

# The War Against Cancer

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In the campaign against cancer many things must be considered, such, for example, as centres for treatment, delay in diagnosis, follow-up of cases, methods of prevention, and research.

**Centres for treatment.**—In most of the countries of North America and in Europe, there are centres for cancer treatment with well-equipped staffs of pathologists, physicians, physiotherapists and surgeons, all trained to carry on their work with the closest cooperation. Cancer work has become team work. It is no longer the work of the general practitioner; it has become a highly specialized branch of treatment.

**Delay in diagnosis.**—In every country there is a lamentable complaint that most of the cases of cancer come too late for effective results in treatment. This situation is being met abroad by well-trained campaigns of public education and by better training of medical students and of those proposing to specialize in cancer work.

**Follow-up of cases.**—Another matter of importance is the follow-up of cases. In every clinic an elaborate record of cases should be taken to keep in touch with patients and to bring them back to the place of treatment at intervals for years until all possibility of the return of the disease is past. In some countries the expense of transportation is borne either by the government or by the local authorities.

**Prevention in cancer.**—Prevention in cancer is as necessary as prevention in other diseases. Much can be done in this direction by education and by periodical examination of persons after 35 years of age.

**Advance in cancer control.**—During the last century medicine has won signal victories over many diseases. Most of the victories have been in connection with germ-caused diseases. Cancer is a disease of another category. Its actual cause is unknown.

**Consumption or tuberculosis.**—A generation ago there was general despair in respect to consumption. This disease shows itself chiefly among young adults. The beautiful fair-haired girl, a keen student at school, suddenly develops a cough, a weariness, and loss of appetite. The doctor announces, "she has tuberculosis". The anxious mother feels that the death-warrant of her beautiful daughter has been signed. But thanks to the combined application of rest, good food, outdoor life and sunshine, consumption is usually checked and often cured, so that the death-rate of 145 per 100M has been cut in half and tuberculosis, instead of ranking second in the list of "killing" diseases, now occupies fifth place.

Tuberculosis is prevented by the use of better living quarters, the avoidance of crowding, by the separation of children from their tuberculous parents, brothers and sisters, by the use of pasteurized milk (thus avoiding the bovine type of the disease), by the control of flies, and general sanitary measures.

After over 26 years of public health work, I am sometimes discouraged with the slow progress made in the control of disease. When I recollect that 311 millions are spent on sickness in Canada every year and that less than seven millions are spent in the prevention of sickness, I sometimes despair of the eventual control of disease. But the facts to which I have just referred give me comfort and I thank God and take courage, that the future may bring, in respect to other diseases, results similar to those gained in diphtheria, typhoid and tuberculosis.

**Cancer.**—The present day despair and terror in respect to cancer is similar to the despair and terror which 30 or 40 years ago existed in respect to diphtheria. While there is to-day no perfect cure for cancer, yet the measures for the treatment of cancer are infinitely superior to those for the treatment of diphtheria before the year 1925. While there is no complete treatment of cancer, research into this affection is far more advanced and the prospects for a cure infinitely better than the corresponding prospects for diphtheria, typhoid and tuberculosis forty years ago.

Speaking at Chicago recently, Dr. Bloodgood said: "A beautiful woman doesn't have cancer of the face. Why? Because with the first blemish on her face she goes to a physician. That is a valuable lesson for men to learn."

"Women smoke, but they do not develop cancer of the mouth. The reason—they keep their teeth free of nicotine. That's another lesson for their husbands and brothers."

But there is after all this, a real increase in the incidence of cancer. If we take our own country alone, the mortality from cancer has shown a successive and steady rise over a long period, one must admit that cancer is increasing.

## Statistics of Cancer Mortality—

I suppose you are not fond of statistics, and I shall burden you with only sufficient to convince you that there is an alarming increase of this affection. Beginning with 1914 the mortality rate for cancer in Ontario was 69 per 100,000 of population; in 1929 the rate was 104, and last year 109.5, an increase of 5½ per 100,000 in a single year.

During the last decade the rate of increase has been nearly 20.0 per 100,000 of population, or a relative increase of 31%. For certain regions of the body, the stomach, the intestines, and the female organs of generation, the increase has been particularly marked and is in comparative accord with that found in most countries. The annual loss of life from cancer in Ontario has, in the aggregate now reached 3,635 and the total number of cases cannot fall short of 10,000.

The increase in cancer mortality is general all over Canada, the rate being 93 in 1930, or an increase of 5 over that of 1929, and of 47 in the number of deaths.

The newer sections of the country, Alberta, Manitoba and Saskatchewan, with fewer people of the cancer age, have the lower rates.

The records for England and Wales since 1847, show an ever-increasing tide of cancer mortality. During this period the rate has risen from 27.4 per 100,000 to 145.3 (1930). The United States, and particularly the continent of Europe, show an equal or greater increase, and all over the civilized world there is the highest interest in research as to the cause of cancer, and experiments in treatment to control this mighty scourge.

**The Nature of Cancer.**—The human body is composed of millions of cells, cells that can be seen only when magnified about 500 times, when they appear to be of the size of a small pin's head.

In its simplest form the cell is a spherical body with a definite wall, and semi-solid contents in the middle of which is a smaller spherical body known as the nucleus, and upon which the life of the whole cell depends. In its normal life history the nucleus and subsequently the cell itself divides. The cells grow to full size and are ready to divide in their turn. The process of further division depends upon a number of circumstances many of which are unknown, but in part it depends on the nature of the cell.

Thus the skin is constantly being renewed by division of the deepest layer of cells, whereas nerve cells are never renewed once they have been formed. Although cells typically are of spherical form, they may, from pressure, become flattened, columnar, polyhedral or irregular in shape.

The cancer cell is a normal cell of the body, but for some unknown reason this cell departs from the ordinary habit, and not only divides but continues to subdivide indefinitely. Under the microscope one can observe the birth and growth of the cancer cell, can see it spread, invade and destroy the healthy tissues: one can distinguish cancer cells from the ordinary tissue cells, and classification of the different types of cancer and tumour growth can be made.

Cancer seems to be a local rebellion of a group of cells against the established order. The rebellious cells are unrestrained in their action; they are "bolshhevists", and if the local riot is not properly checked it may develop so as to destroy life.

The cause of this untoward action on the part of the errant cell is unknown. Cancer is non-infectious; it is not hereditary; it is not introduced from without; it is generated within the body. There is no true germ or parasite to which the growth of cancer can be ascribed. Cancer itself is a parasite grafted upon the human organism upon which it acts in a destructive fashion.

Cancer may be a combination of diseases. Fifty years ago fever was a term used to cover a large variety of affections. The cause of most of these fevers having been discovered, they are now classified as typhus, typhoid fever, pneumonia, malaria, etc. Many physicians believe that cancer is similarly a general term that may cover a variety of diseases. It is well known that there are several types of cancer of the skin for example, and it may be that the light of future knowledge will separate cancer into its component parts, and aid in the solution of its control.

**Pre-Cancerous Growths.**—In addition to the true cancer there are other forms of irregular growths known as benign tumours. These are all more or less associated with malignant or cancer tumours but are comparatively harmless in themselves. There are cell processes which precede true cancer and which are known as pre-cancerous conditions. These pre-cancerous conditions of tissue cells appear to be due to the influence of some internal irritant or of some internal stimulus. Some of these growths result in cancer, and most cancers develop from some such primary over-growth of cells. Thus it appears that there is a stage in the history of cancer when the growth, while a departure from the normal, is not actually cancer. Examples of this are seen in the pearly appear-

ance of the lip in smokers, in the white spots on the tongue or inside the cheek, or in the scaly accumulations of epidermis on the faces of elderly persons. These are not cancer; they are pre-cancerous conditions which may and frequently do, become cancerous.

**The Origin and Cause of Cancer.**—As already pointed out, no real cause of cancer has so far been discovered. All the causes which we know of are predisposing or exciting conditions which appear to be related to the origin of cancer. These include:

1. Hereditary predispositions.
2. Age.
3. Embryological faults.
4. Irritation and injury.
5. Biochemical stimuli.
6. Diet and civilization.

**Hereditary.**—In both animals and men there are those whose susceptibility to cancer is stronger or weaker than is the case with others. As in tuberculosis and many other affections the tendency to acquire the disease is higher in some than in others. Such persons are relatively more susceptible than other persons, their resistance to the particular affection is less, the soil is more favourable to the growth of the disease. The hereditary predisposition to cancer is, like that of tuberculosis, the true conception. There is no evidence that cancer is transferred from parent to child.

**Age.**—Age is a definite factor in the onset of cancer. While malignant growths may originate at any age, the liability to cancer increases with the years of life. The work of preventive medicine has extended the length of life of the individual. Through this extension there is provided an additional number of potential cancer victims. The newer countries with a younger population have less cancer than the older civilizations. As the population becomes of more advanced age, the mortality of cancer increases.

**Embryological Faults.**—The human body is a complex and wonderful structure. Its elements are the product of a single cell. As in all structures there are "faults" in the body construction, and it is not uncommon for a tumour to grow from one of these faults. Only a few of such growths are dangerous; most of them are innocent. The great cancers of the body, as a rule, take their origin from mature cells but now and then one develops from an embryological fault.

**Irritation and Injury.**—It is not known how irritation acts in exciting the growth of cancer, but there is no doubt that injury and chronic irritation of a part often induce cancer. The surface of the body and the alimentary canal are among the chief sites of cancer. These regions also are the most subject to irritation. Many chemical and physical agents are known to excite cancer. Irritation is the commonest "cause" of cancers of the parts of the body subject to injurious influences. Knowledge of this fact is of assistance in the prevention of cancer. Avoidance of irritation or the removal of irritating agents are the potent measures in the reduction of cancer.

**Biochemical Stimuli.**—The human body is a complex chemical laboratory. The growth of glandular cancer, and perhaps of other forms, is probably excited by the influence of chemical processes of the body. In this field research may possibly uncover the real cause of cancer.

**Diet and Civilization.**—Since cancer occurs alike in vegetarians, in meat eaters, and in those using a mixed diet, the kind of food consumed has probably no effect in originating cancer. No diet predisposes to, nor prevent cancer in the individual. But the manner in which food is used may cause irritation, and thus excite a malignant growth. Foods taken too hot, or bolted without proper mastication, may act as irritants or cause indigestion, and so provoke cancer of the stomach or intestines. Nor can civilization justly be blamed for the induction of cancer. Certain civilized habits, higher life development and the greater average of civilization may account for the possible excess of the cancer of civilized people over that of primitive people. It is obviously impossible to disown the advantages of civilized life and assume primitive habits. The remedy is rather to gain control of cancer by research and application of scientific knowledge.

**The Growth and Spread of Cancer.**—As already indicated cancer grows by the proliferation of its cells to form additional cancer cells and that cancer spreads through invasion of adjacent tissue by the cancer cells or by their dissemination through the lymphatic vessels and blood vessels to distant parts. The spread of the original growth to other parts of the body is known as metastasis. The great danger in cancer comes from this invasion. The rate of this invasion and the destructive effect of the invading cells vary greatly in different cancers and thus some cancers are much more dangerous than others. The time for successful action is limited. Diagnosis and treatment, to be satisfactory, must be applied at the earliest opportunity.

Destruction of a small cancer at its beginning, or removal of irritation and continued observation of pre-cancerous states would do much to limit the mortality of this dangerous disease. Cancer is at first a local disease, and if removed in the early stage is curable.

**Decline and Death of Cancer.**—A cancer is a living thing, and like all living things it cannot last forever. Dr. David Arthur Welsh, F.R.C.P., Edin., writes in a fascinating manner of this and other epochs of the life history of cancer. He says:

"A few cancers reach the term of their natural life before they kill the patient. Every doctor who has had much experience of cancer can recall instances where a cancer appears to have been checked in its malignant career, where it has ceased to grow and where it has died out. What sometimes happens is this: the doctor declares with truth that an advanced cancer is hopelessly inoperable, and that he can do no more; the patient in desperation tries some quick remedy. Then the incredible thing happens; the cancer begins to die and the patient begins to live again. Not one in 1000 cancers, perhaps not one in 10,000 is so obliging as to die before its human host."

But the incredible fact has happened through the cancer possessing a low order of vitality or because of the high resistance of the body, and this fact is encouraging in that research may discover a means of accelerating the exhaustion of cancer vitality or of increasing bodily resistance to malignancy.

**The Early Signs of Cancer.**—The early signs of cancer are frequently obscure. In many there is no apparent tumour. Most of them are painless. They are painless until their size causes pressure on nerve filaments, or interferes with the function of an organ. But usually there are danger signals. There is a sore, say on the lip, the tongue or inside of the cheek, which fails to heal; there is the red flag of haemorrhage from the lower bowel or the internal organs of women; there is the lump in the breast, the continued hoarseness from a growth in the larynx; the protracted indigestion which fails to respond to the usual remedies. These are facts which should be regarded with the gravest suspicion and every opportunity taken to prove or disprove their association with cancer. Neither patient nor doctor can afford to gamble on the chances that any single one of these signs is an innocent one. Nothing should be left to chance. Every available means of diagnosis, under such circumstances, should be resorted to and the investigation of such signs should be pursued until the question of cancer or no cancer is solved.

It is a very great misfortune for the human race that cancer in its early stages is not often accompanied by pain. If cancer were only as painful as a toothache from the start, thousands of those who procrastinate until the disease is too far gone for curative measures, would be relieved of their troubles and cured of their diseases.

**Modern Methods of Treatment of Cancer.**—The chief resources in the treatment of cancer are: Surgery, X-rays and Radium.

Of these resources that of surgery has long held the field, and surgery remains the most potent agent of treatment in cancer of the stomach, of the intestines, the fundus of the uterus, and other abdominal organs, though this field is being somewhat invaded by irradiation either as an active or as an auxiliary to surgical treatment; it is still the best resource in cancer of the larynx and oesophagus, but in these fields also radium is taking a part. In treatment of cancer of the breast surgery holds the chief place. Here again radium and X-rays are widely used in auxiliary treatment and are considered by some clinicians to be the best method.

In cancers of the surface of the body, the lips, buccal cavity, the jaws and throat and the uterine cervix, radium and X-rays afford very satisfactory results, especially if cases are seen early, a requisite that widely enhances the opportunity of cure by any method. It appears, therefore, that for the largest number of cancers of the human body, surgery is still the method of choice, but it is equally apparent that both radium and X-rays are powerful and effective methods of treatment, and that facilities for treatment of cases should include the best in all three lines.

In addition to these methods there is a variety of therapeutic measures such as various serums, the use of colloidal lead, etc., the results from which are, so far, too remote as seriously to enter into competition with the proven results of the well-known triad mentioned. What the future holds in the direction of new treatment of cancer, it is impossible to say. It is the hope of everyone that simpler and even more effective therapeutic agents in cancer treatment may, ere long, be discovered.

**Surgery.**—In an address of this nature it is unnecessary to dilate upon the value of surgical treatment. This form of treatment since the days of the im-

mortal Lister has shown an extraordinary development, and some of the most prominent surgeons are of the opinion that its limits as a therapeutic measure have almost been reached. Surgery still holds the field in cancer treatment; the surgeon has reached an astonishingly high degree of skill; he is confident of himself, and it will only be by a discovery of newer, more exact, and simpler methods that he will be dethroned.

The limited time in this address given to the consideration of the surgical treatment of cancer, falls to indicate the immense value of surgery as a therapeutic agent in malignant growths. The surgical treatment of cancer is so well-known both within and without the profession that it seems out of place to say more than that, in our present state of knowledge, surgery still holds the premier position; it is still the line of approach in the majority of cancers.

Opinion of the value of early surgical measures in cancer is given by Lord Moynihan, one of the most distinguished of British surgeons, as follows:

"No better illustration of the value of early surgical interference in cases, for example, of cancer of the breast could be given than the statistics published three years ago by our Minister of Health. Very briefly, it was found that when the operation for cancer of this organ was performed in the early stage of the disease, 90.1% of women were alive and well ten years after operation, whereas if the disease was very advanced, 94.4% were dead within this period. The nature of the disease was the same, the operation the same; the stage of the disease made all the difference. It is true to say that every single case of cancer where the disease is accessible to the surgeon, is curable in the early stage. It is quite obvious, therefore, that the future success of surgery very largely depends upon the education of the public in these matters and of a very clear recognition of that fact that their only fear should be the fear of delay."

**Radium.**—Radium is a radio-active substance derived from pitchblende, the chief source of which is the Belgian Congo. In 1896 Becquerel discovered that the element uranium, the important constituent of pitchblende, emitted rays capable of passing through material substances, and a little later M. and Mme. Curie proved that these rays were produced by the disintegration of the uranium atom, that a new element which they called radium was formed, and that this in its turn was subject to continuous disintegration, during which similar rays were emitted.

The total (approximately) of radium available in the world is 25 ounces. The United States owns 50 grams, the British Isles 60 grams, and France 50 grams.

Radium is used in two forms, first as the element which in appearance resembles white pepper, and second, in solution from which an emanation or gas called radon, is produced. The dose in each form can be accurately measured and is usually referred to as so many milligrams of radium element.

The disintegration of radium is a slow process, one-half disappearing in a period of 1690 years. Its final disintegration is lead. During the process of disintegration energy is liberated in the form of alpha, beta and gamma rays. The emanation of radium is a gas which will be lost unless the radium from which it arises is kept in a sealed receptacle. In the sealed container radium emanation gradually accumulates in an increasing amount, and it is used chiefly in the form of "seeds", which are tiny sealed receptacles of gold or other material, and which may be inserted into or about the growth, the time employed and the quantity used constituting the dose. In a little less than four days the emanation (radon) loses half its strength.

Radium is very expensive. Its production at present is chiefly in the hands of the company called the Radium Belge with headquarters at Brussels. The company's works are at Oelen, near Antwerp, and the operation of transforming pitchblende to radium, requires 67 processes.

The effect of radium element, of the emanation and of X-rays, is much the same, and preference for one or the other, is chiefly a matter of convenience, accessibility of the growth, and personal experience. For the treatment of tumours, the hard or gamma rays are used, the softer rays being cut off by a filter of lead, platinum or other metal. The reason why these rays, in appropriate dose, destroy cancer cells, and at the same time have a minimum effect upon normal cells of the body, is largely because the cancer cells are in a constant state of division, and are, consequently, more sensitive to the rays than normal cells. In addition to this, the rays are believed to have an effect upon the surrounding tissues, which contributes to the cure of cancer.

Both X-rays and radium in excessive dose, are very dangerous, so those in charge of treatment must use the greatest care in prescribing the dosage used, and in adopting safeguards necessary to the protection of both workers and patients. The use of irradiation, whether

from X-rays or radium, demands prolonged experience and meticulous care. It is a form of treatment that can only be successful and be carried out safely in an institution for the purpose, in the hands of skilled operators; it is NOT one for the general practitioner. Everywhere this fact must be stressed. The rays of radium and the Roentgen rays are invisible, potent agents for good when properly used; they are dangerous in the hands of persons unskilled in their use.

**Roentgen or X-rays.**—On Nov. 8th, 1895, a new kind of ray was discovered in Wurzburg, Bavaria, Germany, by Prof. Wilhelm Conrad Roentgen, Professor of Physics in the University, a Doctor of Philosophy. For the first time was seen a light never before observed on land or sea. It was a faint, greenish illumination upon a bit of cardboard, painted over with a fluorescent chemical preparation. Upon the faintly luminous surface was seen the line of dark shadow. The experiment was carried on in a darkened room from which every known kind of ray had been scrupulously excluded. A Crooke's tube stimulated internally by sparks from an induction coil, was provided and carefully covered by a shield of black cardboard impervious to every known kind of light. Nothing was visible until the hitherto unrecognized rays, emanating from the Crooke's tube and penetrating the cardboard shield, fell upon the luminous screen, thus revealing the new rays.

The visible rays,—they were visible until they fell upon the chemically painted screen—were found to have an enormous penetrative power, passing through cardboard, cloth and wood with ease. They would go through a thick plank of a book of 2,000 pages. But copper, iron, lead, silver and gold were less penetrable, the densest of them being practically opaque. White flesh was very transparent, bones were fairly opaque, and so the discoverer, interposing his hand between the source of the rays and the luminescent cardboard, saw the bones of his living hand projected upon the screen.

The X-rays have much the same effect as the rays from radium. They are really the same thing but can be used where the local situation of the growth prevents the ready application of radium.

In certain places in Germany, for example, cancers of all kinds are treated with X-rays, the projector of the rays being forced in close to the growth, in the abdomen or breast, just as one can force one's fist into a soft pillow. Both the rays of radium and X-rays can be accurately measured, there being an International "yard-stick" for this purpose, thus allowing of the dose in one country being the same as in another.

Neither radium nor X-rays cure-alls, they are auxiliaries to surgery in the treatment of cancer, with the fortunate exception that in cancers of the mouth, throat, lips, skin and the uterine cervix, they are probably better methods of treatment than surgery.

**Hopes for the Cancer Patient.**—Thousands of reports of cancer have been accumulated all tending to show that this disease of humanity is almost never hopeless; that cures have been obtained in seemingly the most futile cases, and the greatest obstacle to the improved treatment of the disease is the mental lethargy and the hopeless attitude of the general public.

This public condition can be changed only by education, by the use of the true facts about cancer, by the spread of knowledge as to newer and improved methods of treatment and by urging the public to present themselves to the physician not when the earliest signs appear, but yearly after 35 years of age, just as they visit the dentist.

**Prevention of Cancer.**—Prevention of cancer may be achieved to a considerable degree by the education of the public and of doctors, nurses, and dentists in the early signs of the disease.

It is a lamentable fact that, all over the world, one sees the majority of cases coming too late for

# THE CAMPAIGN JUDGES WILL BEGIN THE FINAL COUNT AT EIGHT ON SATURDAY NIGHT

## Reserve Vote Statements of All Candidates Now in Sealed Ballot Box at Bank of Toronto

Promptly at eight o'clock this Saturday night the Judges of The Standard's Subscription Drive (selected at the outset of the competition) will assemble at The Bank of Toronto to begin the final count of votes to determine the winners in the campaign.

All active candidates have signed statements of their votes to date to be deposited in the sealed ballot box at The Bank of Toronto. The judges will examine the reports made in the ballot box during this week, and the reserve votes to the total secured by each candidate this week and thus determine the final position of each in the race.

The Board of Judges consists of Mr. J. C. Mercer, Reeve of Markdale; Mr. A. G. Robertson, Manager of The Bank of Montreal, Markdale; Mr. J. A. Davis, Reeve of Armetesta; Mr. J. S. Price, Deputy-Reeve of Holland, and Dr. J. A. McArthur, Justice of the Peace, Markdale. These gentlemen are all widely known in this territory and their decision on Saturday night will be unquestioned.

It is to be expected that the decision of the Judges will be made some time around nine p.m. Saturday. As soon as an official announcement of the winners has been made all candidates may come to The Standard Office to receive their awards.

Several farmers in this locality lost chickens from unknown marauders recently and traps were set to catch them at work. Mr. Sam McMullen and Mr. Roy Piper were two of those who lost fowl and each was fortunate in catching an owl as it came back for more booty. The owl Mr. Piper captured had a wing spread of four feet, six inches.—The Flesherton Advance.

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