.

Caustics — Numerous Caustics have been tried and entitled from time immemorial. Mineral Acids, Caustic Alkalies, Mineral salts, Arsenious Acid, Chloride of Zine &c. The great objection to the use of these is the prolonged suffering they cause, & the necessity of their repeated application.

In many cases of epithelial cancers, and in some Sarcomatous ulcers of the uterus, they may be advantageously employed, but their indiscriminate use is strongly to be deprecated.

The Knife — If so many of the best authorities assert Cancer is often at
Just the result purely of local action, then the knife would be certainly a cure & a perfect cure. But if we recognize in the production of Cancer a fault of the system, consisting with the development of a local growth, then we must needs put in mind the question more closely before we decide on the utility of operation. Some there have been who have advanced their opinion that Cancer ought never to be operated on. Others there have been who have argued that Cancer ought always to be anticipated as far as possible. In examining these two we think we shall find that both have gone to extremes—that the extreme strict, and we are only the by the practical treatment and practical science is in any way advanced by the prejudiced views and biased argument. It is said that most patients who have been operated on.
ultimately die of a return of the malignant disease. This probably is true— but is it not life often prolonged by the operation? Is not experience often rendered more tolerable by the removal of a long and painful, bleeding mass; even though it be not prolonged? And there are cases recorded by surgeons, whose diagnosis and sincerity we cannot doubt— men like Brodie and Velpeau— who state that cancerous tumours have been removed from patients, and have never returned. In fact, that cancer has been effectively cured by operation. This would seem to establish the doctrine of cancer being sometimes a purely local growth, arising from a purely local exciting cause, and existing for some time without affecting the system. But we have before stated that the blood which is constantly being renewed may be changed in its condition, and possibly here it had endured its
Cancerous blisters, while in an unhealthy state, and that after the extirpation of the tumor it underwent an improvement — the Cancerous tendency was removed, and the Cure Complete.

The old objection ofsubjecting a patient to great suffering, in performing a needleless operation is now removed by the introduction of Chloroform.

It appears then to our mind that if we have a malignant tumor, situated in a position where the whole of it can be extirpated, where Cachexy has not set in, where the growth is slow, where there are no secondary deposits, where the Constitutional tendency is but slight, in such a case operation ought to be urged on the patient, in the hope of in the first place curing the cancer, or failing that, at all events of pro-longing life — If on the other hand a case comes before us, if a
For advanced and rapidly growing tumors, situated in a locality where the whole of it cannot be removed, accompanied by secondary deposits in the glands of Vicera — by well-marked cachexia — by an emaciated frame and a feeble constitution, we may well withhold the knife. For why operate? Is the Systeme not contaminated and saturated with the Materie Morbi? Will we not leave behind innumerable nuclei — cells and germs? Will we not give to them an excited and increased action by meddlesome interference? Allowing them more room for growth — and Shelby the patient if the little strength which he had to bear up against the exhausting attack? And thus drive him to the grave against hope — reason + common sense.

But there are some cases in which the Tumor has already infiltrated and is accompanied by agonising pain + exhausting discharge. We may here
Sometimes feel it our duty to operate with the view of relieving present suf-
ferring - but without any expectation of affecting a cure - or even of posturing 
life - such cases as these must be 
left to the practitioner's discretion and perhaps to the patient's desire. 

On the Constitutional 
Treatment of Cancer we can, say, but 
little, for we really know almost 
nothing about it. If the blood is at 
fault, which we believe to be the 
real cause, and the treatment ought to be directed 
to its improvement, but as we are 
unacquainted with the essential nature 
of this fault - how marvellous! 

Empirical and must be - Every prac-
titioner has his favourite tonic or 
attraction, with which he endeavors 
to improve the patient's general health. 
The pain he relieves with opium - He 
does he carefully regulates, to the ex-
tection he pays particular attention. 

And this explains his constitutional
New York has advanced a theory, and brought forward cases to prove it, of a specific for Cancer. This consists in a hermaphrodite plant, found on the shores of Lake Superior called by botanists the "Sanguinaria Canadensis" - the root of which, when cut exudes a red blood-like juice. This he makes up in a paste mixed with Chloride of Zinc & applies it as a caustic to the tumour. If the plague is not ulcerated he first destroys that with Nitric Acid & then applies his paste. By these means he says he is enabled to curedcate to destroy the tumour. Never having been his remedy employed, and only having Dr. Fillis testimony for the remission Cancer effected by it - we are unable to express an Opinion as to its Efficacy.

Thomas Craigie Kesteven
Sleaford on Tyne - March 30th 1863.