A NOTE UPON A CASE OF CANCER OF THE RIGHT BREAST "CURED" BY THE CARDIGAN "CANCER CURERS."

THE AFTERMATH: A DANGER-SIGNAL TO THE
PUBLIC.

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[WITH SPECIAL PLATE.]

DURING the summer of 1907 I spent my holidays a few miles from Cardigan town, and had frequent opportunities of seeing cases of lupus, syphilitic ulceration, epithelioma of the lip, and rodent ulcers, which were under the treatment of the "cancer curers," and were locally described as "cancer that the medical profession could not cure."

I felt at that time, when the boom was on, and the "curers'" harvest was in full swing, that a note upon the nature of the cases under their treatment might be looked upon by the public as an attempt to create prejudice. The faith of the public, founded on hope and a little perhaps on a belief in miracles, its ignorance of medical subjects, and its uncharitable reflections upon the medical profession in its attitude towards quacks, were considerations to be borne in mind at that period.

The bedrock upon which the medical profession can deal squarely with cancer curers is Time, and the minimum allowance is the lapse of at least three years after the termination of the "cure" to reveal the truth whether a real cure has been effected or no.

At the present time one can deal with facts in connexion with the "cures," and a detailed account of one case may serve as a warning to the public to beware of frittering away invaluable and irredeemable time in vain and worse than useless attempts at "cures" by individuals who are as capable of treating diseases called "cancer" when they are not cancer and cancer when they are truly cancer as is a blind man to guide a ship safely in a storm by observing the compass, the sky, and the sea.

The following history is an abstract kindly made for me by Mr. Owen Ll. Rhys, M.B., radiographer to the Cardiff Infirmary, from his notes taken in the x-ray department, of a case of cancer in the right breast "cured" by the Cardigan cancer curers referred to in a leading article in the BRITISH MEDICAL JOURNAL, March 23rd, 1907. The patient was sent to me by Dr. Joyce (Porth) for further treatment in October last, after being "cured" on two occasions at Cardigan.

History of Case.

Mrs. F., aged 51, several years ago noticed a small, movable, painless lump in the right breast. Three years ago it began to get bigger, and two years ago became painful, and she consulted Dr. Dawkin of Pontypridd, who advised its removal. The nipple became retracted at this time, and pain was felt down the right arm. The left breast became affected, as far as the patient knows, about six months ago.

History of Quack Treatment.

The patient first visited the "cancer curers" at Cardigan on May 27th, 1907. The breasts were examined by one of the farmers who undertake to cure cancer. He told her that she had cancer in both breasts, but that he would cure her. No fee was "charged," but no treatment was undertaken until some money had been "put down." The patient put down £4 10s., and was told that the usual amount was from £5 to £10. There were, she said, during her stay in Cardigan, 500 patients undergoing treatment by these men. She was treated for five months, and then sent home "cured." She returned to the "curers" in seven weeks, and was treated for a further three months. She was then again pronounced "cured." The treatment in every case was as follows:

Each patient visited the consulting-room once daily with her own brush. The affected part was then painted all over with an "oil," the oil in every case being the same. It contained, apparently, a blistering fluid, as the patient states that bladders formed all over the part. After the painting, which lasted a few seconds, the patient was told to apply a cabbage leaf over the part until the next morning, when the same treatment was repeated. Pain was excruciating at times, and she often spent sleepless nights.

It may be added that Dr. Dawkin of Pontypridd examined both breasts just before the patient went to Cardigan. There was no tumour in the left breast at that time; the growth must therefore have developed during the "cure." From May, 1907, to October, 1908, the patient saw no qualified medical man.

The only mystery about the "cure" is the "oil" which draws "the cancer and its roots" to the surface. At the

end of her first visit, which lasted five months, the patient was presented with the cancer that had been cured; it was given to her in a bottle containing clear fluid and hermetically sealed. She was also on the same occasion presented with a "healing oil" which assisted the "cancer" to fall off. I send the "cancer" in the bottle, and the healing oil to the BRITISH MEDICAL JOURNAL for analysis, with the desire that they may be reported upon by men who are authorities in such work. The patient never saw the colour of the "oil" which was said to be drawing the cancer to the surface because the bottle containing it had black American cloth tied round its neck and was fastened securely to a button or buttonhole of the clothes; sometimes the bottle would slip out of the pocket and it then dangled by its neck under cover of the black cloth. The patient took her own brush for the application of the oil to the skin and the cancer curer squeezed every drop of the oil back into the bottle and then dried her brush before she was allowed to take it home. Let it be noted that the applications of the oil lasted for five months, and were made daily, Sundays included, over the whole of the skin of the right breast. At the end of this cure a photograph (the small circular photograph reproduced as inset in the upper figure on the Special Plate) was taken to demonstrate how the cancer had been drawn to the surface. If this photograph be examined it will be seen that, so far as the eye can judge, it shows nothing beyond a large collection of dried and heaped-up crusts covering the whole area of the right breast. She was sent home "cured," but in seven weeks she returned to Cardigan again as the skin had not healed up properly. Again, the same daily treatment was, she says, applied to the still unhealthy and unhealed skin. This second course lasted three months, and she was again sent away "cured," with a crust hanging on her breast and with instruction to apply water in which marsh mallow leaves had been boiled, and to keep the leaves on "the cancer" if possible.

Eight months of daily application of the "oil" to the whole skin of a woman's breast with cancer steadily growing and creeping beneath the skin is a picture for the public to ponder, and for the public press who encouraged scores of cancer victims to migrate to Cardigan seriously to consider. It is a position of very grave responsibility.

When the patient came to me I had two photographs taken in order to show the surface appearance of the damage done to the skin by the oil. The lower photograph on the Special Plate requires some explanation. Two vertical lines have been drawn on it over the region of the right breast, and one horizontal line.

The curious and striking appearance of the surface over the right breast is due to one huge scar in the various stages to which scars are liable. Its dimensions are 7 in. from above downwards, between the marks O which will be seen between the two longitudinal lines, 6 in. from side to side, and 6½ in. in its greatest oblique diameter; in other words, the normal skin which covered the whole of the cancerous right breast has been converted into an unhealthy scar by the application of the cancer-curers' "oil." The periphery of the lower half of this monster scar has a large number of satellite scars—evidently, in my opinion, keloid following folliculitis.

The point N on the transverse line is an open cancerous ulcer over the site of the right nipple. The relative position of the nipples on the two sides is evident. The whole of the right breast tissue is more or less infiltrated with cancer. The outline of the breast is not shown in this front view, but its state may be gathered from the fact that the point B is 1½ in. in front of the point S.

All the scar tissue between the vertical lines is tied down and fixed to the underlying cancerous growth, whilst the scar tissue on the other sides of the vertical lines is movable. At C there is a crateriform cancerous ulcer, and another irregular ulcer may be seen. The growth between the vertical lines is also adherent to the chest walls, the glands in the right axilla are grossly infected, and the right supraclavicular glands are also easily recognized to be infected both on inspection and palpation.

The arrow on the left arm points to a prominence in the left breast, and underneath it a growth the size of a hen's egg can be felt.

The sum total of the treatment has been (1) an attack upon the skin alone, which has never reached the disease;

(2) much pain to the patient, and the waste of valuable and irredeemable time.

In popular language, the cancer is still where it was originally, but grown bigger; and "the roots" extend from the growth under the armpit right up to the neck.

In my opinion, the "cure" is worse than a farce, and one may ask how is suffering humanity to be saved from the tragedy of self-destruction by faith in these direful "miracles."

SYPHILIS COMMUNICATED BY INDUSTRIAL IMPLEMENTS.

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On looking over some old notebooks I find the following case, which illustrates very well the ease with which syphilis can be passed from one to another by the use of industrial implements.

Some years ago a patient consulted me for cycloplegia, and inquiry brought to light the following interesting history.

Seven years before consulting me he had worked as a glass-blower. He had to use the same tube as two other men. He developed what appears to have been a chancre at the back of the throat (tonsil). This was followed by a rash on the chest, and his hair fell off. At this time working with the patient was a man suspected by his mates of having syphilis. The man in question denied that it was syphilis, asserting that it was *only* the "clap." The manager told my patient that he would take no harm, but he said, as a preventive he washed out his mouth with water. In addition to this patient, two men working at the same place were infected, both having the chancre in the throat. The infector then left these works, and entered others in a neighbouring town. It was stated to me that he had infected other men there also. In consequence of these infections the trade was notified by circular, and the man was prevented from working. My patient infected his wife, and thus we have an instance of more than four innocent persons infected by one case originally venereal.

Neisser has stated that the danger of inoculation by infected instruments must be small because the virus dies very soon after removal from the body. This applies to most of the supposed dangerous sources of non-venereal syphilis, but the case of glass-blowers is a particularly dangerous one in this respect. The blow-pipe is passed from mouth to mouth without any precautions whatever. As I write this a glass-blower informs me that the same blow-pipe is used at the present time by three men on the day shift and three on the night, namely, the gatherer, the glass-blower, and the wetter-off.

The liability to syphilitic infection from the passage of the blow-pipe from mouth to mouth has not escaped the attention of Schmidt¹ who refers to it in his article on glass-blowers' diseases. He moreover quotes Eysell,² who has described a series of 12 infections from 1 case, and in 6 of these the chancre was inside the mouth and in 6 only on the lips. Schmidt remarks that syphilis contracted in this way must be looked upon as an industrial accident, and would therefore be liable to compensation.

REFERENCES.

¹ C. F. Schmidt: Weyl's *Handbuch der Arbeiter-krankheiten*.
² Eysell: *Extragenitale Syphilisinfectionen* (Inaugural Dissertation).
Göttingen.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

BEE STINGS AND RHEUMATISM.

SINCE my note on the above in the BRITISH MEDICAL JOURNAL of October 31st, I have applied 100 bees to myself, with the result that there has been no return of the sciatica; the arthritis of the right hip causes only a little inconvenience at the end of a four-mile walk, and the rheumatic pains of both shoulders, which have troubled me greatly for well over twenty years, have completely disappeared. Still I intend continuing the stinging till complete immunization ensues.

I have had the opportunity of testing the cure to some extent in four cases:

CASE I.

A man, aged 76, with arthritis of ten years' duration in both hips. He could only shuffle short distances in fine weather with the aid of two sticks. After 18 bees had been applied I saw him on November 17th. He was in great trouble because "the pain had left the hips and gone down into the thighs." I told him to continue the bees, which he is most unwillingly doing.

CASE II.

A woman, aged 63, since August 13th last has suffered acutely from intercostal neuritis following herpes zoster. Having tried the whole gamut of reputed remedies without avail, I persuaded her to try the bees. After ten stings I saw her also on November 17th, when she told me she would have no more as they were doing her no good. On closer questioning she admitted that the attacks were less frequent and less intense. When asked about her sleep, her daughter, about 30, replied for her, "Oh! she sleeps all through the night now." Before the stinging she had not had three consecutive hours' sleep any night since her attack commenced. She is a typical representative of a class who "enjoy" bad health, and who never admit an improvement except after cautious cross-examination.

CASE III.

A gentleman, aged 63, from North Britain, has had sciatica for three years, and during that time has paid repeated visits to Droitwich, with very little, if any, benefit. I applied seven bees to his right hip on November 16th, and on November 19th I received a letter asking me to see him at my house on November 21st and apply some more bees. He told me that two hours after the first application he, quite unthinkingly, turned over on his right side, and was surprised that for the first time for a very long period it gave him no pain. On November 23rd he wrote: "I think I can report a distinct improvement in my leg, and last night had better rest." This gentleman had spent the last five weeks at Droitwich, and had thirty-two baths, hot and douche, before I saw him.

CASE IV.

A domestic servant, who ten years ago was in a workhouse infirmary with rheumatic fever. After several months' residence there she was discharged with the left knee-joint stiff. For the past twelve months on rising from a sitting posture she experienced great pain, and wore an anguished look. After six stings with three bees each time her pain disappeared, and her countenance tells a tale of relief. I suggested bending the joint under an anaesthetic on a future occasion, to which the patient has agreed.

As I have had numerous applications from members of the profession as to where bees can be obtained and how applied, may I say that during hibernation they can only be had from those beekeepers who have box hives. They must be carried in a properly ventilated box in the pocket, and kept not longer than three days till required in a warm place during cold weather. A small quantity of barely moistened castor sugar should occupy part of one end of the box. The lid of the box is fastened by a screw in the middle of one end; a slip of glass of the same size as the lid may be placed in a line with one side and pushed back, following closely on the lid. I have devised a modification of the spring forceps to seize the insects.

The legs of the forceps each end in a semicircle which when closed and covered with indiarubber valve tubing—the bees resent cold steel—make a circle measuring something less than $\frac{1}{4}$ in., or a trifle less than the shoulders of the bee. This must be inserted with care between the glass and the box, as a little nervousness may allow the escape of one or more bees to the terror of a nervous patient. When the bee is seized the forceps is secured by the automatic lock, and it should be seen that the bees in the box are equally secure, by either lid or glass, before the next move. The bee is then held close to the required spot, and very little pressure is needed to make her sting. The annexed woodcut shows the forceps made for me by Messrs. Phillip Harris and Co., Birmingham.

As to where the bees may be had, I can only advise sending a stamped and addressed reply envelope to the editor either of the *British Bee Journal* or of the *Bee-keeper's Record*, who, I think, will be able to give the address of the nearest beekeeper to the inquirer's resi-