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Contributors

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THE CONTROL OF A SCOURGE

CHARLES P. CHILDE

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M.B., LL.D., D.Sc., F.R.C.S., F.R.S.,
Emeritus Professor of Clinical Surgery,
Consulting Surgeon to the Hospital.

July 1918.



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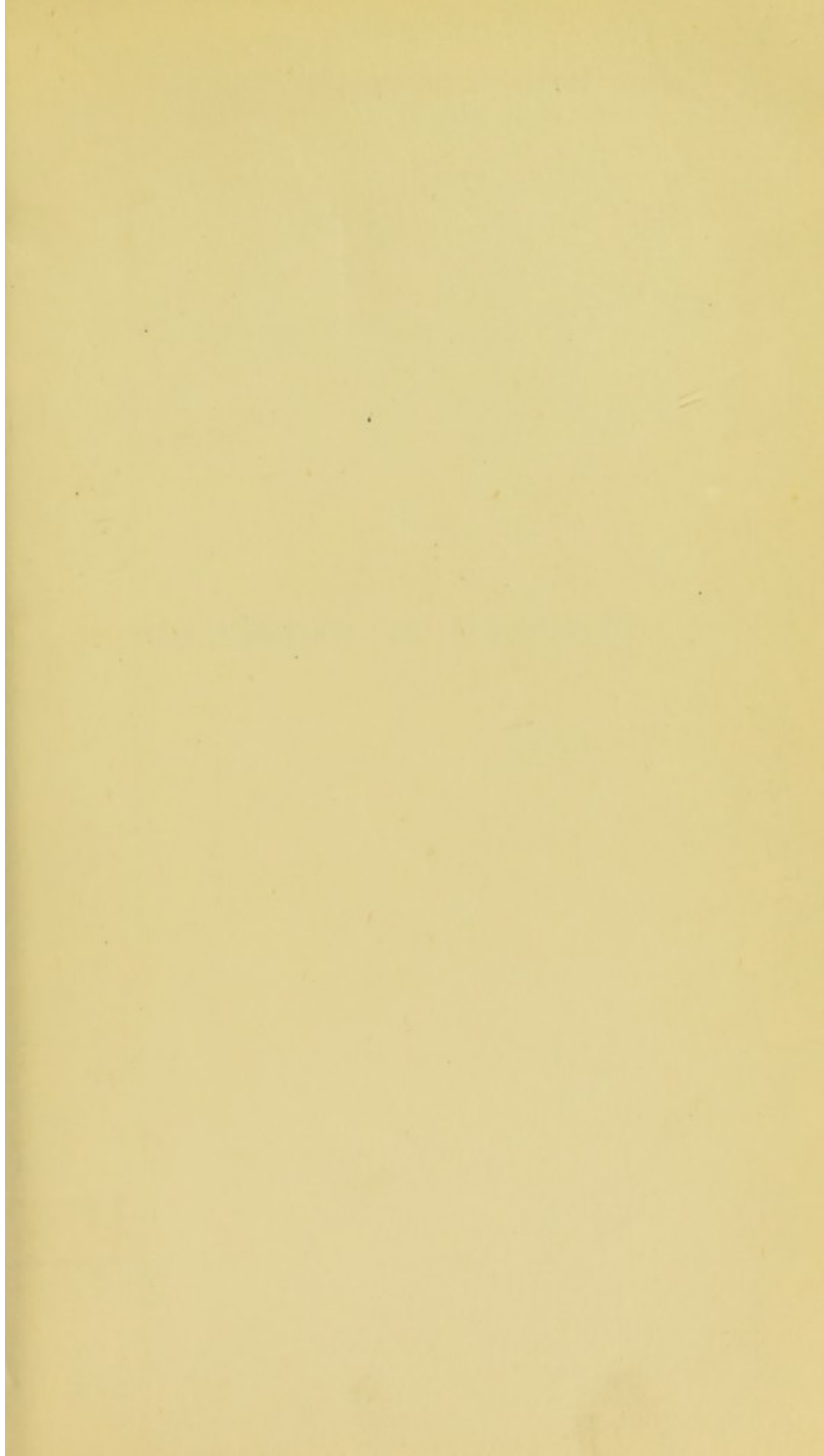
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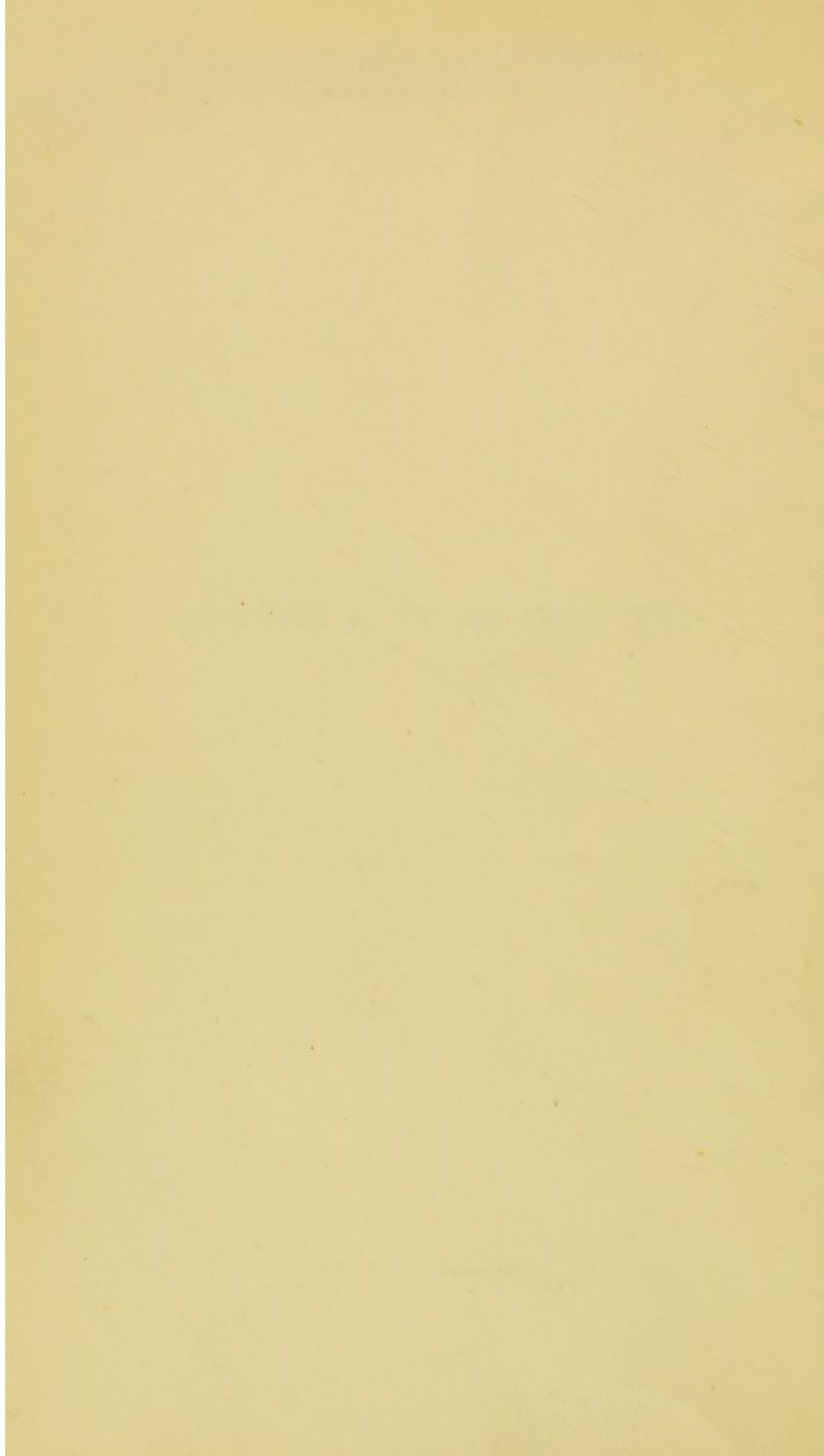
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THE CONTROL OF A SCOURGE



THE CONTROL OF
A SCOURGE

OR

HOW CANCER IS CURABLE

BY

CHARLES P. CHILDE, B.A., F.R.C.S.

SURGEON, ROYAL PORTSMOUTH HOSPITAL

METHUEN & CO.

36 ESSEX STREET, W.C.

LONDON

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PREFACE

SOME of the discoveries in medicine have been so striking in their results as to win favour among the profession and the public at a bound. In this category, for instance, may be named the two great triumphs of the last century. I allude to the introduction into surgical practice of anæsthesia and asepsis. It did not take long for the unfortunate subject of a surgical operation to realise the transcendental benefits he derived from the abolition of the tortures which such a proceeding entailed upon him ; nor did it require any effort on the part of the surgeon to convince him of the advantages resulting therefrom. Again, in the case of the introduction of asepsis, although the patient could not be expected to appreciate, and never will appreciate to the full, its importance to him, the profession was not slow to recognise the magnitude of the revolution it meant in surgery, and the benefits it was destined to confer on suffering humanity. A comparatively short time, therefore, served to stamp out the fierce fires of

opposition which burnt in many quarters during its earliest years, and to ensure for it a place among the elect of science.

A different fate, a weary waiting, has dogged the slow but sure footsteps of other discoveries. Amongst these is that of the curability of cancer by surgical operation. To any who will take the trouble to study this question, to any who will look into the results of former years and compare them with the results to-day, the fact that a revolution has been in progress during the last quarter of a century in the treatment of cancer is clear. Yet the advance has been so slow, the number of cases cured by operation is so small compared with the number that die in spite of it, that it is difficult even for the medical profession, much more so for the public, to become awake to the fact of its curability. No wonder surgeons chafe under this load of lethargy ; no wonder the public is full of doubt and despair ! Although it may be said that, practically speaking, formerly cancer was never cured, and although it can be easily shown that of late years it has been cured over and over again, we see almost everywhere the same pessimism as formerly prevailing with regard to it, the same obstacles to the achievement of the end we have in view.

The aim of the following pages is to shed a little light, if possible, on the origin of this state of

things ; to oil the wheels a little that have so long been clogged with despondency, to expedite matters a little.

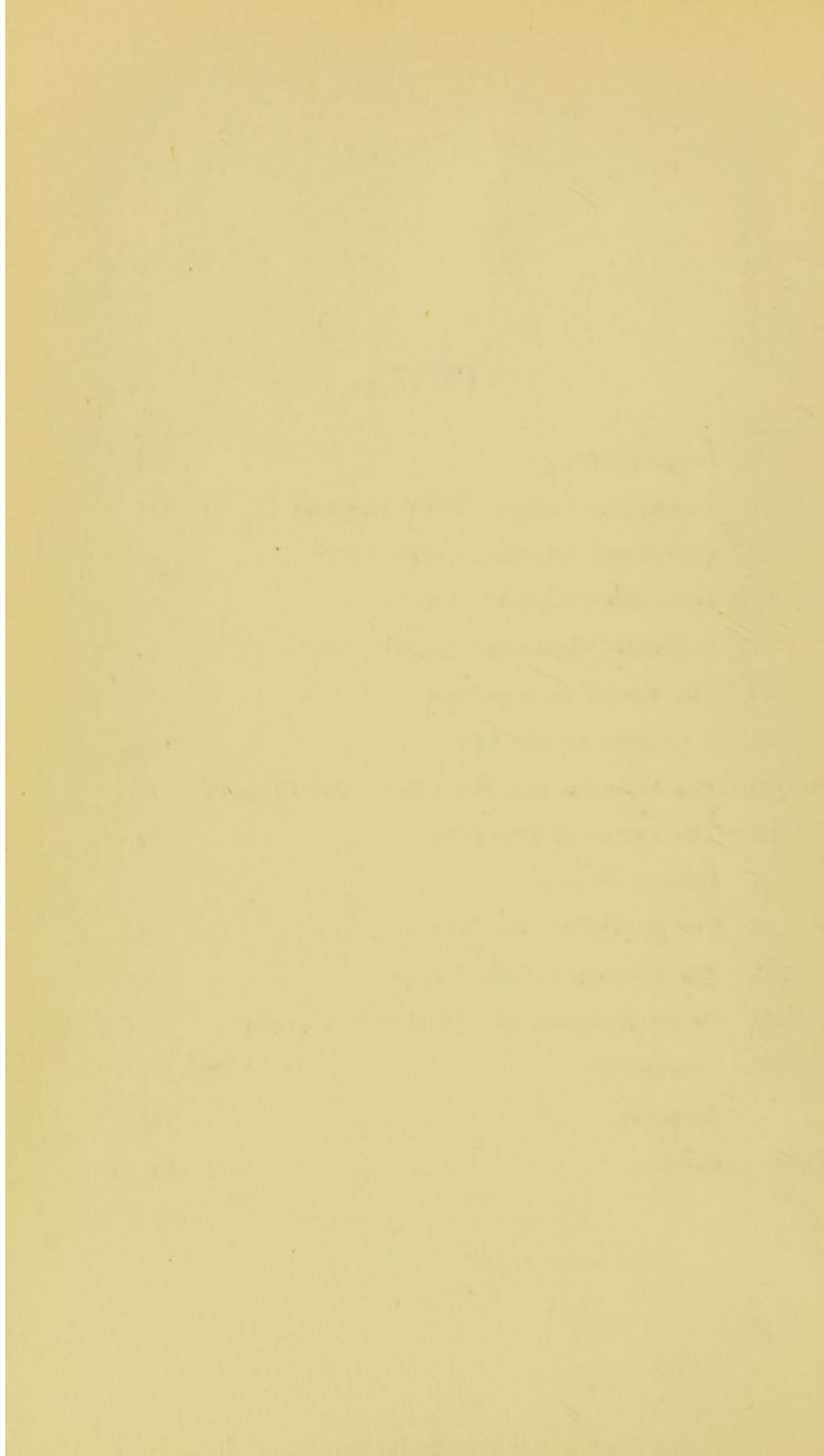
It is not expected that all whom it may concern will read this book and profit by its contents. Still, it is hoped that its publication may give rise generally to a less dismal feeling with regard to this disease than exists to-day, and may act as a stimulus in the direction of the goal we are striving to reach. It is hoped to show that the difficulties in the way, though great, are not insuperable ; that the end to be attained, though it be not reached without a struggle, is worth the struggle. It is an attempt, however imperfect, to substitute for ignorance and despair, sound knowledge and hope ; to demonstrate that the former are the quicksands underlying our complete failure in the treatment of this disease in the past, and our meagre success in the present ; that the latter are the rocks on which we should build in the future. If in any degree, however small, it tends to place the practical aspect of the cancer question on a sounder and less dismal basis, it will have achieved the purpose of its author.

SOUTHSEA

September 6, 1906

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THE CONTROL OF A SCOURGE

CHAPTER I

INTRODUCTORY

2
AT no previous period in the history of medicine has cancer been hunted with such relentless determination. The crusade against this mysterious disease is being prosecuted by the pathologist and biologist with untiring energy. Money and brains are being lavishly spent in every civilised country in the endeavour to solve the puzzle of its origin. In our own country the Imperial Cancer Research Fund is engaged in the stupendous task of investigating cancer throughout the British Empire, and for that matter throughout the animal kingdom. Scarcely a month passes but we witness the suggestion of some new theory of its origin, of some new treatment for its cure. But the dawn is not yet.

The crusade against cancer by the surgeon meanwhile has been characterised by no less vigour, and has been rewarded with no mean

success. The experience of the last twenty-five years has proved up to the hilt that an ever-increasing proportion of cases of this disease is curable by operation. Call it "cure," "freedom from recurrence," "lasting relief," or by any name we please, the fact remains that hundreds of people, proved to have been the victims of cancer, find themselves, as the result of modern operations, in the enjoyment of perfect health for many years. Finally, they reach the ordinary span of human life, or succumb to some other complaint, without ever having experienced any sign or symptom whatsoever of a return of the disease. But the surgeon's effort is cramped, his work is handicapped. He needs assistance, the assistance of his patient. It is the patient who must join hands with the surgeon in the crusade against cancer. Without such aid the latter cannot carry his purpose to a successful issue. "The crusade against cancer by the public" is no mere empty phrase. It has become a vital necessity. It should become a stern reality. Let us but point the way, and gladly enough, we may be sure, will its unfortunate victims come into line in the fight against this dread disease.

To the scientist, the cause and with it the possibility of the prevention or cure of cancer, is of interest as one of many biological problems requiring solution: the surgeon is moved by the

touch of sympathy for his unfortunate patient, and by the desire to do all in his power for him. One can picture what a burning question this one of cancer must be to its unlucky victim, distracted between the meridian of hope and the midnight of despair, little realising that the life-buoy has often been within his grasp, if he had but known it.

Within the brief space of one week, there came under my notice two cases of cancer, both familiar pictures enough to every medical man. In each instance the sufferer was a lady belonging to the well-to-do and educated class. One was afflicted with advanced cancer of the breast. She admitted that for no less than two years she had known there was a swelling there, but said that till quite lately she did not think it was serious. She felt well; it gave her little pain; and she did not consider it necessary to show it to a doctor. The other was a woman over fifty years of age. Her history was that she had had some irregular bleeding for three or four months. The advisability of an examination was suggested. She demurred on some trivial ground. When the necessity for it was urged, and it was hinted that postponing it might be a question of life and death to her, she guessed the meaning of it all and replied abruptly, "Well! if it is cancer, nothing can be done for me, so I would rather not know it."

These two incidents serve as samples of the

attitude of the public towards cancer. They illustrate only too familiarly what occurs every day. They have furnished me with my text. Just as insistently as darkness clamours for the daylight, so presses for solution the question, Why in these days of widespread education should such an appalling state of ignorance of this disease and all that can be done for it continue to exist? Why should the surgeon's task, already arduous enough, be rendered a hundredfold more difficult by the patient consoling himself with the fallacies, "It does not pain me, therefore it cannot be cancer," "If it is cancer it is incurable, and I would rather not know it"; until, when in his misery he is driven at last, as he invariably is driven, to seek advice, the disease has in the large majority of cases reached a hopeless stage?

Much and often medical men write in scientific books and periodicals, which of course never reach the eyes of the public, about these direful illusions. Much and often medical men speak among themselves about this terrible state of ignorance on the part of their patients. Why, it is a matter of the commonest conversation among doctors! Who amongst us has not heard a hundred times, when seeing some hopeless case of cancer, the remark, "If he or she had only come earlier"? To whom amongst us does not a like thought involuntarily and sadly arise when seeing almost every case.

of cancer that comes before us? Yet no attempt that I am aware of has been made, in this country at all events, to lift these unfortunate people from the mire of ignorance or show them the error of their ways. This practical aspect of the cancer question, the very kernel of the whole matter, the very condition of its successful treatment, remains on the shelf. It is of capital importance for them to know. Nobody will gainsay that. Then, are there no means of imparting the knowledge? Are they to continue for all time to sacrifice themselves on the altars of fear and ignorance? It is cold comfort, almost an insult in the light of modern knowledge, to be constantly dinning into the ears of these unfortunate people that they come too late; that if they had come earlier something hopeful could have been done for them, their lives *might* have been saved. Such information is not worth a "Thank you"; much less can it justify the claim to a fee. Let us adopt rather the alternative of endeavouring to show them how to come early, to come in time. That at all events has the merit of being a hopeful policy. It has an aim which is definite, is a goal worth striving for. The present policy of drift, as will be shown hereafter, stands condemned by its results, and can show nothing to justify its continuance.

I shall endeavour in the following pages, to the best of my ability, to guide and educate my readers

in this matter, the ignorance of which we see every day is fraught with such terrible consequences. I shall use terms and phrases and arguments that "he who runs may read!" I shall address myself to the public in the widest acceptation of the term; no less to the intelligent layman than to members of my own profession. There is matter of interest and importance in these pages for both.

Were the contents of this volume widely known, and the advice contained herein generally followed, it is not too much to say that the treatment of cancer would be full of hope, that many would be saved a horrible death, that countless useful lives would be prolonged, that much suffering would be alleviated.

After a preliminary discussion on the many theories advanced and the few facts known about cancer, it will be shown in the first place upon what grounds it is necessary that the public should be in possession of some general knowledge of this disease in its earliest beginnings, instead of, as at present, in its later phases. The existence in fact of a book of this kind will be justified. Next will be demonstrated the results in the treatment of cancer which might be anticipated from the substitution of accurate knowledge for crass ignorance. The remaining chapters will be devoted mainly to two objects; firstly, to the giving of that information which is considered advisable, and to showing how it may be advantageously distributed; and, secondly, to a

revelation of the many remedies for cancer which are before the public, with the view chiefly of pointing a warning.

It may be stated at the outset that it is not intended in these pages to minister to any morbid curiosity, or to satisfy the appetite for medical horrors. The reader will find here no harrowing descriptions of the tortures of the cancer-stricken, no shuddering details of the triumphs of the knife. If for that reason he is disappointed, the author regrets that he is unable to extend him his sympathy.

I am aware of the difficulties incident to dealing with a medical subject in popular language. A train of thought and expression which has become a life-habit to a medical man may not unreasonably offend the differently moulded susceptibilities of laymen and laywomen. Every medical man is constantly aware, in the privacy of his own consulting room, of the difficulty of translating his thoughts and the information which he wishes to impart to his patients, into everyday language, without on the one hand wounding their sense of delicacy, and on the other hand impairing the efficacy of the meaning he strives to convey. While endeavouring to observe a just proportion in this respect, I have sought not to sacrifice the full meaning of what I have to say to a fear of plain speaking. Indeed I could not attain the object before me if I did so.

In view of the attitude of the surgeon of to-day towards cancer and its treatment, I do not shrink from the general verdict of my own profession as to the vital importance and urgent necessity of the widespread knowledge of the contents of this volume. If that necessity be admitted there can be no question of the matter to be told, and told plainly. As to the manner of telling it I must crave the indulgence of my readers for its many shortcomings.

Objection, perhaps, will come from some quarters to the publication of a book of this kind. There are those, for instance, who always resent any awakening from the comfortable slumber of custom. "Shut up in measureless content" they are satisfied that in this ever-changing yet ever-progressing world of science, the policy of fifty years ago should remain the policy of to-day. To these I shall be able to show that during the last quarter of a century a revolution has taken place in the views, and above all in the treatment of cancer, which necessitates attack on this disease from a new standpoint, and requires a change of methods, with which the co-operation of the public is inevitably associated. If they be still satisfied with the policy of *laissez aller* I shall bid them "Goodbye."

Again, it may be urged that such a book and the spread of such information as it contains will alarm the public. Let it for the moment be granted. I

hold that it is better even to alarm the public than to stand idly by and see the public commit involuntary suicide. But let us look into this matter, which is one of some importance. Will it alarm the public? There is no doubt the *malade imaginaire*. He has to be reckoned with. There exist those unfortunate people, more deserving by the way of pity than derision, who go through life tortured by the shadows of impending ills which never impend, haunted by the ever-present fear of disease, of fancy bred. They may, nay probably will, after reading the contents of this book, add cancer to the list of their delusions. They are much to be sympathised with, but I may console them by saying it will do them no harm. One imaginary ailment more or less is of no real consequence. Leaving these aside, will such knowledge alarm the public—the sensible public, the majority of the public? I venture to think not. The average man when he hears the foghorn or the railway whistle knows that it is a warning of danger, and accepts it as such. He does not think he is going to the bottom, or that a collision is inevitable. We need not, however, speculate further on possibilities. Let us take a concrete case, the case of consumption. Of recent years something has been done, and rightly done, in the matter of the education of the public in connection with this disease. And for this reason. It was evident that certain facts had come to light

which would be of real practical value to the public to know, and acquaintance with which would enable them to avoid disaster. With that education, and as a necessary part of it, has come the general knowledge, on the part of educated people at all events, that consumption is due to the introduction into their bodies of the tubercle bacillus, which is omnipresent, and which none can escape. With it has come the knowledge that the disease is infectious and may be communicated from one person to another : with it the knowledge that it may gain access to their bodies through the medium of their food ; together with that of other uncomfortable facts, which might have been supposed to make people turn uneasily in their beds. Yet I have not observed any mental unrest or uneasiness among people generally on account of an acquaintance with these facts. But even supposing the equanimity of some few has been disturbed by it, the interests of the community as a whole have been so obviously served by it that consideration for the greatest good of the greatest number has been unhesitatingly adopted. For instance, the knowledge that fresh air and sunshine are the worst enemies of the tubercle bacillus, a vitiated atmosphere his most trusty friend ; the knowledge that the expectoration of people suffering from consumption is the most potent vehicle for the spread of the disease, and should be burnt ; the knowledge of the necessity of

boiling milk before giving it to children ; the knowledge that under favourable conditions consumption is curable, and the hope that that knowledge inspires ; all of these facts are of such obvious importance to the public to know, the advantages gained so far outweigh any hypothetical objections, that, even at the risk of disturbing the mental equilibrium of some nervous people, there has been no question of the advisability of the spread of education in this important matter.¹ We may dismiss, therefore, this timid notion of alarming the public. Besides, if it comes to that, the public, the educated public at all events, is already alarmed about cancer. If this be an additional note of alarm, it inspires knowledge, it awakens confidence, it rings with hope. It is abundantly justified. The alarm that exists to-day is begotten of ignorance, is a counsel of despair and deadly delay.

A more valid objection, if it could be sustained, is that "a little learning is a dangerous thing," that to take the public into our confidence, to instruct them in the mysteries of disease, without the necessary preliminary training, will only succeed in making "confusion worse confounded," will tend to create a class of amateur doctors, judges of their own complaints and their own symptoms. I con-

¹ A forthcoming volume of this series, by Dr. Arthur Newsholme, will deal with this great subject.—[EDITOR'S NOTE.]

fidently appeal to the contents of this volume to refute any such argument. The indications are so clear, the path to tread so plain, the directions so simple, that it is difficult to see where confusion or error can possibly arise. Of this I ask those who do me the honour to read the book to be my judges.

Further, it may be objected that to deal with such matters in print offends our sense of delicacy, is jarring to our notions of propriety. The truth is frequently unpleasant. This is a burden it has to bear. But the end justifies the means. And here I venture to express the hope that the evil genii of prudery and mock modesty, which have frequently in the past and in other matters caused us to turn from the ways of useful knowledge and practical wisdom, will not in this all-important matter stifle that knowledge in its birth. Inasmuch as cancer before the age of 30 exists only as a curiosity, there is happily no necessity for this volume to be in the hands of every girl of 16.

Lastly, I may disarm some of my too fastidious critics by stating that the contents of the following pages do not lay claim to absolute scientific accuracy in every detail. Any attempt to make them conform to so rigid a criterion would only tend to confusion. To give an instance. The microscope is assumed to be an unerring guide in the diagnosis of early cancer. Of course, every medical man knows that

occasionally there may be difficulties in deciding even with the aid of the microscope in the most expert hands. But they are comparatively very rare. So with other statements given here. There are exceptions, but these do not invalidate the general accuracy of the whole. The whole is practically true. When in the affairs of everyday life we say a thing is practically true, we tacitly admit the exception. It must be remembered that the book is written mainly for the non-professional reader. It is in no sense a contribution to science. It is intended to meet the ninety-nine cases, not to satisfy the whim of the critic of the hundredth.

I have alluded at some length in the preceding pages to what have appeared to me to be the most feasible *à priori* objections to the publication of a book of this kind, and I have replied to my critics in anticipation. Whatever these objections be worth, and I hold them cheap myself, I contend that these pages will shew that, in comparison to the end aimed at, in comparison to the goal striven for, they are as the dwarf to the giant, they are "trifles light as air."

Before concluding the present chapter I may address a few words to the general reader. You will not throw the book aside with the remark, "It is only a book for doctors." It has no such exalted pretensions. On the contrary it is written for the public, and contains nothing that the non-pro-

fessional reader will not readily understand. At the same time I may express the hope that members of my own profession will not consider it unworthy of their perusal. Nor will your verdict be that it is a dull book. This may seem a bold statement from an author who has never given a page to the public, who cannot reckon on a crowd of enthusiastic admirers thirsting for his next production, who is conscious, moreover, of his many defects as a writer. It is the story of the unmasking of a stealthy villain, of the laying hands on the murderer in the very act of committing his crime, of how to outwit him, rob him, perchance, of his victim. It cannot fail to interest. It will stimulate, moreover, that highest of all human emotions, human sympathy, the fellow feeling for those who have lost the richest of all prizes, the prize of good health. It will do more. It will show those who are in a position to help how they may hold out a hand to their less fortunate fellow-beings, and give them back, perhaps, the life they must inevitably have lost. I repeat it cannot fail to interest.

In conclusion, it is a cheery book, the book of an enthusiast, of an optimist if you will. It is, nevertheless, not the dream of a theorist. It deals with realities. It claims to show that from facts already come to light, from results already obtained, certain conclusions are warranted, that these conclusions are of a distinctly hopeful nature, and that an

alteration of circumstances, in so far as one is justified in arguing from that surest of all premises, experience, would lead to results of no uncertain character. It is an attempt to point the way by which those circumstances can to some extent, at all events, be altered. Nothing is further from the author's intention, nothing is further from his wish, than to raise a hope which could not be realised, an expectation doomed to disappointment. This would be the worst of follies. Care will, therefore, be exercised to draw no conclusions unjustified by the facts, to paint no picture in fancy colours.

CHAPTER II

CONCERNING CANCER—MANY THEORIES

IT must be frankly confessed at the outset that the cause of cancer is unknown. As might have been expected, both in the profession and out of it, there are not wanting theories to account for its origin.

Before discussing these it will not be out of place to make a few remarks on the increase of this disease in modern times, which has been confidently asserted in many quarters, and has become a source of considerable public uneasiness. The growth in the number of recorded cases is undoubted. In other words the death-rate of cancer as shown by the Registrar-General's returns, both in this country and elsewhere, lends support on the face of it to the supposition that cancer is not only increasing but increasing rapidly. Thus, in England and Wales, the registered mortality for both sexes in the five years, 1891-95, was 712 per million; in 1896 it was 764 per million; and in 1899, 829 per million. Dr. Roswell Park, Professor of Surgery in the University of Buffalo, says: "In England and Wales the cancer death-rate has risen, from 1 out

of 5,646 of population in 1840 to 1 out of every 1,306 of population in 1896 ; that is, in fifty years the proportion has increased nearly five times. All over this country the increase is quite as alarming." These figures at first sight look very disquieting. But on closer investigation a very obvious source of fallacy is present, as has been pointed out by Dr. Newsholme. Improved medical education has led to greater accuracy in the return of death certificates. The number of certified deaths from indefinite causes is constantly lessening. For instance, the number of certified deaths from indefinite causes in 1866-68 was 143,472 per annum. In 1894 it had fallen to 68,650, a diminution of no less than 74,822.¹ Many of these would, no doubt, come into certificates of deaths from cancer, so helping to swell its numbers. That this actually takes place has been proved by special inquiries made by the Registrar-General. In 1889 421 deaths were transferred to cancer, in 1899 no less than 760. Another source of error, also pointed out by Dr. Newsholme, arises from the fact that cancer is a disease of middle and advanced life. As other diseases which attack chiefly the young—consumption and diphtheria, for instance—have become curable in greater and greater numbers, many of those who formerly died of these reach the age of

¹ This diminution represents, of course, an addition of 74,822 deaths ascribed to definite causes.

cancer, some, no doubt, get it and die of it, and help again to swell the account against it. The same may probably be said of the conditions of civilised life generally. They enable a larger number of people to reach middle and advanced life. This is the period of the incidence of cancer. Sources of error, such as I have quoted, render comparisons between former years and the present time valueless. Until they have been eliminated and we have more reliable data to go upon, the verdict as to the increase of cancer in modern times must be the cautious Scotch one, "not proven." This is reassuring to those who may be alarmed by the apparent increase of the disease, which the Registrar-General's returns of late years show. At the same time, increase or no increase, it is so common and so fatal, that it forms one of the most terrible scourges to which the human race is liable.

I propose now to touch briefly on some of the theories of the origin of cancer, which have been promulgated from time to time by various people, professional and otherwise. Amongst these, articles of diet have taken a prominent place. Cancer has been ascribed to over-indulgence in meat-eating, and its greater prevalence in Great Britain as compared with Ireland, where a large proportion of the population live almost exclusively on vegetables, has been cited as an argument in favour of this

view. Some have even gone a step further, and have narrowed the origin of its prevalence in this country to the consumption of Australian meat or Canterbury lamb. Yet we find cancer frequently among the Hindus, who are vegetarians, and among the inhabitants of Italy and Norway, who are small meat-eaters. Moreover, the agricultural population who eat little meat are more prone to this disease than the well-to-do and better nourished inhabitants of large centres. On this point Roger Williams says, "Vegetarians are not exempt from cancer, for out of 102 cancer patients operated on at the Jey-pore Hospital during the period of 1880-88, 61 were vegetarians, and 41 meat-eaters."

There are others who suggest that fish-eating may have something to do with it, and in favour of this supposition it has been pointed out that both in this country and America sailors and fishermen rank high among occupied males in the mortality figures of cancer. Yet the Bretons, who are largely fish-eaters, suffer little from it, and in districts far removed from the sea, where fish can form a very small proportion of the staple diet, the death-rates are frequently high.

Uncooked vegetables, again, have not been exempt from suspicion, and tomatoes especially, for what reason I know not, have taken quite an exalted place in the public mind as the cause of cancer. There is as little evidence in support

of this idea as the notion that it is due to Irish stew or bread and butter.

Alcohol in the opinion of others takes a prominent share in its production, and beer and cider have been especially singled out for adverse criticism. It has been demonstrated that the Bavarians, who are the largest beer drinkers in the world, show a very high cancer death-rate, and that Lille, where there is a greater consumption of beer than in any city in France, shows the highest percentage of cancer among persons over forty years of age. Whatever be the explanation of these coincidences, and the probability is that there is no connection whatsoever between them, with regard to alcohol generally, it is known that cancer is prevalent among Mohammedans, who rarely take it, and among women who, as compared with men, indulge little in it. Moreover, the State of Maine, where special temperance legislation is in force, does not show a low cancer mortality. In this connection Roger Williams writes: "The *ensemble* of the facts relating to the life history of mammary¹ cancer patients shows that they have almost invariably led regular, sober, and industrious lives. Persons of drunken and dissolute habits are comparatively seldom affected."

It will be seen from the foregoing remarks that the vegetarian is in a position to accuse the meat-

¹ *I.e.*, cancer of the breast.

eater, the latter can retort with equal emphasis on the vegetarian. The teetotaller can howl rabidly at the alcoholic, the latter could probably without much difficulty reply with a *tu quoque* and collect evidence to prove that the blame lay at the door of the teetotaller. All should be satisfied. There is a cause for cancer to suit the most varied taste; even the taste for salt. Salt is the latest culprit. The argument is something like this.

It starts with the assertion that Jews suffer less from cancer than other members of the community. They don't eat bacon and ham. Others than Jews, among whom cancer is more common, do eat bacon and ham. Therefore cancer is associated in its origin with bacon and ham. Arguments are supplied to show that it is the salt in the bacon and ham which is at the root of the evil, and the law, "no salt no cancer," follows as simply and as naturally as the law "no sun no sunshine." Unfortunately for the stability of this theory, it has been found that Jews are not less prone to cancer than other people. The theory, therefore, falls to the ground. The propounder of it says, "Nothing can be clearer about cancer than the fact that its incidence is connected with diet; and if our various pieces of knowledge bearing upon diet are compared, it will be found that the only constantly present thing is salt." My readers will probably agree with me, after reading the previous pages,

that nothing is less clear about cancer than the fact that diet has anything whatever to do with it.

Innumerable other articles of food or luxury have been accused from time to time of producing cancer. It may be safely asserted that not one of them has been proved to have even the remotest connection with its origin. Inasmuch, therefore, as nothing whatever is known of the origin of cancer from any particular diet, there is no object in people dieting themselves with the view of securing immunity from this disease thereby. If they do so, they are, for any evidence to the contrary, just as likely to be taking the wrong thing as the right, or omitting the right thing as the wrong. To quote from the report of the Imperial Cancer Research Fund on the Statistical Investigation of Cancer: "As was to be expected from the facts already made known in the first scientific report concerning the distribution of cancer in animals, diet exerts no primary influence on the occurrence of cancer in various races of mankind. Just as cancer is found in carnivorous and herbivorous animals, as well as in those subsisting on a mixed diet, so also races whose diet is similarly restricted are all found to suffer from cancer."

The attempt to associate the disease with certain conditions of locality and climate has been a favourite theme with others. Mr. Havilland, after a careful investigation of the distribution of cancer

in England and Wales, came to the conclusion that the districts in which cancer was most prevalent were "seasonally flooded areas traversed by, or in close propinquity to, fully formed rivers." In support of this view the Thames Valley, the valley of the Danube, and a great part of the valleys of the Rhine and Elbe have been quoted as favourite haunts of cancer. Yet, strange to say, the valleys of the Severn and Loire do not show a high cancer mortality, and the department of the Bouches du Rhone is one of the lowest on the list. Mr. Havilland was further of opinion that geographically these districts of high cancer incidence were characterised by alluvial and clayey soils. That a high cancer death-rate is found among the inhabitants of the alluvial soil of Holland and the clays of Cambridge and Sussex is true. Yet equally high death-rates exist among those living on the igneous rocks of Cumberland and North Wales, on the carboniferous strata of Bohemia, and on the palæozoic rocks of Norway. Low-lying districts have again been supposed by some to form the most congenial soil for cancer, and the flat country of Holland and Cambridgeshire may be cited as examples by those who favour this view. On the other hand, those who are convinced that just the opposite is the case, and that hill tops are the natural haunt of the disease, can find abundant justification for their contention in the fact that the

hilly country of North Wales, Bavaria, and Baden, and the mountainous districts of Norway and Switzerland are full of it.

Trees have not escaped criticism, and the advocates of their influence in the production of cancer have pointed not only to the fact that well-wooded countries are almost constantly the areas of high cancer mortality and that isolated houses surrounded by trees especially harbour the disease, but also to the fact that deforested countries, such as the Canton of Ticino in Switzerland, and Istria and Dalmatia in Austria, are areas of low mortality. Yet cancer has been found in a codfish caught off the Newfoundland coast.

In close connection with low-lying districts and trees as a cause of cancer, others, as might have been expected, have not attributed it to these directly, but to a near relative of these, namely, damp. One author, after an exhaustive analysis of 100 cases of cancer of the breast, states that in 30 per cent. there was a well-marked history of exposure to damp in some form or other. He comes to the conclusion that women should not reside in places with a damp climate, or where mists and fogs prevail. This advice, if taken seriously, would no doubt be one way of getting rid of cancer, although a somewhat expensive method. It would lead to the depopulation of the greater portion of the British Isles. The

codfish mentioned before, if an unwelcome guest to the supporters of the "tree" theory, at all events finds his place here. He was, indeed, a "lucky catch" for the advocates of the damp theory, and forms a veritable corner-stone in their argument. Lastly, cancer has been supposed to be a disease of temperate climates, yet it has been proved to exist alike in the Arctic regions and in the tropics.

A similar conclusion is, therefore, warranted with regard to its origin from conditions of locality and climate as from dietary conditions. Nothing is really known about either. Those, therefore, who would avoid cancer by choosing any particular locality or climate are as likely to choose the wrong one as the right. To quote again from the scientific reports on the investigations of the Imperial Cancer Research Fund: "In a previous report, attention was drawn to the extensive new growths in the vertebrate kingdom. The conclusion was drawn that the great diversity of the habitat, food, and conditions of life generally under which malignant new growths occur, relegated the study of geographical distribution, climate, soil, and other external factors to a subsidiary position in determining the incidence of cancer in mankind."

No theories that I am aware of have been formulated in regard to occupation as a cause of cancer. The following comparative mortality returns

emanating from the Registrar-General, show that no occupation is exempt from it, just as no climate or locality is exempt from it, but do not suggest any conclusion as to its origin being dependent upon occupation or habits of life. All occupied males, 44; all unoccupied males, 96; grocers, 34; clergy, 35; potters, 35; coal-miners, 36; farmers, 36; fishmongers, 42; medical practitioners, 43; blacksmiths, 45; fishermen, 46; porters, 48; general labourers, 48; drapers, 49; shoemakers, 50; dock and wharf labourers, 51; tobacconists, 51; plumbers, 53; inn-keepers, 53; coal-heavers, 56; butchers, 57; coachmen and grooms, 58; tool and scissor makers, 58; gas-workers, 59; lawyers, 60; merchant seamen, 60; maltsters, 61; commercial travellers, 63; inn and hotel servants, 65; brewers, 70; inn-keepers in London, 70; chimney-sweeps, 156. An examination of these figures apparently proves cancer to be very haphazard in the selection of its victims, except in the case of chimney-sweeps, who, it will be seen, more than double any other class. This exception has generally been considered evidence of one of the facts about cancer, which will be mentioned in the next chapter, namely, that it is connected in its origin somehow with local irritation of various kinds, soot being the *fons et origo mali* in this instance.¹ Apart from

¹ Since the use of the long brush for sweeping chimneys, chimney-sweep's cancer is disappearing.

this exception, the figures apparently leave us in the dark. For instance, we find clergy sandwiched in between grocers and potters, medical practitioners between fishmongers and blacksmiths, lawyers between gas-workers and merchant seamen, and so on. The tables seem to show that it is more a matter of chance than anything else, and that occupation has nothing to do with it.

In the opinion of some observers worry and anxiety occupy a very prominent *rôle* in the causation of cancer. Men of great weight in the medical profession have stoutly supported this view, while others have as stoutly denied it. Thus Sir James Paget wrote: "The cases are so frequent in which deep anxiety, deferred hope, and disappointment are quickly followed by the growth or increase of cancer, that we can hardly doubt that mental depression is a weighty addition to the other influences that favour the development of the cancerous constitution. Nor is it strange that it should be so: it is consistent with the many other facts showing the affinity between cancer and depressed nutrition." Dr. Walshe, writing in 1846, said: "Much has been written on the influence of mental misery, sudden reverses of fortune, and habitual gloominess of temper on the deposition of cancerous matter. It would be vain to deny that facts of a very convincing character in respect of the agency of the mind

in the production of the disease are frequently observed. I have myself met with cases in which the connection appeared so clear and decisive that to question its reality would have seemed a struggle against reason." Again, Dr. Snow remarks: "The conclusion is that of all causes of the cancer process in every shape, neurotic agencies are the most powerful; that of such distress of mind is the one most commonly met with." It will be observed that these are merely pious opinions, however eminent the status of the men expressing them. In the opposite camp Roger Williams writes: "Some authors, following the example of Astley Cooper, have attached great importance to grief, anxiety, and mental distress as causes of cancer, and they have adduced statistics in support of their belief. I am unable to confirm this." The last remark hits the nail on the head. Of all the theories of the origin of cancer, I can imagine none more difficult to prove or disprove than this one. It would seem just as difficult to prove or disprove that it is due to air and sunlight as to worry and anxiety. The latter are so common in this weary world—

"But looking back, we see the dreadful train
Of woes anew, which were we to sustain,
We should refuse to tread the path again."

And cancer is so common also, that their association in a large percentage of cases is inevitable.

To attempt to establish between the two the relationship of cause and effect seems to be a wild goose chase of the first order. To begin with, what degree of worry and anxiety are we going to adopt as "coming within the meaning of the Act"? Is it to be some great trouble, some great catastrophe in life? If so, to prove the theory, we should have to show, from a comparison of many thousands of cases, that those who had suffered such a misfortune were subsequently attacked in unmistakably greater numbers by cancer than those who had not. Nothing short of this would be worth the paper it was written on. I am not aware that this has ever been attempted. The task, in fact, is an impossible one. And if it were possible the sources of fallacy are so many that I can conceive of no matter in which statistics would more fitly earn the epithet which has been bestowed upon them of "lies in figures." For example, what is to be the time limit within which, if cancer developed, it should be regarded as the cause? Some people will carry a sorrow or trouble to the grave, others will get over a similar misfortune in a month. At what period, then, is the operation of the mental influence in the production of cancer to cease? What, again, is to be considered the extent of the trouble constituting a great shock to the nervous system? Some are so fortunately

constituted that they endure a great blow with more equanimity than others a trifling reverse. Lastly, are we to include chronic worriers among those who are more liable to cancer than others, people whose whole life is a worry, though they may have nothing in particular to worry about? If so, we are confronted with still greater difficulties. Many of these outwardly appear as other people. They are ashamed of their weakness. They would not own up to being worriers, though the little contrarieties in life are a constant and real torture to them. How are we going to get at the mental equation of these, and satisfy ourselves as to whether they should be included or not in the list?

An example may be given in illustration of the fallacies with which this subject is beset. I asked a woman suffering from cancer of the breast, if she had had much trouble. "Oh yes!" she replied at once. I inquired the nature of it. "Well," she said, "I had a bad husband." In reply to a further question she told me she had buried him five years previously. Was the worry and anxiety of her life previous to the death of her husband an operating cause in the onset of her cancer five years afterwards? Or was it the shock caused by his death? Those in favour of this view might contend that either or both were. But I discovered that she had derived considerable mental

repose by the timely removal of the not very desirable object of her affections. The cancer developed during this period. It might be argued, therefore, with equal cogency that the reaction to this mental repose was instrumental in the development of her cancer. It was certainly nearer to it in point of time. It developed, in fact, during the least anxious period that she had experienced for many years. The whole business teems with such obvious sources of fallacy that it must remain a mere matter of opinion. If, on the other hand, we turn to the list of occupations given in this chapter and allow that the groups following them are approximately endowed with an equal amount of mental stability (a large concession showing with what difficulties the subject is surrounded), and if we further allow that some occupations are more harassing, and involve a greater nervous strain than others, we see nothing in the tables to support the supposition that worry and anxiety are causes of cancer. For instance, few will be found to deny that a doctor's is one of the most worrying pursuits imaginable, yet doctors show a much lower cancer mortality than commercial travellers, inn and hotel servants, and brewers. Again, clergymen have their full share—and more than their share—of the cares and troubles of life, yet they come almost lowest on the list of all. Mr. Leaf, in his "Clinical Causes of Cancer of the Breast," points out that in

many of these cases where worry and anxiety are present, it is found on closer inquiry that the growth in the breast is the cause of the mental distress, not the reverse. This is probably true.

How comes it, too, that, if mental distress and worry are such potent influences in the causation of cancer, the disease is confined practically to the last half of life, and increases in frequency with every decade in proportion to the number of those living? Putting children out of the question, trouble and anxiety are not absent from people between 20 and 35. The nervous system is then, too, more impressionable, trouble is more keenly felt, though possibly more buoyantly recovered from. Experience of life with its many struggles and disappointments produces resignation. As people get older troubles are less poignant, produce less acute impressions on the nervous system. Yet cancer is ever on the increase with advancing age. It may be said that as people get older their nervous systems are less able to bear the strain, in other words the degeneracy of old age comes into play. This leaves us exactly where we were. There are so many factors, so many sources of fallacy, that as I said before the theory is impossible to prove or disprove. If any influences depressing to the general health act as predisposing causes of cancer by lowering the vitality and so preparing the soil, mental distress might naturally be sup-

posed to be one of them. The fact, however, remains that those who are attacked by cancer, generally seem at the time to be quite as well as other people, and many of them are to all appearances in robust health.

Remarkable cases have been quoted in support of the theory that cancer is an infectious disease, *i.e.*, that, though the nature of the poison has not been discovered, whatever it is, it is communicable from one person to another. These cases require very careful sifting. One may be given here illustrative of the difficulties and of how easy it is to arrive at erroneous conclusions. Two sisters were found to be suffering simultaneously from cancer of the lower bowel. Inquiry elicited the fact that they had lived in close companionship for many years, occupying the same bedroom all the time, and for most of it the same bed. One had suffered from symptoms for a longer period than the other. Following up the histories of these cases a year later the remarkable fact was disclosed quite accidentally that a third sister, who had lived apart from the other two, and who had only visited them occasionally, was the subject of the same disease, and in the same region of the body. The first two cases, taken by themselves, might have been cited as a *primâ facie* instance of infection, though obviously an equally explicable assumption was that, as they lived together under

identical conditions, and were both exposed to the same influences, a common cause was at work in both. But the advent of the third sister on the scene put a different complexion on the matter. Though the possibility of this one having caught the disease from one of the others was not absolutely excluded, it was extremely unlikely. The three cases taken together lent support rather to the "family disease" theory, to its hereditary nature. Yet only one antecedent case could be traced in the family, and that a doubtful one. The father had died of some disease in this region, though the nature of it could not be ascertained. I merely mention these cases to illustrate how carefully all evidence should be investigated, and how easy it is to make mistakes. The two first cases seemed to point strongly to a common external cause, or to infection. The third case discovered quite accidentally a year later seemed to upset this theory altogether.

If cancer is infectious or contagious it must be clearly understood that its infective properties are of a very low order. It is not infective in the same way or to anything approaching the same degree as diseases which are generally regarded as such. This is proved by the fact that those who are in constant attendance on cancer patients in special hospitals for this disease rarely or never get it. Also though, in the laboratories of the

Imperial Cancer Research Fund, healthy mice have been kept in large numbers in the same cage with those suffering from cancer, no case has yet been recorded of its having been "caught." This, of course, does not prove that it is incommunicable, but it does prove that it is at all events very difficult to communicate from one to another.

The public may, therefore, take it as a fact that the chance is infinitesimal, if indeed it exists at all, of their "catching" the disease from anybody suffering from it, with whom they may be brought in contact. They need not have any real cause of alarm on this score. Nevertheless in the chapter on the prevention of cancer will be found a few simple directions to follow by those who are in attendance on patients suffering from cancer, or who are about to occupy rooms previously inhabited by a victim of this disease.

The theory of heredity in cancer will be dealt with in the following chapter, when discussing its local origin. It need only be stated here that though formerly parental transmission was considered an important factor in its origin, the part it plays, if any, has been shown of late years to be open to considerable doubt.

Wealth and conditions of ease have been held by some to favour the onset of cancer, while others have attached more importance to poverty and the struggle for existence. The words of the Latin

poet written two thousand years ago are as relevant to cancer as to death :—

*“Pallida Mors æquo pulsat pede pauperum tabernas
Regumque turres.”*

It has been ascribed to influences of civilisation, yet closer acquaintance with savage races has demonstrated that it is present among them, though to what extent is not at present ascertainable. It was at one time supposed to be a disease peculiar to man, yet it has been found both in domesticated and wild animals—in mice, in fowls, in trout, in codfish, in cows, in dogs, in frogs, in lions, in tigers, in salamanders. This mysterious disease pervades the whole of the vertebrate kingdom, and possibly the invertebrate as well. The patent fact, indeed, is its universality, its prevalence under apparently almost every conceivable condition, whether of soil, climate, diet, race, occupation, or animal life. Hence the multiplicity of its alleged causes. Hence the possibility of associating almost anything with it as a cause, and demonstrating, to the satisfaction of the demonstrator at all events, that one is dependent on the other. Put in the form of a syllogism, these arguments may be stated thus :—

Cancer is common,

Trees are common.

Therefore cancer is associated in its origin with trees ; or again :—

Cancer is common,

Worry is common.

Therefore cancer is associated in its origin with worry. The fallacy is obvious, and need not be pointed out.

Its almost universal prevalence has led some to the belief that there is no one cause for cancer, that a variety of conditions may produce it. This is unscientific, and amounts to a practical confession of our ignorance of the *vera causa*. Cancer is a definite disease, and runs a definite course like other diseases whose nature has been discovered, and the probability, almost the certainty, is that it has one specific cause acting under a great variety of conditions. This remains yet to be discovered.

I have alluded in the previous pages to many of the theories which attribute cancer to what may be called, for want of a better term, common-place influences. You will observe that they exist, or have existed, in sufficient number to satisfy the most voracious, and in sufficient variety to meet the requirements of the most fastidious. Some of them have been held by men eminent in the scientific world, and much time and ingenuity have been spent in attempting to make the particular theory fit the facts. In view of our ignorance of the cause of cancer, it would be manifestly impossible to maintain that none of the influences mentioned in this chapter has any relation with

the origin of cancer. To give one instance. If cancer, after all, should turn out to be a parasite, conditions of soil and climate may in the future be shown to be important factors in this connection, though within the limits of our present knowledge they do not appear to be so. But none of these theories has weathered the test of critical examination, none of them has established its claim to be regarded as connected causally with cancer. Some of them, on the other hand, are founded on obvious sources of fallacy, which have been pointed out under the various headings.

A review of the theories of the origin of cancer would be incomplete without some allusion to the parasitic, embryological, and others which are in vogue. As, however, it is not possible to put these into altogether popular language, and, without casting any reflection on the mental calibre of the general reader, it would be very difficult for me at least to bring them before him in an intelligible form, I have reserved them for the appendix, where they will be as briefly and as simply as possible dealt with. Any of my readers who are equipped by education, and who may be interested to pursue the subject further, will find them there. Those who are not may rest satisfied with the statement that none of them satisfactorily account for the origin of cancer, that the riddle of its cause has not been solved.

CHAPTER III

CONCERNING CANCER—A FEW FACTS

IT is refreshing to escape from the wilderness of theories related in the last chapter, and to turn to a few facts about cancer. Although, as I have said, we are ignorant of the cause of this disease, there are certain features of it with which we are familiar, certain characteristics of it which are matters of common knowledge. Cancer has been with us continually from ancient times. It is no new or fashionable disease. It is not, like influenza, here to-day and gone to-morrow. It is, moreover, protracted in its course, deliberate in its methods of destroying its victims. There have never been wanting, therefore, opportunities of studying in detail its clinical features. Added to this, microscopical, experimental, and other research have of late years added their quota of information with regard to it. These have enabled us to acquaint ourselves with certain facts about cancer, and warrant us in drawing certain conclusions with regard to it. If they be few, they are none the

less important. It is from an application of these facts and these conclusions, even though they be independent of our knowledge of the cause of cancer, that we may hope in the future to arrive at better results in its treatment.

We shall take first what has been aptly termed its *age incidence*. It is a disease of middle and advanced life. Practically unknown before twenty, very rare before thirty, rare before thirty-five, it commences to show itself about this time, and increases in frequency, in proportion to the number of those living, right up to the end of life. It is not necessary to give statistics of the relative prevalence of cancer during the various decades. It may be stated as sufficiently accurate that, reckoning the average of human life at threescore years and ten, the first half is exempt from cancer, the last half prone to it. This, it will be recognised at once, is a matter of first importance to the community. The breadwinner on whose exertions the family depends for its maintenance, the mother whose fostering care is requisite for the upbringing of her offspring, the statesmen whose ripe or ripening experience may be expected to be of benefit to his country, the ruler who has parted with the hasty impulses of youth and whose maturer years may be full of promise for the welfare of his people, these and such as these are the victims of cancer—men in the prime of manhood, women in the prime

of their womanhood. In this respect it presents a striking contrast to that other great scourge of the human race, tuberculosis, which claims the young more frequently and not less cruelly for its own. The one is the frost that kills the bud, the other destroys the flower, or blights the ripening fruit. As, however, we are not likely to discover the elixir of perpetual youth, this is a law to which we must submit. All who live must reach the age of liability to cancer. It is none the less important to draw public attention to the age incidence of the disease, to impress on all to bestir themselves to lessen, if possible, its ravages, not reckoned by the number alone of its victims, but by the fact that it claims those victims so often at the most useful period of their lives.

The age incidence of cancer has a very important bearing from another point of view. It is of the greatest assistance in the detection of the disease. All should, therefore, know at what period of life they are liable to be attacked by cancer. They will then be able at once to profit by that knowledge, should the occasion arise. If, for instance, a woman discovers a lump in her breast, and she is over forty years of age, it is of capital importance that she should *know*, not have any doubt, but *know* that it is more likely to be cancer than anything else. There will then be no hesitation whatever in her mind as to what she ought to do, if she means

to save her life. There will be no inducement for her to console herself with the delusion that it is quite as likely to be something else, some harmless ailment. It is not likely to be anything of the sort. It is likely, it is almost certain to be cancer, and she should know it from the first moment she discovers it. Similarly if a man, in the latter half of life, finds a sore in his mouth, there should be no occasion for him to watch it for months getting larger and larger before showing it to a medical man. He should *know* at once, from his age alone, that it is more probably cancer than anything else. In the knowledge of this simple fact alone he should be aware from the very beginning of the abyss beside which he is very likely standing. He will thus be in a position to avoid disaster. The importance of this will be further emphasised in the chapter on "Danger Signals." I need not, therefore, allude further to it here.

While considering the age incidence of cancer it will not be out of place to mention that a very common fallacy is current among women that the change of life is a cause of cancer: that at this time of life, and because of this time of life, they are particularly liable to its onset. Women are frequently found to dread this period because of the haunting fear of cancer. It may be comforting to them to know that there is not a shadow of evidence in support of this. It is true that the decade

between forty and fifty years is one of the periods at which it very commonly manifests itself. So is the decade between fifty and sixty years, and likewise that between sixty and seventy. But there is no evidence whatever that the change of life is causally connected with the development of cancer: nor is it reasonable to suppose that such a perfectly normal and natural process has anything to do with it.

A second fact which is known about cancer is that *local irritation is undoubtedly directly or indirectly a cause of it*, that in some way it has to do with starting the cancer process. I may explain to my lay readers what is understood by local irritation, and I can best do so by giving an example or two of it. Supposing a man has a sharp stump of a tooth in his mouth which is constantly rubbing against the side of his tongue, it will produce a sore. This sore, which at first is a simple thing enough, gets well on removal of the stump. But if it is neglected, and if the constant irritation is permitted to continue, frequently—we know not how or why—cancer supervenes. The continued local irritation will in some way, of which we are ignorant, start the cancer process. Similarly the repeated local irritation due to smoking a clay pipe, and the constant injury to the delicate skin of the lip caused thereby, may lead, and frequently does lead, to cancer in this situation. I need not multiply

examples. These will suffice to give an idea of what is meant by local irritation. We can trace the connection between cancer and this circumstance in most, if not all, of the situations of the body in which it occurs. It is, therefore, a fact of cardinal importance in the prevention of cancer, and the significance of it in connection therewith will be fully discussed in the chapter under that heading.

I now pass to the consideration of one of the most important facts of all regarding this disease, namely, that *the initial activity, the first proliferation of the cancer cell is a local process*. I mean by this that cancer in the beginning is not in the blood or constitution of the patient : in other words, that, for instance, cancer of the breast is, when it first attacks its victim, in the breast and breast only, cancer of the tongue is in the tongue and tongue only, cancer of the womb in the womb and womb only, and so on. So much hangs on the establishment of this proposition that it will be necessary to consider it at some length.

It was formerly believed by many medical men, among whom may be mentioned so sound a pathologist and acute clinical observer as the late Sir James Paget, that cancer was a constitutional disease, *i.e.*, that there was first of all a poison circulating in the blood, and that this poison was the cause of the local outbreak, say in the breast or the tongue. The strongest testimony in favour of this view was

supplied from the every-day observation that cancer when removed always shortly recurred, and eventually destroyed its victim. But it never was removed. We who are cognisant to-day of the rapid and widespread diffusion of cancer cells from its original site into the neighbouring tissues, and are cognisant of the character and scope of the operations performed a generation ago with the view of curing it, know perfectly well that the disease practically never was removed at all. Therefore, it invariably recurred. Therefore, it was considered a disease of the blood.

I am in no sense adversely criticising the efforts of surgeons of former times in the relief or cure of cancer. They made the best practical use of the material then to hand, of the information at the time available. But the valuable addition to our knowledge of this disease, and its paths of dissemination, due to the development of microscopic research, has shown us where the errors of the last generation of surgeons lay. The untold advantages, too, derived from the discoveries of anæsthetics and antiseptics have placed the modern surgeon in an incomparably more favourable position than his predecessor in the treatment of cancer, and have enabled him in a great measure to avoid the mistakes of the past. Formerly a sort of vicious circle existed. The imperfection in the operation led invariably to a speedy recurrence of the disease. This in turn led

to a false conception of its nature, namely, that it was a disease of the blood. This conception reacted unfavourably on the surgeon, who operated under the conviction that the disease was hopeless, a state of mind not calculated to assist him in thoroughly eradicating it.

Let us investigate in the light of modern knowledge the evidence of the local origin of cancer. Of course the absolute proof of this can come only from the discovery of its cause. This we have not arrived at. We must meantime make use of the knowledge which we possess, and see to what rational conclusion it leads us. We shall see that it leads us to a conclusion which is irresistible, to a conclusion which, short of a scientific demonstration, is so probable that it practically amounts to a certainty.

It is not denied that some people may be more liable to be attacked by cancer than others, *i.e.*, that their constitutions offer so to speak a more favourable soil for the growth of the weed. It is not improbable on the face of it that such is the case, although there is little evidence in support of it. If such predisposition is acquired during life, we know, as I have shown in the previous chapter, nothing of the external conditions producing it, nothing of the environment favourable to it. It was formerly believed that this predisposition was hereditary, and heredity was supposed to play a prominent part in determining

the liability to cancer. Remarkable instances of the disease running in particular families have been recorded in support of this supposition, of which the late Sir James Paget was a staunch upholder. The family history of the Great Napoleon is a case in point. He, as is well known, died of cancer of the stomach. His father, brother Lucien, and two sisters all succumbed to the same disease. Broca, in his "Traité de Tumeurs," gives a remarkable instance of a like occurrence. A lady died of cancer of the breast. Her four daughters, *i.e.*, in the second generation, all died of cancer. In the third generation, one of these daughters had three unmarried daughters; a second had five daughters and two sons, of whom one of the latter died of cancer; a third daughter had five daughters and two sons, of whom all the five females died of this disease. In the fourth generation one daughter was a victim of the same complaint. Many other instances have been put on record, in which a very strong predisposition to cancer seems to run in particular families. The one recorded previously in this book may be recalled, in which out of a family consisting of three sisters and one brother, all the three former were found to be suffering simultaneously from cancer of the lower bowel. Whatever be the ultimate explanation of these remarkable cases, and we shall not be able to offer it until we have discovered the cause of cancer, the importance of

heredity has been called in question of late years by eminent authorities, and the *rôle* it plays in this disease has been relegated by many to quite a subordinate position. The subject has been fully discussed in the second report of the Middlesex Hospital Cancer Research Laboratories by W. T. Hillier and J. Tritsch, in an article entitled "Heredity in Cancer," and numerous statistics have been given. Mr. Karl Pearson's conclusion from these statistics, though it must be admitted he questions the validity of some of the data on which the deductions are based, is that heredity plays a very unimportant part in the production of the tendency to cancer. Some recent experiments of the Imperial Cancer Research Fund seem to point in the same direction. The results of experiments in the inoculation of mice with cancer, which it would not be within the province of a book of this kind to detail, show that the soil plays a relatively minor part in determining success or failure. Whatever, therefore, be the significance of a predisposition to this disease, whether a reality or not, whether inherited or acquired, my readers will readily understand that this does not in the least invalidate the argument for the local origin of cancer. A seed put into the ground requires a suitable soil to enable it to grow and develop into the plant; none the less the seed is the origin of the plant, not the soil.

I proceed now to the evidence of the *local* origin of cancer.

(a) *Clinical Evidence*

Let us examine the clinical testimony first. A patient who applies to a doctor with cancer, provided he has not had it a long time and it is not in an advanced stage, shows no sign whatever of any illness. He expresses himself as feeling perfectly well, and he appears at all events to be in his usual health. Indeed, the sad tale repeated *ad nauseam* is something like this. A woman will seek advice with a lump in the breast, for instance, which is evidently cancer of some duration. The doctor asks her how long she has noticed it. She will commonly say six months or a year. The next question will be, "Why did you not come earlier?" A common reply is, "As I felt perfectly well, I did not think it could be anything serious." When the medical man examines her he finds that his examination corroborates her statement. To his trained eye she appears perfectly well, often in robust health. Of course it must be understood that cancer does not always attack those who are in good health; it may equally show itself in the weakly. But the point I am insisting on is this, that the presence of early cancer *per se* causes no feeling or symptom of illness. Now if the poison of cancer were circulating in the blood prior to its showing

itself in the breast, we should naturally expect that there would be some evidence of its presence there, some indication of deterioration in the health of the patient, prior to or simultaneously with its first appearance locally. I do not say it would certainly be so, but that is what we should anticipate.¹ But we find as a matter of fact nothing of the kind. Just the reverse is the case. It is only after the patient has manifested local evidence of cancer for a considerable time, it is only when the disease is reaching an advanced stage, and there are unmistakable signs of its having spread into various parts of the body from its original site, that the patient begins to feel ill and to show symptoms of failing health. The symptomatic picture, therefore, of cancer is that of a disease at first strictly local and eventually becoming constitutional, not that of a disease of the blood causing local manifestation of its presence.

A second clinical point in favour of the local origin of cancer is that at its first appearance it is invariably single. Continuing our example of cancer of the breast, it always shows itself as a single tumour or lump in that organ.² If a poison, deter-

¹ The proofs of the local origin of cancer are cumulative. Each must be given its due weight in determining the conclusion.

² Thus in an article on "Malignant Diseases of the Breast" from the Middlesex Hospital Reports, it is stated: "Practically the rule may be adopted that carcinoma (cancer) of the breast is of unicentric origin. . . . Not a single *indubitable*

mining the outbreak of cancer, were coursing in the blood prior to its local manifestation, we should expect frequently to meet two, three, or more separate primary appearances of cancer in various parts of the body simultaneously or within short intervals of one another. Nothing of the sort takes place. It shows itself invariably as a single tumour in some particular organ, such as the breast or tongue. If we follow now its further development we find that it is only after the patient has carried this single tumour for a period, sometimes months, sometimes even for a year or two, that other cancers make their appearance. They make their appearance, moreover, first of all in the immediate neighbourhood of the original growth. After a longer interval they are found at greater distances from it, and still later scattered all over the body. Mr. Sampson Handley, in the third report from the Cancer Research Laboratories of the Middlesex Hospital, draws attention to a case of cancer recorded by Rolleston, which, starting in the left breast, ultimately involved the skin of the whole of the body, except that of the terminations of the four limbs, *i.e.*, in the case of the upper extremities from the middle of the upper arms to the fingers,

instance of primary cancerous growth originating separately in both breasts, either at the same time or with an intervening period of immunity from growth, is recorded at the Middlesex Hospital."

and in the lower from the middle of the thighs to the toes. The skin in every other part of the body showed cancerous tumours. The same fact is in evidence with regard to the bones. The bones of the forearm and leg, those of the hand and foot, escaped secondary deposits.

I must explain here what is meant by secondary deposits. I have mentioned previously that the first appearance of cancer is invariably as a single tumour or swelling. After this has existed for some time, it may be weeks or months, or even years, other cancers appear, first in the neighbourhood of the single or original growth, and later on in more distant parts of the body. These are known as secondary deposits. They are called secondary deposits because they are the offspring of the original growth, *i.e.*, they owe their existence to cancer cells which have become detached from the original growth and carried in the circulation to various parts and there deposited. In their new situations they grow and form a cancer exactly like the original tumour. For instance, a man may get cancer in the tongue. This is the primary or original growth. After a while a lump will appear in the neck. This is a secondary deposit.

Reverting now, after this momentary explanation, to the subject under consideration, there is in St. Thomas's Hospital Museum a plaster cast of a woman who died of cancer, which originated in the

right breast. Almost all the bones of the skeleton showed secondary deposits, but those below the knee and elbow are free from disease. No clinical evidence more striking than this could be found of the centrifugal spread of cancer from its original local site. No doubt, had these unfortunate patients lived long enough, the disease would have eventually involved their arms and legs as well. They died before it reached them.

Lastly, in support of the view that cancer is at first a local disease, we have the clinical fact that it is undoubtedly started by local irritation. I have explained what is meant by local irritation, and have given examples of it in the lip and the tongue. Local irritation very frequently, if indeed not invariably, initiates cancer, and the disease begins always exactly at the spot irritated. The rubbing of a sharp tooth against the side of the tongue or cheek, the repeated injury to the lip caused by the stem of a clay pipe, undoubtedly start cancer by the local irritation they cause, and they always start it exactly at the place irritated. It is produced, in fact, on the spot by a cause acting precisely at that spot.

The whole clinical picture of cancer, therefore, is strongly in support of its being in the first instance a local disease, and not a disease of the blood. The fact that its victims remain in good health till we have evidence of its having spread into the

body from its original site of origin ; the fact that it is invariably at first single ; the fact that its further development always manifests itself first in the neighbourhood of the original growth, and subsequently in more distant parts ; the fact that it very frequently, if not invariably, is started by local irritation and always exactly at the spot irritated ; all these are, I do not say, absolute proof taken by themselves, but they are evidence of the strongest presumptive character that cancer in the first instance is a local disease.

(b) *Microscopical Evidence*

Let us investigate next the microscopical evidence.

The fact of centrifugal spread of cancer in every direction from the single primary tumour has been recently confirmed microscopically by Mr. Handley. By examining sections of tissue at increasing distances radiating from the original growth, cancer cells were found in smaller and smaller numbers, until a point was reached where none at all were to be seen. The parts of the body in the immediate neighbourhood of the original growth showed abundant cancer cells, those further away from it fewer, those at a still greater distance none at all. In other words, the cancer had not yet reached the latter.

A second piece of valuable evidence we have

from the microscope is this. There are well recognised varieties of cancer. The disease which attacks the breast, for instance, is of a different variety from that seen in the intestine; the latter again is of a different variety from that which is found in the tongue. These differences in structure are readily recognised by any expert in the use of the microscope. Now, it is found that the secondary deposits,¹ whether they occur in the neighbourhood of the original growth or disseminated throughout the body, and, a very important point, at whatever interval of time they occur after the discovery of the original growth, reproduce always and exactly the structure of the primary tumour. For example, the structural variety of the secondary deposits in cancer of the breast, wherever and whenever they occur, is always the same as that of the original growth in the breast. So faithfully and so invariably do they agree, that one can have no doubt that these secondary deposits are the offspring of the primary tumour—in other words, the primary local disease was the origin of the spread of the cancer throughout the body.

(c) *Experimental Evidence*

We shall consider, thirdly, the experimental evidence of the local origin of cancer. I am indebted

¹ I have explained the meaning of the words "secondary deposits." Compare p. 52.

to the reports of the Imperial Cancer Research Fund, for the record of the following experiment. It has been found possible to transplant cancer from one animal to another of the same species. This has been successfully done in the case of mice. Small fragments of the growth are sucked up into a hypodermic needle, the needle is then inserted beneath the skin of the mouse, into which the growth is to be transplanted, and the fragment is deposited in any situation required. The result is that the transplanted fragment, in cases where the experiment is successful, begins to grow in its new host and develops into a cancer there. This cancer goes through all the phases of the disease in the original mouse, *i.e.*, a malignant tumour or cancer develops at the site of inoculation, and after a while other similar tumours spring up in various parts of the body. The mouse, moreover, remains in perfect health for a time, and it is only when there is evidence of the disease having reached an advanced stage, in other words, of having spread into the body from the original growth, that the animal begins to show signs of failing health, and eventually dies. In these experiments, it will be seen, there is no question of a constitutional origin of the disease. It is actually grown locally, at the seat of inoculation. From being at first a strictly local disease, it gradually invades the body, and it is only when it has invaded the body that the

animal begins to show signs of deterioration of health. The disease, in fact, in mice inoculated with cancer, and in which it has clearly and of set purpose a local origin, runs exactly the same course and passes through the same phases as does sporadic cancer in man—the growth of a local tumour first; afterwards other tumours in the immediate neighbourhood, and later still, in more distant parts of the body: good health at first: only failure of health as the disease reaches an advanced stage: in all its phases reproducing exactly the picture of cancer in man. The result of this experiment is strong corroborative evidence of the local origin of the disease in man.

(d) *Surgical Evidence*

We proceed lastly to the most convincing of all, the surgical evidence of the local origin of cancer. By a swing of the pendulum, the strongest argument used formerly in support of cancer being a disease of the blood has become our most powerful weapon to destroy this conception of its nature. As I have previously stated, the great stumbling-block among former generations of medical men to the belief in the local origin of cancer was the fact that, though apparently removed, it invariably recurred. The local tumour could be seen and felt. It was cut out. Yet it always came back. This has been conclusively proved by the evidence of the micro-

scope to have been due to defect in the operation. With the proof of the fact that beyond the visible and tangible tumour, but in its neighbourhood, were cancer cells in abundance, which were neither visible nor tangible, and with the more thorough operation performed by surgeons of late years in consequence of this knowledge, it soon became recognised that the disease in many cases did not return at all. Five, ten, fifteen, twenty years would elapse with no sign of it. The explanation of its formerly always recurring was obvious. The disease had not been removed. Cancer cells had been left behind. These continued to grow and were responsible for the recurrences. The surgical evidence is to my mind conclusive of cancer in its beginning being a local disease. In the following chapters figures will be given showing the measure of success that has attended modern operations for this disease. Suffice it here to say that as the result of these hundreds of patients, proved to have been the victims of cancer, have lived for many years, have reached old age, or died of other diseases, without any sign whatever of recurrence.

Previously I have given a hint of the nature of the modern operation, which has led to such greatly improved results, which has produced in hundreds of cases this immunity from recurrence that formerly always took place. It is no conjuring trick. It is

simply this. It is in some cases an earlier, and in all cases a more perfect local removal ; nothing else. Now, if cancer were a disease of the blood, and the appearance of the tumour, the local manifestation merely of that disease, to get such a result from a more perfect local removal is inconceivable. Modern operations should give us no better or very little better results than the old. The disease under such a theory should *invariably return*, however early and however thoroughly removed. It does not do so. The irresistible conclusion is that at first it is not a disease of the blood, but a local disease capable of eradication.

I have not given every argument in support of cancer being in its origin a local disease. But I have stated the most striking, the most conclusive, and those which I think my readers will most readily appreciate. I have shown, and I hope I have made the demonstration clear, that from whatever point of view we regard cancer, whether from its clinical picture, the evidence of the microscope, the experimental side, or lastly the surgical aspect, we are driven irresistibly to the conclusion that the *initial activity, the first proliferation, the early growth of the cancer cell is a local disease.*

From the shadows of cancer ever flitting before us, only too familiar to us, we can conjure up in our minds a picture, however imperfect it may be, of its substance. This contains no theory of its

origin. Enough of these exist already. It is but a rough sketch of it, so to speak, consistent with the known facts, and borrowing others which are unknown. We may conceive that a soil is prepared in the individual. As I have told you, there is very little evidence in support of such a supposition, none of what its nature may be. Still this is no proof that it does not exist, the theory is not an unreasonable one, and it seems a necessary postulate to explain some of its characteristics. This soil may derive its favourable ingredients, possibly, from hereditary predisposition, or again from some external surroundings of the patient, or yet again from some defect in the economy of the human machine.¹ However prepared, it always receives a "top-dressing" of advancing years. In some such way as this we may conceive of certain individuals rendered liable to attack by cancer. If now such a person be subjected to that other great factor, which experience shows us is connected in some way, we know not how, with the onset of cancer, viz., chronic irritation, we have the materials ready to hand for the development of the disease. The soil may be rich, may have been well prepared, and no heavy "top-dressing" of advancing years, no large amount of local irritation may be required to start it. On the other hand, the soil may be poor,

¹ Cf. Appendix: "The Trophoblastic Theory of the Origin of Cancer."

and a heavy dressing of age, or a large dose of local irritation may be necessary to remedy this deficiency ; and there may be countless degrees between these extremes. In a poor soil the weed, once taken root, may not thrive, may in very rare cases even die. Hence the remote possibility, but still the possibility of spontaneous cure. From such a picture of it follows, too, the onset of cancer, rarely, years before its normal age incidence, its varying degrees of malignancy, the differences in rapidity of growth and of dissemination into the body, which we meet with. Hence, too, the late recurrences after operation, a picture of the struggle for existence of cancer cells which had escaped removal, in an unfavourable soil, and their final triumph, it may be after many years. But the cardinal point is this—and here we emerge from the quicksands of guess-work, and find ourselves once more on the solid ground of fact, fact which, I venture to assert, there are the most convincing grounds for accepting—whatever and however produced the conditions favourable to its existence or growth, *the development of the actual disease is local, at the spot at which it first appears, and it is centrifugally from this focus that it proceeds to disseminate itself into the body and so destroy its victim.*¹

¹ On this point Dr. Bashford, the director of the Imperial Cancer Research Fund, states : " Our observations on animals

And what a pregnant conclusion is this, that cancer in its beginning is a local disease! What possibilities does it not reveal! What a picture does it not unfold! There is, however, the reverse side to that picture, the skeleton in the house, the inevitable "but." The tug of war between centripetal and centrifugal forces is ever present in this world. The struggle for the mastery in the circumstances of life is as keen as the struggle for existence itself. Each is involved in the other. The "but," like the poor, we have always with us. The "but" in this instance is the last fact I have to mention about cancer. It is this: "*That from its local site of origin, it generally very early and very quickly finds its way into the system of its unfortunate victim.*" The significance of this fact is not a whit less than that of its local origin. While it is confined to its site of origin, or its immediate neighbourhood, and it always is at first so confined, it is curable; when it has passed from there into the system the time for cure has vanished. The first carries with it the possibility of cure, the second emphasises the difficulty of obtaining it. The first gives the patient the chance, the second requires unerring action on his part to profit by that chance. The first points

show that malignant growths are always local in origin, and of themselves produce no evident constitutional disturbance whatever. These facts are in full accord with accumulated clinical experience in man."

the means to the end, the second proclaims the obstacles to its achievement. To show how the end is to be attained, how the obstacles are to be overcome, is the purpose of the following pages.

These, therefore, the second following close on the heels of the first, are the two outstanding features, the two cardinal facts about cancer, as far as we know it to-day. I may be pardoned for repeating them, and placing them side by side for reference :—

First fact. Cancer is, in its beginning, a local disease, and confined at first to the part it first attacks.

Second fact. From its local site of origin it generally very soon disseminates itself into the system of its victim.

On these two facts hinge the whole of what follows in these pages. For the purposes of this book, and the treatment herein discussed, the knowledge of these is of even more importance than that of the cause of cancer itself. It has been assumed that the origin of cancer will be discovered sooner or later. It may be so. It is not unreasonable to suppose that it will. Meanwhile, in common with that of a good many other diseases, it has not been discovered yet. It has been further assumed that, with the discovery of its cause, will come that of its cure or prevention. The use of the hypodermic needle, the injection of a little antitoxin, will be all

that will be required to disperse the cancer, or some serum will be found which will render people harmless against its attacks. Its treatment will be simplicity itself. I would here enter a *caveat*. It does not follow that even if or when the cause of cancer is discovered, its treatment will resolve itself into such a simple matter as this. It does not follow that it will be anything different from what we have to offer to-day. These serums and anti-toxins, I would remind my readers, have been hitherto somewhat disappointing. Though there is, no doubt, a great future in store for therapeutics on these lines, experience has shown that the whole subject bristles with difficulties, and science at present is only knocking at the door. Take, for instance, tuberculosis. The origin of this disease has been known for twenty-five years to be the tubercle bacillus. Yet the serums and antitoxins have not been discovered,¹ in spite of many vauntings and much blaring of trumpets, which will cure it. Wherever operable, on surgical treatment of this disease still rests our main reliance. If it could be attacked readily in the lungs, this would doubtless be our chief means of dealing with it there as elsewhere. So it may be with cancer. Even though the cause be discovered, it does not mean that some simple preventive or curative treatment will

¹ Unless this has been accomplished, as recently announced, by Professor Behring.

necessarily follow. Early surgical removal may remain the only method of dealing with it then, and for many years to come. At all events it is the only hopeful treatment we have to offer at present. It is a practicable treatment now. It is the only cure we have. We must make the most of it till we have a better. It is, moreover, a rational, not an empirical treatment. It is founded on the two cardinal facts about cancer, which have been insisted on in the present chapter. It is, in fact, the rational outcome of our knowledge of cancer, as far as it has carried us to-day.

It may be added in conclusion that even should another and a better treatment for this disease be discovered, early recognition and the early application of such treatment will, we may safely assert, be just as important as they are to-day.

CHAPTER IV

IS CANCER CURABLE? YES

IT must be understood that I am discussing in this and the following chapters cancer which occurs only in regions of the body, where it is capable of removal by operation. Fortunately, as we shall see directly, this category embraces the large majority of cases of the disease. If it were usual for cancer to show itself primarily in places which were inaccessible to the surgeon, the lungs, liver, or heart, for instance, we should indeed be in a helpless position to-day as regards its successful treatment. We should be obliged to wait patiently for some other means of cure, hitherto undiscovered. Such, however, is fortunately far from being the case. The positions in the body which cancer selects for attack are luckily well nigh all within the field of surgery. From a statistical study based on the Cancer Records of the Middlesex Hospital by W. S. Lazarus-Barlow, it is shown that cancer of the breast constitutes 37·8 per cent. of all cancer in women, cancer of the generative tract, which

means almost entirely that of the womb, 45 per cent. In other words, cancer of the breast and womb together account for about 80 per cent. of all cases of this disease occurring in women. Cancer of the alimentary tract, *i.e.*, the lip, tongue, gullet, stomach and intestines, answer for 10 per cent. Cancer of the skin for an appreciable proportion. Now all of these regions of the body, with the insignificant exception possibly of the gullet, are well within the surgeon's grasp. So that we may say, roughly, 90 per cent. of all cancers in women occur in regions of the body in which it is possible mechanically to remove them. Turning to the opposite sex we find that 80 per cent. of all cancers affect the alimentary tract, nearly the whole of which is accessible to the surgeon. Cancer of the skin accounts in them, too, for an appreciable proportion. We shall, therefore, be within the mark if we say that in both sexes four-fifths of all cancer occurs in parts of the body which are readily within the range of surgical intervention.

Cancer is not a shy disease. It does not lurk in hidden places, in inaccessible regions. It commits its ravages in the daylight. It challenges attack by the surgeon in the open. It has mocked his efforts from the very housetops for all the centuries.

Of the theories about cancer which we discussed in a previous chapter, I shall ask you to carry in your minds none : of the facts for the present one only,

namely, that cancer in its earliest beginnings is a local disease, confined at first to the part it first attacks, whether it be the breast, womb, tongue, or any other part of the body. From this proposition, evidence of which amounting to a practical certainty was given in the previous chapter, it follows logically that every case of cancer, which occurs in a part of the body accessible to successful removal, is curable. It must be so from the very nature of the disease. Cancer, I have just shown, does primarily occur in the majority of cases, in parts of the body accessible to successful removal. It is, therefore, in the majority of cases curable. This is the theoretical, logical conclusion. This is the somewhat startling conclusion I shall invite you to arrive at later on from practical results which I shall lay before you. For the present I am concerned with a partial deduction only from the premises, namely, that cancer is curable, in other words that it is not, *per se*, an incurable, a hopeless disease. That is the question I asked in the heading to this chapter, and answered in the affirmative. That is the only statement I have to make good at present.

Now, of course, it is satisfactory to arrive at this conclusion logically from the premises. But the question the public will expect us to answer is this, "Has it been actually cured? Has theory stood the test of practice?" Let us examine, therefore, this conclusion that "cancer is curable," and see

whether it can be justified by actual results obtained.

Well now, to begin with, it is a fact significant in itself of the change in the position of cancer and its treatment by surgical operation, that the word cure can be even mentioned in this connection, and arguments and figures produced in support of such a contention. For any one presuming to make this attempt thirty years ago would, to put the most charitable construction upon his effort, have been regarded as having a screw loose by the profession and public alike, and would have been unable to submit one atom of evidence to back such a statement. One has only to look into the surgical text-books and records of a generation ago to be convinced of the utter hopelessness of the medical profession in this matter. To take cancer of the breast, for instance, which included far the majority of cases of this disease submitted to operation until towards the end of the last century. Velpeau, a great surgeon, in his vast experience knew of only 20 patients who had been cured, and he states he was not certain that all of these were suffering from cancer. Sir Benjamin Brodie, after an operative trial of between five and six hundred cases of cancer in this region, came to the conclusion that life was rather shortened than prolonged by his efforts in this direction, and decided never to remove another breast for cancer without first

laying before the patient his experience of its results. Benedict of Breslau, during the last seventeen years of his career as a surgeon, considered the chance of cure so hopeless that he refused to operate on this disease at all. Von Winiwarter, in 1878, publishing Billroth's results, viz., 8 cures in 148 cases, remarks that these were the most favourable statistics that had ever been published. Sir James Paget, in his lectures on Surgical Pathology, states: "I will not say such a thing as cure is impossible, but it is so highly improbable that a hope of this occurring in any single instance cannot be reasonably entertained." A monotonous and melancholy tale, indeed, from the best surgeons of the last century! Some of the older surgeons of even the present time say they have never seen a case of cure of cancer.

We turn our backs gladly on this dispiriting picture, and proceed to the records of some of the surgeons of to-day.

I shall be obliged here to digress for a moment into a somewhat technical matter to indicate on what basis these records are founded. It is the only occurrence of any technical subject in this book, which, as I said in my introductory chapter, contains no subject matter which the layman cannot readily follow. The exception, however, proves the rule: this digression is unavoidable,

and I shall endeavour to make the argument clear. The statistics which I shall quote below are based on what is known as the "three years' limit."¹ This means that if the cancer does not return within three years after removal, the case is reckoned as a cure; and no case is reckoned as a cure that has not passed three years without recurrence. The pessimist and sceptic who will be finding a book of this hopeful nature very dull reading, will no doubt prick up his ears at the mention of the "three years' limit." This arbitrary limit affords him a rousing opportunity. I am going to have an uncomfortable quarter of an hour with him. I am not dismayed. The grounds for fixing the limit at three years by most surgeons will be given presently. Meanwhile, it is reasonable that some limit of time should be set, which if the patient pass without a recurrence he may, we shall say, be considered probably cured. Otherwise the position amounts to this, that no disease in which there is a possibility of recurrence can ever be said to be cured. And yet we know that many such diseases, in reality, are cured, and we do not hesitate to consider them so. The same reasonableness must be shown here as in the case of other diseases. For instance, a man has a tubercular knee, and he submits to excision

¹ Some of them are based on a five years' limit; the reason for this will be given later.

of the joint. He makes a good recovery from the operation, and remains perfectly well for, say, three years. Nobody but the most hopeless pessimist would consider him anything but cured, nor would hesitate to tell him so. This does not mean that by no conceivable chance might he get a return of his disease; nevertheless it is assumed, in the absence of evidence of such return, that he has been cured. The same line is adopted in other cases. One, which I need not mention here, but which will recur readily to the mind of every medical reader of these pages, is on an exactly similar footing. The disease is treated by medicine. If the patient remains free from symptoms for a reasonable time he is considered cured. Of course if the medical man is pushed into a corner by the patient and asked if he can guarantee that he will never have any return, he does not hesitate to tell him that he cannot. He is, nevertheless, considered to be cured, and we know that in many cases he is actually cured; at all events he attains what is a sufficient cure for him, he never for the rest of his life experiences any symptoms or signs of his former disease.

It is too much to expect, of course, to convince the pessimist and sceptic. He will not be satisfied by any limit or any argument. For instance, a patient may be operated on for cancer and show no return, say, after a dozen or more

years, and as we shall see later there are many such cases on record, yet some unreasonable persons would always be found to cavil and say, "Well, after all, it may return : it cannot, therefore, be claimed as a cure." Or, again, after operation the patient may live to a ripe age, and then die of some other disease, as the tables will show that many have done. Yet the sceptic exclaims : " If he had not died of this disease, he might have lived to see a recurrence of his cancer ! " Of course he might. Everybody admits that. This argument is obviously unanswerable and must remain so. It is equally unreasonable. In compiling our tables we cannot be reasonably expected to show that every case claimed as a cure has reached the age of threescore years and ten, and has then died a " natural death," whatever interpretation may be put upon that somewhat ambiguous phrase. And I feel sure we shall not be expected to do so by the intelligent majority of my readers.

But the objector says, " Why fix the limit at three years, why not at four, five or ten years ? " Well, there is method in the madness of the three years' limit. The reason the three years' limit is adopted in cancer is this. It has been found by reliable authorities who have gone carefully into this matter, and by practical surgeons who have followed the after histories of their patients, that if cancer, after removal by operation, does not return

within three years, in the majority of cases it does not return at all. Thus, for instance, Gross, who has most rigorously investigated this matter, states that in only 2·3 per cent. does cancer of the breast recur after operation if the patient remains free of the disease after three years. Another statistician, Konig, gives the percentage as high as 15. Even adopting this higher figure it is only a small proportion, viz., less than one-sixth. In the statistical study of cases of cancer of the breast admitted to the Johns Hopkins Hospital from the opening of the hospital in June, 1889, to June, 1902, comprising 222 cases operated upon, whose after-histories have been very carefully followed up, in only seven cases did the disease recur in the neighbourhood of the operation wound after three years; in no case did it recur in any internal organ of the body after this period.

If the reader will turn to page 83, he will find a record of the after-histories of 38 cases of cancer of the lower bowel or rectum. In no single instance had recurrence taken place after three years. Again, if he will turn to Chapter VII, Section III, "Early Cancer of the Womb," he will see that in the record of 20 cases given there, in only one case did recurrence take place after three years. Examples could easily be multiplied, all tending to the same conclusion that cancer as a rule, if it recurs after removal by modern methods, does so within something like three years. We therefore

adopt the three years' limit for all practical purposes. We say that if, after his cancer is removed, the patient shows no evidence of any return within three years, there is reason to conclude he is in all probability, he is in the majority of cases, definitely cured. We do not say, and we never should be able to say, that it is impossible under any conceivable circumstances for the disease to return after this time. Indeed, we know too well that it sometimes does, and we freely admit it.

This is all I have to say about the three years' limit, and I hope I have made the point clear. It is admittedly an arbitrary limit. It is not an infallible guide, but still it is a guide which experience has shown to be in the main trustworthy. I may mention here that there is a disposition among surgeons to extend the limit from three years to five, and it will be seen that some of the tables are compiled on this basis. This it must be understood is not a confession of failure of the three years' limit. The reason is to make the guide still more trustworthy—the point being that the longer the patient goes without a recurrence, the smaller becomes his liability to recurrence at all, the greater the likelihood of his being definitely cured.

In selecting the statistics quoted below, I have chosen the very best I could get. In this I am justified. I am concerned to show what can be done for cancer, not what can't be done. What

can't be done for cancer, is it not written in the chronicles of the surgical treatment of this disease previous to 1890, and in the records of those surgeons of to-day, if there be any, who continue to operate on the lines of the older practitioners? I have, therefore, chosen the very best records I could get, the statistics of the pioneers in the modern operative treatment of cancer, of those who are convinced of its curability, and treat it with the thoroughness begotten of that conviction. The names of the surgeons associated with these records will not be given; and for two reasons. Firstly, there now are so many zealous and successful workers in this field that it would be impossible to give the records of all of them. A selection, with the names, would on the other hand be an invidious task. Secondly, inasmuch as this book is intended for the perusal of the general reader, a publication of names might be construed into an advertisement for certain surgeons, a kind of notoriety which they, I am certain, would neither desire nor approve of. All names will therefore be omitted. I may say, however, without unduly flattering them, that they are all men at the very top of the surgical profession both at home and abroad, associated with some of the best medical schools and hospitals in the world, men whose ability has been proved and whose honesty is unquestioned. We may, therefore, take the figures as a correct record of the

modern treatment of cancer, of the best that has been done for it at the present day. What I have explained as "the three years' limit," is adopted as the standard, *i.e.*, no case is given as a cure, unless the patient has passed three years from the time of operation without recurrence. I do not propose, however, in deference to the pessimist and sceptic, to adhere rigidly to the "three years' limit," and say, "So many have passed three years without recurrence, therefore the percentage of cures is so and so." Whenever I am able, I shall give the actual number of years each patient has survived the operation; or, if dead, what he died of, and how long after removal of the cancer. So that my readers may be able to form an opinion for themselves of the curability of cancer quite apart from any strict adherence to, or even, I may add, acquiescence in the "three years' limit." It must be understood that the percentages of cures given here are those of operable cancer only, *i.e.*, of cancer which was considered capable of removal when seen by the surgeon. They do not represent the percentages of cures of all cases which have come under his notice. Many of these, as will be seen later on, are inoperable when they first apply. An example will make perfectly clear what is meant. If the reader will turn to cancer of the womb, he will find a record of 237 operations with a percentage of cures, 38. This does not mean

that of 237 consecutive cases of cancer the surgeon obtained 38 per cent. of cures, but of 237 consecutive operable cases, a very different thing. For every operable case he would be obliged to refuse numbers that when they first applied were too advanced for operation at all. Figures are never favourite reading—are always dry. I must plead, however, for a careful study of them, as they establish a fact which is brimful of interest and importance to suffering humanity.

I. *Cancer of the Breast*

A surgeon gives a record of 34 cases, all of whom were private patients, and all of whom, with one exception, he has been able to trace for periods ranging from six to thirteen years from the time of operation. They show the remarkable result of 17 or 50 per cent. alive and well and without recurrence at periods varying from six to thirteen years.

A second surgeon gives an analysis of 100 consecutive cases—of these 19 are alive and well and without recurrence over three years after operation. They are as follows :—

1 alive and well 20 years after operation.

I	"	"	19	"	"
I	"	"	18	"	"
I	"	"	14	"	"

I alive and well 11 years after operation.

2	"	"	10	"	"
2	"	"	8	"	"
3	"	"	7	"	"
5	"	"	5	"	"
1	"	"	4	"	"
1	"	"	3	"	"

Seven have died of other diseases more than three years after operation, and without in the meantime having had any recurrence. They are :—

1 died of hæmorrhage of the lungs 14 years after operation.

1	"	grippe	13	"	"
1	"	apoplexy	10	"	"
1	"	inflammation of the lungs	10	"	"
1	"	apoplexy	8	"	"
1	"	cholera	6	"	"
1	"	inflammation of the lungs	4	"	"

We see from this table that there are in all 26 cases, or more than a quarter which have had no recurrence. They are either alive and well more than three years after removal of their cancers, many of them as the table shows at far longer periods than three years, or else they have died of other diseases more than three years after operation, many of them again at much longer periods than three years, and having, prior to their deaths, shown no evidence whatever of recurrence.

A third surgeon gives a record of 46 cases. Of these 13 are alive and well and without recurrence

more than three years after operation. They are :—

1 alive and well 16 years after operation.

2	"	"	14	"	"
2	"	"	10	"	"
3	"	"	9	"	"
3	"	"	8	"	"
1	"	"	6	"	"
1	"	"	5	"	"

Four died from other causes than cancer, and up to the time of their death had had no recurrence. They were as follows :—

1 died 20 years after operation.					
1	"	14	"	"	Cause of death not given.
1	"	13	"	"	
1	"	5	"	"	

In this series we therefore have 17 out of 46, *i.e.*, 42·5 per cent., who showed no sign of recurrence at periods ranging from five to twenty years after removal of their cancers.

A fourth surgeon gives a record of 62 cases. They are as follows :—

1 alive and well 12 years after operation.

1	"	"	10	"	"
1	"	"	9	"	"
2	"	"	8	"	"
1	"	"	7½	"	"
1	"	"	7	"	"
3	"	"	6½	"	"
1	"	"	6	"	"
2	"	"	4	"	"
1	"	"	3	"	"

Five died of other diseases, and with no recurrence of their cancer, 1 twenty years after operation from chronic bronchitis, the others at too short intervals after operation to say whether they were cured or not. Eight could not be traced. Leaving out the latter from the calculation, we have 15 out of 54, or 27·7 per cent., who had no recurrence at periods ranging from three to twenty years after operation.

II. *Cancer of the Womb*

A surgeon gives a list of 73 cases, of whom 12 are known to be well from two to five years after operation.

Another surgeon gives a record of 237 operations for this disease. Of these 38 per cent. had no recurrence after a duration of five years.

A third surgeon with an experience of 153 operable cases gives a percentage of 35·6 alive and well and with no recurrence after five years.

III. *Cancer of the Lip*

An analysis of 114 cases from the Göttingen Clinic showed that 53 per cent. were alive and well, or had died of other disease more than three years after operation, having meantime had no sign of recurrence. Of these 12 had lived for at least a dozen years, and 1 for eighteen years.

An analysis of the returns of the Tübingen Hospital from 1885 to 1898 showed 66 per cent. of cures, on the same basis.

IV. *Cancer of the Tongue*

An English surgeon analysing his own cases in conjunction with those of another English surgeon and of two distinguished foreign surgeons found that, out of 199 cases, nearly a quarter remained well or had died of some disease, other than cancer, more than three years after the last operation. A recent account of his own cases in one of the medical journals gives 25 per cent. of cures on the same basis.

Another surgeon gives the following analysis of 26 cases :—

I alive and well II years after operation.

I	"	"	8 $\frac{1}{4}$	"	"
I	"	"	5	"	"
I	"	"	4 $\frac{3}{4}$	"	"
I	"	"	4 $\frac{1}{4}$	"	"
I	"	"	4	"	"

i.e., 6 out of 26, or nearly 25 per cent. alive and well and free from recurrence at periods considerably beyond the three years' limit.

A third surgeon refers in his list to cases alive and well and free from recurrence thirteen, twelve, and eleven years after operation.

V. *Cancer of the Lower Bowel or Rectum*

A surgeon gives a record of 38 cases. Of these 7 or 18·4 per cent. were alive and well, and with no recurrence more than three years after operation. In no instance had recurrence taken place after three years. The conjoint tabulated list of two foreign surgeons gives the following results:—

1 lived 16½ years after operation.

1	"	16	"	"
1	"	14	"	"
1	"	13	"	"
3	"	11	"	"
4	"	8	"	"
4	"	7	"	"
6	"	6	"	"
13	"	5	"	"
19	"	4	"	"
15	"	3	"	"

VI. *Cancer of the Intestine above the Rectum*

These operations have been performed only in isolated cases until quite recently. It is not, therefore, possible to give such complete records. As far as they go, however, they fall into line with the results of the modern treatment of cancer elsewhere. One surgeon gives a record of 21 cases with the following results:—

1 alive and well 10 years after operation.

1	"	"	4½	"	"
3	"	"	3½	"	"
2	"	"	3	"	"

i.e., 7 out of 21, or 33·3 per cent. have passed the three years' limit.

The conjoint statistics of two other surgeons, embracing 24 cases, give the following results :—

1 alive and well 17 years after operation.

9 " " 4 or more years after operation.

VII. *Cancer of the Stomach*

A distinguished foreign surgeon gives the following results of 97 cases :—

1 alive and well 16 $\frac{1}{4}$ years after operation.

1	"	"	11	"	"
1	"	"	7	"	"
1	"	"	6	"	"
3	"	"	5	"	"
1	"	"	31 $\frac{8}{12}$	"	"

And 12 others alive and well, and without recurrence at intervals short of the three years' limit. The operations in this field are also of too recent a date to get much information from statistics.

VIII. *Cancer of the Skin*

Between the years 1894–1901, 171 patients were operated upon for cancer of the skin in the clinic of a celebrated Berlin surgeon. Of these, 76 per cent. in 1904 had had no recurrence, or had meanwhile died of other diseases.

Most of the figures here quoted were obtained

from the Bradshaw Lecture delivered before the Royal College of Surgeons of England on December 1, 1904.

Now, putting out of the question altogether "the three years' limit," I think few will be found to deny that the theoretical logical conclusion arrived at previously, viz., "cancer is curable," "It is not, *per se*, a hopeless, incurable disease," is proved up to the hilt by actual results obtained. The statistics show conclusively that it has been cured over and over again. Are not these figures truly astonishing when contrasted with the results obtained a generation ago? Take cancer of the breast,¹ for instance. While a generation ago we find the prolongation of life by operation was something less than a year, while a generation ago we find eminent surgeons declining to operate at all on account of the hopelessness of the results, others

¹ My readers will have observed that I generally take as my example cancer of the breast. The reason is that statistics in this region have been more fully worked out than in other parts of the body. Cancer of the breast, moreover, has been submitted to operation for generations. It is possible, therefore, to contrast the past with the present. In many regions, on the other hand, such as the intestines, stomach, womb, &c., no radical operations at all were done for cancer a generation ago. They were considered outside the field of surgery altogether. It is, therefore, impossible to institute comparisons. Operations for the disease in the tongue were invariably followed by recurrence. It was always fatal.

of opinion that life was rather shortened than the reverse by their efforts for its cure, others again stating that they had never seen a case of cure by operation, here we have surgeons with 25, 42·5, 27·7, and no less than 50 per cent. of patients alive and well and without any sign of recurrence at periods ranging from three to twenty years after the removal of their disease. It will be conceded without hesitation that these results justify my statement in the opening chapter, that during the last quarter of a century a revolution has taken place in the treatment of cancer.

Next let us inquire how these results have been achieved. Cancer is not different, its victims are not different from what they were a quarter of a century ago. These results are the outcome of the recognition by modern surgeons of the two great cardinal facts about cancer emphasised in the last chapter. Firstly, that whatever may be its cause, it is at its beginning a local disease, and as long as it remains such is curable, and, secondly, that it very soon invades the system from its local site and is then incurable. They have applied these two great facts to its treatment. They have recognised the vital importance of its removal at the earliest possible moment; they have removed it with the care and thoroughness begotten of the objective, the intention, the expectation to cure, not as formerly after the slipshod and perfunctory

method of the man who was convinced of the utter hopelessness of the malady he was dealing with. This, and this only, is the secret of the success that has attended the efforts of the modern surgeon in the treatment of cancer.

I have not the space, though I have the will, to go on quoting a whole bookful of these statistics (for those given here are only samples), if with no other object than for all time to knock the bottom out of the superstition, both in the profession and out of it, that cancer is incurable, to bury for ever the doubts of the pessimist and sceptic. For the latter do exist, even among the aristocracy of the medical profession. For example, in one of the English medical journals a few months ago, there appeared an article by an eminent surgeon, entitled "The Cure of Cancer." He commences it by asking the question, "Is a surgeon ever justified in claiming that he has cured a patient of cancer?" After some remarks, in which he admits that of late years surgery has made great advances in the treatment of this disease, he answers his question in the negative. He immediately proceeds to quote from his own experience what appears to me to be a most unfortunate case in support of his contention. In May, 1876, a patient was sent to him suffering from undoubted cancer of the right breast. After trying for some months injections of acetic acid, at the

suggestion of the physician who sent him the case, he found the treatment was doing no good, so he removed the breast in July, 1876. In October, 1877, the patient returned to him with a recurrence in the scar, which was excised. Soon afterwards a second recurrence took place, which was treated in the same manner in February, 1878. In December, 1879, there was a third recurrence in the scar, and also some lumps in the armpit. These were freely removed. This was the last operation. The local recurrences which took place between July, 1876, the date of the first operation, and December, 1879, that of the last, were no doubt due to cancer cells left behind at the time of the first operation. No criticism of the operation is intended, or indeed justified. It was the manner of operating in those days, and there is, therefore, no question of the skill of the operator. But there can be no doubt, looking at the case through modern glasses, that these recurrences were due to an imperfect operation. In the operation as done to-day, the cancer cells giving rise to them, would have been removed at the first sitting, and the patient would have been cured, *ab initio*. A quarter of a century after the last operation, *i.e.*, on March 24, 1905, the patient wrote to him as follows: "You will be pleased to hear I am wonderfully well and active, in my eighty-fourth year. Just now I am busy knitting night-socks for a kind

lady." No recurrence after twenty-five years, and the quondam sufferer from cancer eighty-four years old! Yet this patient cannot be claimed to have been cured! Most reasonable people will, I venture to think, congratulate the surgeon on having achieved an undoubted cure, and would not be disposed to deny his claim to it. The patient herself will certainly be satisfied that she has been cured. No amount of argument could convince her to the contrary. This may be quoted as a fair example of my previous statement that the pessimist and sceptic will not be satisfied of the cure of cancer by any time limit, by any period of freedom from recurrence. The surgeon in question admits that operation may bring lasting relief, and the case he quotes proves it. This may not be the same thing as cure from a strictly scientific point of view. But, practically speaking, it is so. It is, after all, a splitting of straws to call it anything else. Lasting relief is all the unfortunate sufferers from cancer ask of us. They will be satisfied with that, and their consciences won't be troubled about the name the surgeon elects to call it by.

He further goes on to state that all the surgeon can promise his patient is that he will "do his best." Taken literally, this is true. But if it comes to promising I am not aware that a surgeon can promise more than this in the treatment of any disease. To promise implies a mastery over the

future which we do not possess. But I would ask, "Are we not, in the light of the results given in the present chapter, justified in holding out more encouragement, more hope to our patients than that we shall 'do our best'?" Are we not justified in saying something like this to them: "If you come early, if you put yourselves in our hands soon enough, there are results before us which give us solid ground for believing that we shall be able to cure you, or, if the phrase be preferred, to give you 'lasting relief.'"? I maintain that we are. For a surgeon to say to his patient that "he will do his best," is to say nothing at all. The latter will have taken that much for granted before consulting him. The surgeon of a generation ago, who saw practically every case of cancer operated upon return within a short time, no doubt promised to "do his best." The public rightly expects better guidance from us than this. If we cannot do anything for them we should tell them so, we should say, "We shall do our best." If we can, it is equally our duty and our privilege to tell them what we can do, what has been done; and especially should we give them all the encouragement and hope we are justified by the facts in doing, because this encouragement, this hope is the most powerful weapon we possess in inducing them to fulfil the very condition of cure, to come early. If we are to cure cancer, the first thing we have

to do is to educate the public to the knowledge, to convince them of the fact that cancer is curable. We have to show them that consulting the surgeon for cancer is not synonymous with hearing their death sentence.

The truth of the matter is that the doctrine of the incurability of cancer has been so deeply ingrained in the mind of the profession for all ages, that some medical men cannot bring themselves to admit, to say the word "cure," even though they see the fact staring them in the face. The real difficulty, I imagine, in uprooting this doctrine arises from the knowledge that cancer may return, may crop up again years and years after the patient has been apparently cured by operation. This is a fact at present unexplained. Some of these so-called recurrences are no doubt new outbreaks of the disease. They do not, therefore, invalidate the truth of the curability of cancer. We recognise the possibility of people getting a second attack in other diseases, the infectious diseases for example. There is no reason that we know of why they should not get two attacks of cancer. Inasmuch, however, as up to quite recent years the first has invariably proved fatal, the opportunity of testing the liability to a second has not presented itself. But every return is not explicable in this way. Many of them are undoubtedly true recurrences of the old disease. They are cancer cells

which have become detached from the original growth previous to its removal, and have become deposited in some neighbouring or distant part of the body. There they have lain dormant for years, until some favourable condition of which we know nothing has once more lighted them into activity and stimulated them to renew their vigour. Whatever be the explanation of this mysterious fact,¹ it is no obstacle to our accepting the doctrine of the curability of cancer. It is admittedly a bar to our actually promising a cure in any given case, but it is no bar to our belief in its curability. Supposing, for instance, a surgeon has operated upon six cases of cancer of the breast, and they are all free from recurrence, and in good health, say five years afterwards. He has reasonable grounds for believing he has definitely cured them all. But supposing in the sixth year one of them gets an undoubted recurrence of the old disease. This does not mean that he has not cured the other five. This need not make him despondent with regard to the fate of the other five. All it means is that in this one particular case he has proof that he did not succeed in eradicating every cancer cell at the time of the operation. One or more of them had got detached from the primary growth, had been deposited in some part of the body, and after all these years had begun to grow again. The

¹ Compare Chapter III, p. 61.

disease in this case recurred. The explanation of the recurrence, owing to our knowledge of the fact that from the original growth particles do get detached and are responsible for the recurrences, is no mystery; the explanation of the delay in recurrence is. Anyhow the recurrence in this one case affords no evidence whatever with regard to the other five. In all of the latter he may at the time of operation have succeeded in eradicating every cancer cell, and have effected a genuine cure.

Or, again, supposing a surgeon operates in half a dozen cases of cancer of the tongue, and they all recur within a twelvemonth. This does not prove that the disease is incurable by operation. It proves only that in these six particular cases he did not succeed in eradicating every cancer cell. Nothing more. It is disappointing. It brings forcibly home to him, yes, the difficulty of cure under present conditions, but it need not make him hopeless. *It is the positive cases which are cured that prove cancer to be curable. The negative cases in which it returns prove nothing with regard to its curability.* They only prove that the surgeon's efforts in these cases failed in their object, that of eradicating the disease. It is a race between the surgeon and the cancer. The latter has the start. How long the start in most instances will be shown in a following chapter. If the surgeon succeeds in overtaking the cancer, if he succeeds in the operation of getting

away every cancer cell, his patient will have no recurrence, he will be cured.¹ If, on the other hand, some cancer cells escape removal, they may lead to a recurrence apparently at any time afterwards. At the same time I have given evidence of the fact that if the recurrence does not take place within something like three years, in the majority of cases it will not occur at all.

The above seems to be the difficulty in the minds of many in subscribing to the belief in the curability of cancer. Nevertheless the fact remains that cancer has over and over again been cured. It has been proved to be curable.

Let us not forget to give the sceptic his due. He serves a useful purpose. He acts as the drag on the coach. He prevents our going too fast. He never has been, however, the pioneer in any movement. He has the cold, unemotional eye, useful in its way, but he lacks the imagination requisite for progress. We need not despair because of his

¹ On this point one of our most eminent authorities on cancer writes: "Again we may conclude that cancer is a local disease at its commencement, and if only all the existing disease can be got rid of, there is no reason for any further development from the primary focus. It is purely a question at the time of the operation of getting beyond all the disease. Recurrences, both general and local, are the result of direct spread from the original focus. Epithelial growths cannot originate in the lymphatic glands, or other non-epithelial structures; the cancer cells are the direct progeny of cells in the original tumour."

presence amongst us. He is always to be found. He was much in evidence at the time of Lister's grand discovery, and the introduction into surgery of the antiseptic system. The results in this instance, however, were so striking, the evidence so overwhelming, that five years sufficed to relegate him to a back seat, and five more to outer darkness. The advocates of the curability of cancer have, it is evident, a harder task than this before them. Not only have they to deal with the pessimism in the profession, they have to overcome the pessimism, fear, and ignorance of the public. And they will have to do this before they can show striking successes in sufficient number to convince the public. The cart is before the horse. Education must come first. Success will follow after. For, as we shall see later, the education of the public and the banishment of fear and ignorance are the very conditions of success. Still, the task is not a hopeless one, though the progress in it be slow.

In conclusion, I have only one further comment to make on the statistics given in the present chapter. They represent, generally speaking, the best that has hitherto been accomplished against this disease. But it must be clearly understood that these results are not by any means the best that could be obtained, or that may be expected in the future. They are not picked cases, except in the sense that they fall into the operable class. Apart from questions of

general health, &c., which are foreign to the matter at issue, the only consideration that guides a surgeon in recommending or not his patient an operation for cancer is whether he thinks he may be able mechanically to remove it. And rightly so, too. He knows his patient has death, and as a rule a most distressing death, staring him in the face. He, therefore, if he considers he has an outside chance of ridding him of the disease, at all events puts before his patient that chance, makes him the offer of an operation, an offer which the cancer-stricken patient almost invariably accepts. The point I wish to make clear, and it is a very important one, is that the cases quoted above are not purposely selected early cases, with the object of showing good results. Thus the first surgeon whose statistics of operation for cancer of the breast are given, writes : " Before going into the figures, I may here state that in determining the cases to be operated on, I make no selection from the point of view of getting good statistics. Hopeless cases have naturally been refused operation. That is to say, cases where from the local distribution of the disease it was clearly impossible to remove it, or where internal deposits were undoubtedly present. But where there has seemed any chance of removing the disease, even though only a very poor one, the patient has been given the benefit of the doubt. . . . I have no doubt that had I aimed at getting the best statistical

results and selected the cases from that point of view, a decidedly better percentage would have been obtained ; but I do not think that such a selection is fair to a patient suffering from such an inevitably fatal disease as cancer of the breast," &c. The second surgeon writes in his report : "There has been no attempt to select favourable cases, only those cases being rejected where it was manifestly mechanically impossible to remove the disease with the knife. The results may, therefore, be said to give us an idea of what we may expect to accomplish under the usual conditions of surgical practice." This fairly represents the attitude of the surgeon towards cancer, and may be taken as the spirit in which these statistics were compiled. They are the results of operation for cancer as it presents itself to the surgeon to-day. They are not the results of operation for early cancer. Far from it. I maintain that it is a rare thing for a surgeon to ever see an early case of cancer at all. I shall give figures to prove this later. For every one case of really early cancer, he sees numbers which are so advanced that they cannot be operated on at all, and numbers of others that, though operable, can in no sense be called favourable, *i.e.*, early cases. These latter form the majority from which the tables are drawn. They are average cancer, *i.e.*, advanced, not early cancer : less advanced possibly than half a century ago : but still not early, not favourable. The

surgical treatment of operable cancer up to the latter part of the last century may be briefly summarised as *inadequate operation in advanced cancer*. The results were uniformly disastrous. The treatment of it at the present time may be described as *adequate operation in less advanced but still advanced cancer*. The results are full of hope: not a ground for despair and pessimism, but an encouragement clear as daylight to push on. The end we have to strive for, the goal we have to reach is *adequate operation in early cancer*. The results will be good. They will demonstrate that cancer in the majority of cases is curable.

CHAPTER V

IS CANCER GENERALLY CURED? NO

IT is not surprising that the public is pessimistic about cancer. Those of my readers who have had the misfortune to know of some relative or friend, the victim of cancer, will be, for the most part, in full accord with the reply I have given to the question at the heading of this chapter. Comparatively few are cognisant from their own experience of anything but a fatal termination to this disease. People have only to take note of what they see and hear every day to become aware of the almost unvarying monotony of the melancholy sequence—a long and painful illness, eventually terminating, either notwithstanding or without surgical intervention, in death. It is not unnatural that they should regard any other result as a lucky fluke, the rare exception that proves the rule.

I propose to show in the present chapter that this opinion of the man in the street as to the fatal character of cancerous disease is a correct

one. I intend to demonstrate that, in spite of the fact that cancer is curable, far the majority of cases of this disease proceed inevitably to a fatal termination; that compared to the total number of sufferers from cancer, the cures are infinitesimal, a mere drop in the ocean, a full justification for the opinion of the public that any but a fatal termination is not to be expected, and if attained, is a lucky fluke.

I asserted in the introductory chapter that this was a cheerful book. I hope before I have finished to make good that claim. I hope to show that in the future there is a brighter prospect in view for the unfortunate sufferers from cancer, and to point out how it may become a living reality. But the present chapter does not form a cheerful episode in my story. It deals with the position as it is, not as it should be, and as we hope it will be in the not distant future. I must ask my readers, the figures notwithstanding, to give the contents of this chapter their earnest attention, in order that they may have a grip of the argument, and appreciate what follows.

Let us analyse now the statement, the general opinion that the majority of cases of cancer eventually terminate fatally, by a reference to some of its most common sites. My object in doing this is to give some idea of how fatal this disease, not, *per se*, a fatal one, in reality is; to

show how seldom, though not incurable, it is actually cured. It is not possible to obtain accurate statistics on this point. A rough idea can only be formed by a reference to hospital records of those who actually apply with cancer. An estimate on these lines is open to obvious sources of fallacy. For instance some in any given area get into the hands of quacks, and charlatans, and never apply at all. Numbers of others are treated outside hospitals by medical men, who, when they first see them, know that the disease is too far advanced for it to be of any use to send them to hospital.¹ So that whatever mortality the figures record, it will be under the mark. The statistics will show the disease in its most favourable light.

(a) *Cancer of the Breast*

I propose to take cancer of the breast first. The fullest statistics to which I have been able to obtain access are these furnished by the Johns Hopkins Hospital, from its opening in June, 1889, to August, 1899, a period of ten years. They comprise a record of 228 patients admitted to the hospital for cancer of the breast. Of these 67 or

¹ There are many other sources of fallacy—a correct estimate is impossible—but the figures given here are quite sufficient to establish the generally fatal character of cancer.

29 per cent. were inoperable, *i.e.*, the disease was too far advanced for the surgeon to make any attempt at removal. They form more than a quarter of the whole. The operable cases were 161 or 71 per cent. Taking the three years' limit, of these 161 cases, 67 or 41 per cent. were cured; in 92 or 57·2 per cent. the disease returned. Two patients died of some complaint other than cancer, within three years from date of operation, and were proved post-mortem to have had no return up to the time of their death. They are omitted from either list. Adding the 67 inoperable cases, all of whom of course died, to the 92 cases in whom the disease returned and proved fatal, we find that out of 226 cases of cancer 159 eventually died and 67 were cured, *i.e.*, for every 2 that were cured about 5 died. The proportion of those reckoned as cured must be still further reduced by the late recurrences, *i.e.*, by some of those, who have passed the three years' limit getting a return later. We may reckon roughly, therefore, that for every 1 cured, at least 3 died. It must not be assumed that this represents the general result of operation for cancer of the breast, and that, as a general statement, a quarter of those suffering from cancer in this region are cured by operation. These are a very favourable set of statistics; cases that have passed through the hands of one of the most eminent of modern ex-

ponents of this branch of surgery, one of the pioneers in the modern treatment of cancer of the breast. Yet even in this record 3 die for every 1 cured. The general ratio of deaths to cures is in reality far higher than this. How high, it is obviously impossible to ascertain. But it is sufficient for my purpose to show that in an exceptionally favourable set of statistics of cancer of the breast, at least 3 die for every 1 cured.

(b) *Cancer of the Womb*

We shall take next cancer of the womb. The statistics of Knauer and Waldstein, gathered from the clinics of Chrobak and Schauta during the years 1900 and 1901, show that out of 100 cases of cancer of the womb, 85 when they first applied for surgical relief were inoperable, 15 were operable. Of the latter 5 were cured. According to these statistics 95 out of every 100 women who are attacked by cancer of the womb die. This is not a liberal estimate. A few German operators, it is true, give a higher percentage of operable cases than this, but it is generally held by English surgeons that from 90 to 95 out of every 100 women who apply at hospital suffering from cancer of the womb are inoperable. The disease cannot be removed. They are left to die. Of course the figures vary somewhat with different operators,

but the object of the statistics given here is not to establish the exact ratio of operable to inoperable cases, but merely to give an idea of the mortality. We may say, therefore, that from 90 to 95 are inoperable. It is somewhere near the mark. Something between 5 and 10 per cent. are operable. Of these about one-third, *i.e.*, from 2 to 3 are cured. We, therefore, arrive at the appalling result that out of every 100 women who are attacked by cancer of the womb, 97 or 98 die. Only 2 or 3, even in the hands of the best operators, are saved, and something like 90 when they apply for relief, are met by the cruel verdict that nothing can be done for them, not even an attempt made to help them, however great the risks they may be willing to run in a forlorn hope. In this region, at all events, it is not surprising that the public look on a cure, if indeed they ever hear of one, as a mere fluke. The results, taking the ratio of cures to deaths, are almost tantamount to saying that cancer of the womb is a fatal disease.

(c) *Cancer of the Tongue*

Now let us direct our attention to cancer of the tongue. I have not been able to obtain any records of the percentage of cases of cancer in this region which are inoperable when they first come under the notice of the surgeon. The frequency, however,

with which patients apply with advanced and inoperable cancer in the mouth is a matter of everyday experience to the hospital surgeon; and even those who come early enough to make it still possible mechanically to remove the visible and tangible disease rarely do so at a time which gives the surgeon a reasonable hope of being able to permanently eradicate it. The most favourable statistics which have been published in operable cases show about 25 per cent. who have passed the three years' limit without recurrence. So that even in these only about 1 out of 4 do not get a recurrence in records which are exceptionally favourable. The percentage of cures in all cases, both operable and inoperable, is necessarily far lower than this. Indeed, if statistics were available they would certainly demonstrate that cancer of the tongue is nearly, if not quite, as fatal a disease as cancer of the womb; for, though the number of actually inoperable cases would be fewer, the disease in this situation disseminates itself so rapidly that the percentage of successful results from operation would probably be less. The statistics which are available in fact show this to be the case. The percentage of cures in operable cases in cancer of the womb we have seen to be somewhere about 1 in 3; whereas the best records which have been published in operable cases of cancer of the tongue give only 1 case in 4. The disease, in fact, as is only too

well known to the medical profession and the public, is generally fatal.

In the case of cancer of the stomach¹ and bowels I have not been able to arrive at any idea of the percentage saved by operation against the number who die unoperated upon, plus those in whom the disease returns after surgical intervention. Surgical work in this direction is comparatively recent and scattered. Statistics at present are not available. We may say, however, with no fear of contradiction, that if they were, they would lead to the same conclusion as is arrived at in cancer of the womb and tongue. Compared to the total number of victims of this disease the cure is a rare event. Indeed, the figures, if we could get at them, would probably give a still more unfavourable showing, on account of difficulties here in early diagnosis, which do not present themselves in the others mentioned. The same conclusion is warranted as in cancer of the womb and tongue. The cures by operation in comparison to the cases which end fatally are so few that it may be said with a truth, which is not far short of the mark, that the disease is a fatal one.

¹ In the *Medical Record*, 1906, Dr. C. N. Dowd says that during 1900, according to the census reports, no less than 9,000 deaths took place in the United States, and of these very few had been submitted to operation. The Registrar-General's reports for England and Wales give an average of 4,901 deaths per annum for the years 1901-04.

We have now considered from this point of view cancer in its four most common situations, the breast, the womb, the tongue, and the intestinal tract. These, with cancer of the skin, as I have said in a previous chapter, constitute about four-fifths of all cancer. They include also practically all the cancers dealt with in this book, since it is in these regions that it is chiefly accessible to surgical intervention, and these pages contemplate the disease entirely from its surgical aspect. We have, therefore, answered the question asked at the commencement of this chapter, and given figures to show what indeed is common knowledge, that a very small proportion of the total number of cases of cancer is cured.

It is a melancholy fact this, that in a disease which is not, *per se*, incurable, very few are cured. It carries with it the conclusion that there must be something radically wrong in the situation, some great factor dominating this state of things, a great flaw somewhere. In the chapter which follows, I shall endeavour to throw daylight on this factor, to put the finger on the flaw.

CHAPTER VI

THE FINGER ON THE FLAW

THE present chapter will furnish the flaw, the explanation of the reason why, though cancer is curable, very few are cured of it; and in the next I shall invite attention to the results which are capable of attainment by the elimination of the flaw.

At this point I think it will assist my readers in following the argument if I recapitulate in the briefest manner the facts bearing on this part of the subject which we have hitherto arrived at. It is the more necessary to do this, because, although these pages may be simple reading enough to a medical man, and the matter may present no difficulties to him, it must not be forgotten that the subject is an unfamiliar one to the non-professional reader, and the facts and arguments may not be so easy to carry in his mind.

In Chapter III, which dealt with the few facts which are known about cancer, particular stress was laid on the two following great cardinal truths: firstly, that the disease in the beginning is local and

confined at the outset to the part of the body it attacks, whether it be the breast, the tongue, the womb, &c. ; and, secondly, that from its local point of origin it very early spreads into more distant parts, and it is to this property that its fatal effects are owing.

In the following chapter, I invited you to draw from the first truth the theoretical logical conclusion that, if cancer occurred in a part of the body where it could be entirely removed, it was curable. I showed that this theoretical conclusion had stood the test of practice by giving figures to prove that it had actually been cured over and over again. It was, therefore, both theoretically and practically, *per se*, a curable disease. I further explained that it usually does occur in regions of the body where it can be removed : that in about four-fifths of all cases its primary seat is in the breast, womb, tongue, lip, intestinal tract and skin, all of them positions readily accessible to surgical intervention. The next chapter might not unnaturally have been expected to demonstrate that cancer was generally cured. Instead of this, figures were given in Chapter V showing the exactly opposite result, to which your own everyday experience no doubt also led you, viz., that in far the majority of cases the disease ended fatally. What, then, is the explanation of this anomalous state of things—that a disease, which generally occurs in a region of the body where it can be re-

moved, and which, if successfully removed, is curable, is nevertheless, as a matter of actual fact, seldom cured? The answer is simple. It lies in the operation of the second of the two great truths about cancer. It is due to the fact that, from its local site of origin, cancer generally gets into the system of its unfortunate victim before the surgeon has the opportunity of eradicating it. For just so long as the first truth holds good about any case of cancer, it is curable ; and just so soon as the second comes into operation, it is incurable.

Now, in considering the results of the surgical treatment of cancer in the last chapter, you will have observed that the cases as they present themselves to the surgeon fall into two classes, the operable and the inoperable. The former include cancer while it is still dominated by the first truth, *i.e.*, while, as far as the surgeon can tell, it is local ; the latter cancer, when it has come under the influence of the second, *i.e.*, where it has spread so far that it is mechanically impossible to remove it, or where there is evidence of its having got into the system, and where removing the local disease would obviously be of no benefit from the point of view of saving the life of the patient. The only difference between the two classes is, therefore, a difference of time. In all other respects they are exactly the same disease. If patients apply in time they fall into the operable class, and there is a chance of

cure ; if they miss this time they fall into the inoperable class, and are incurable. There is no other difference whatsoever.

It is, of course, a fact familiar to all medical men, that some varieties of cancer are more malignant than others, *i.e.*, some spread both locally and from their local site into the blood and constitution of the sufferer more rapidly than others. This is only another way of stating that some varieties give the patient less rope, give him a shorter opportunity of coming in time than others. *But a period exists in every cancer,¹ longer or shorter as the case may be, when it is local, when it is operable, when it is curable.*

If, therefore, we could insure our patients coming in time, the inoperable class of cancer cases would disappear. All would fall into the operable class. By the light of the figures given in the last chapter, let us see first what would be the result of this. In cancer of the breast we found that of 228 cases, 67 were inoperable. Nothing could be done for them. If this element of time² had not stood in the way, the whole 228 would have been operable. They *were* actually all at one time operable. The operable cases gave a little over 40 per cent. of cures.

¹ *I.e.*, in all cancers treated of in this book.

² In reference to these cases, the report makes the following significant statement: "Studied in detail, it is easily demonstrable that the tumour had been present a considerable time, and the inoperability in the majority of instances was due to the delay in seeking surgical interference."

We should, therefore, have got 40 per cent. of cures of the whole number 228—in other words, the ratio of 2 cures to every 3 fatal cases, instead of only 2 cures to every 5 fatal cases, which was the nett result obtained in this series of cases analysed in the last chapter. It is hardly necessary to point out what an enormous saving of life this difference, extended over hundreds of cases, would mean.

Let us next investigate cancer of the womb from the same standpoint. By referring to the last chapter my readers will see that the appalling figure of something like 90 per cent. are inoperable when they first come under the notice of the surgeon. If, again, this difficulty of time could be overcome, all of these would fall into the operable class. Of the operable cases we saw that about 1 in 3 was cured. On the same reasoning, about 1 in 3 of all those applying to the surgeon with cancer of the womb would be cured. Instead, therefore, of saving about 3 lives in 100, we should save something like 33. The difference is striking indeed; even far more so than in cancer of the breast.

Again, with cancer of the tongue. As I have stated in the previous chapter, a large number (how large it has been impossible to determine) in this region are inoperable when they first apply. The cases considered inoperable would vary with different

surgeons. But all are forced to reject numbers of cases because they are too advanced for operation. These, if they came early enough, would fall into the operable class. It is nothing but the late hour at which they apply, which relegates them to the inoperable class. In operable cases the potentiality of cure has been shown to be something like 25 per cent. It would be possible, therefore, to obtain a percentage of cure, amounting to 25, in all cases of cancer of the tongue, if patients applied early enough to the surgeon to be included only in the operable class.

I have shown in the preceding pages how great the saving of life would be in cancer of the breast, womb and tongue, three out of four of its most common situations,¹ if patients consulted the surgeon in time to be included in the operable class. I have shown that about 40 per cent. of cases of cancer of the breast, 33 per cent. of cancers of the womb, and 25 per cent. of cancers of the tongue would be capable of cure.² But is this all that could be done? By no means. We should be then only on the threshold. I propose now to analyse

¹ Statistics in cancer of the stomach and intestines are not available. But there is no doubt that if they were they would lead to the same conclusion.

² I am analysing, it must be understood, these sets of statistics by way of example, not by way of giving any exact percentages of cures generally. The same reasoning would apply to any set of statistics.

the operable class, into which we have assumed that all sufferers from cancer might fall. I may recall what is meant by the operable class. It includes all those cases in which the surgeon considers that he has a reasonable chance of mechanically removing the disease. The almost invariable rule, as I have elsewhere stated, is that if the surgeon thinks he can get the disease away he advises operation. The operable class does not consist of cases picked for the purpose of showing good results. It consists of earlier cases, of course, than the inoperable class. I have said that this constitutes the real difference between them. But it does not consist of early, favourable cases. I intend now to prove this. I intend to make good my statement in a previous chapter, that it is a rare thing for a surgeon to see a case of early cancer at all. The tables given here are not intended to furnish any definite conclusion as to the average time the disease exists to the knowledge of the patient before he or she applies to the surgeon for relief. They are merely quoted as examples of the state of affairs that is current at the present time. Some of them have been derived from papers that have appeared in the medical journals from well-known surgeons; others have been kindly supplied to me privately. For instance, I have written to some surgeon, who has large experience in the treatment of cancer in some particular region, and have asked him to furnish me

with data, in a dozen or twenty consecutive cases from his note-books, as to the time the patients had been aware of something wrong before applying to know what that something was. When they did apply they were all operable cases, and operated upon.

I take the opportunity here of cordially thanking those, both in this country and abroad, who have put themselves to the trouble of furnishing me with these and other data which appear in this volume.

I shall take the regions in the same order as before—the breast first.

(a) *Cancer of the Breast*

I give the records of 19 consecutive cases, taken from the note-book of an operating surgeon to which I have had access. I have separated, for reasons which I shall give presently, the hospital from the private cases. They are as follows :—

(i) HOSPITAL CASES.

One woman had had to her knowledge a lump in the breast

						15 months.
"	"	"	"	"	"	6 "
"	"	"	"	"	"	6 "
"	"	"	"	"	"	3½ years.
"	"	"	"	"	"	1 year.
"	"	"	"	"	"	4 months.
"	"	"	"	"	"	1 year.
"	"	"	"	"	"	6 months.
"	"	"	"	"	"	5 "

One woman had to her knowledge a lump in the breast

					12 months.
"	"	"	"	"	12 "
"	"	"	"	"	12 "
"	"	"	"	"	4 or 5 years.

(ii) PRIVATE CASES.

One woman had had to her knowledge a lump in her breast

					2 years.
"	"	"	"	"	6 months.
"	"	"	"	"	4 "
"	"	"	"	"	3 years.
"	"	"	"	"	2 "
"	"	"	"	"	2 "

Take the records of another surgeon. It is not stated whether the following were hospital or private patients. They include probably both. It may be mentioned incidentally that this table was published so long ago as 1896, and gives the remarkable percentage of 57 alive and well and free from any recurrence at periods ranging from a minimum of three years to a maximum of six years from the time of operation.

One woman had noticed a lump in her breast 2 years.

"	"	"	"	"	2 "
"	"	"	"	"	1 year.
"	"	"	"	"	2 months.
"	"	"	"	"	6 "
"	"	"	"	"	2 years.
"	"	"	"	"	9 months.
"	"	"	"	"	1 year.
"	"	"	"	"	2 years (nearly).

One woman had noticed a lump in her breast some months.

"	"	"	"	"	18 months.
"	"	"	"	"	6 "
"	"	"	"	"	3 years.
"	"	"	"	"	3 "
"	"	"	"	"	10 months.
"	"	"	"	"	9 "
"	"	"	"	"	2 years.
"	"	"	"	"	6 months.
"	"	"	"	"	3 "
"	"	"	"	"	4 "
"	"	"	"	"	1 year (nearly).

My next three tables comprise cases of

(b) *Cancer of the Womb*

The first is compiled from the records of a well-known provincial hospital.

One woman had noticed abnormal discharge (generally bleeding)

						6 months.
"	"	"	"	"	"	6 "
"	"	"	"	"	"	4 "
"	"	"	"	"	"	8 "
"	"	"	"	"	"	5 "
"	"	"	"	"	"	4 "
"	"	"	"	"	"	10 weeks.
"	"	"	"	"	"	3 months.
"	"	"	"	"	"	7 "
"	"	"	"	"	"	18 "
"	"	"	"	"	"	5 "
"	"	"	"	"	"	18 "
"	"	"	"	"	"	16 "
"	"	"	"	"	"	2 years.
"	"	"	"	"	"	3 months.
"	"	"	"	"	"	7 "

One woman had noticed abnormal discharge (generally bleeding)

						10 weeks.
"	"	"	"	"	"	2 months.
"	"	"	"	"	"	10 "
"	"	"	"	"	"	3 "
"	"	"	"	"	"	4 "
"	"	"	"	"	"	4 years.
"	"	"	"	"	"	7 months.
"	"	"	"	"	"	12 "
"	"	"	"	"	"	5 "
"	"	"	"	"	"	5 "
"	"	"	"	"	"	8 "
"	"	"	"	"	"	6 "
"	"	"	"	"	"	5 "
"	"	"	"	"	"	12 "
"	"	"	"	"	"	5 weeks.
"	"	"	"	"	"	2 months.
"	"	"	"	"	"	3 "
"	"	"	"	"	"	4½ "

The next table is derived from the records of a well-known obstetric physician, published in the *British Medical Journal*.

4	women	had	noticed	signs	2 months or less.
3	"	"	"	"	2 to 6 months.
3	"	"	"	"	6 to 12 "
3	"	"	"	"	1 year and upwards.

In cancer in this region Winter of Königsberg analysed a very large number of cases, 1,062 in all,¹ with the view of determining how long patients had noticed signs of ill-health before applying to a medical man.

¹ It is not stated what percentage of these were operable. In the other table given here all were operable and operated upon.

I submit his table :—

Longer than 1 month.	Longer than 2 months.	Longer than 3 months.	Longer than 6 months.	Longer than 9 months.	Longer than 1 year.	Total.
135	319	283	118	126	81	1,062

Out of these 1,062 patients only 135 applied the first month of noticing something wrong, 927, or no less than 87 per cent., were in a position to have applied earlier than they did. Commenting on this table, he remarks: "If the operation is too late, the fault lies with the patient, not with the cancer."

Lastly, I submit for the perusal of my readers two tables of

(c) *Cancer of the Mouth and Tongue*

(i) HOSPITAL CASES.

One patient had noticed something wrong in his mouth

						6 months.
"	"	"	"	"	"	5 or 6
"	"	"	"	"	"	6
"	"	"	"	"	"	4
"	"	"	"	"	"	2
"	"	"	"	"	"	7
"	"	"	"	"	"	6
"	"	"	"	"	"	6 or 7
"	"	"	"	"	"	2
"	"	"	"	"	"	3
"	"	"	"	"	"	3
"	"	"	"	"	"	3
"	"	"	"	"	"	7

(ii) PRIVATE CASES.

One patient had noticed something wrong in his mouth

					3 or 4 weeks.
"	"	"	"	"	3 or 4 "
"	"	"	"	"	1 to 2 months.
"	"	"	"	"	1 to 2 "
"	"	"	"	"	1 to 2 "
"	"	"	"	"	4 "
"	"	"	"	"	6 "
"	"	"	"	"	6 "
"	"	"	"	"	6 "
"	"	"	"	"	6 "
"	"	"	"	"	6 "
"	"	"	"	"	6 "
"	"	"	"	"	6 "

These figures, supplied at random from the records of different surgeons, may be taken as samples of what usually occurs. The most casual glance at them proves up to the hilt my contention that it is a rare thing for a surgeon to see an early case of cancer at all. Thus the first series of breast cancers gives an average duration of the disease to the patient's knowledge, previous to coming into the hands of the surgeon, of 14 months in the case of hospital patients, and of 19 months in the case of private patients. The second series, including probably hospital and private patients together, gives an average duration of the disease of 15 months before seeking surgical advice. In cancer of the womb, the first table shows that the patients, 34 in number, had had to their knowledge, signs

(generally bleeding) of an average duration of 8 months previous to obtaining surgical aid. The second table shows that out of 13 patients 4 only came into the surgeon's hands at an early period of the disease, viz., not later than 2 months after first noticing symptoms. The third table gives evidence of the fact that out of 1,062 cases no less than 927, or 87 per cent., applied, many of them after manifestations of ill-health extending over long periods, all of them later than they might have done. In cancer of the tongue, the hospital patients give an average duration of the disease to their knowledge of over 4 months, the private patients one of 4 months. As far as these tables go, and this, I think, is the general experience of surgeons, the separation of the private from the hospital patients, shows that the educated and socially higher classes apply no earlier, or very little earlier, than the poor and ignorant. These tables, bear in mind again, and hold fast to the fact, represent *not inoperable but the operable cases, the kind of cases from which the cures are got.*¹ They represent cancer as it comes under treatment by the surgeon at the present day.

What a damning flaw! What a pitiable position!

The figures are truly amazing. Till working them out I had no idea they were so bad, or I may add so good as this. They make one marvel, on

¹ All of the cases given here were actually operated upon.

the one hand, that any case of cancer is ever cured at all. On the other hand, they literally shout aloud the opportunity for improvement. We are surely only on the threshold of treating cancer successfully till we eliminate this source of failure. If we are able to get our cures out of cases like these, what results (with the knowledge that cancer is at first a local disease, and only becomes incurable by spreading into the system from its original local site) might we not reasonably expect, if we were able to eliminate this deadly factor, delay? I repeat, what I said in my introductory chapter, that, in so far as we are justified in arguing from that surest of all premises, experience, such an alteration of circumstances would lead to results of no uncertain character, would show that cancer in the majority of cases is curable.

CHAPTER VII

A GLIMPSE OF THE GOAL

THE conclusion arrived at in the last chapter is no fanciful one. It is the plain, common-sense deduction from the facts. But fortunately we are not called upon to take anything on trust, to leave anything to deduction. We are in a position to prove the full theoretical conclusion "that cancer in the majority of cases is curable" by actual results which have been obtained. I make no apology, therefore, for submitting to the notice of my readers these last tables of statistics. They are the most important of all, and I must plead for a study of them with the care that their startling importance entitles them to. They are tables of modern operation for really early cancer. They are picked cases. They do not represent cancer as it usually presents itself to the surgeon, but cancer that, fortunately, and exceptionally, has presented itself very early. Records under this heading are not plentiful. The usual practice is for a surgeon or statistician to publish the results

of a series of consecutive cases of cancer, which have been submitted to operation, irrespective of the fact as to whether they were early or not, the only condition being that they were early enough to fall into the operable class. This is very useful in enabling an estimation to be arrived at as to the percentage of cures that may be anticipated from the modern treatment of operable cancer under the conditions usually existing. Numbers of these have been submitted to the reader in Chapter IV with the object of verifying by actual results obtained, the statement that cancer is not an incurable disease. But the intention of the present chapter is to prove that early cancer, much earlier than it usually presents itself to the surgeon, is in the majority of cases curable. We propose, therefore, to submit the results of selected early cases. We may expect in the near future, owing to the modern trend of surgical opinion as to the curability of early cancer, to be in possession of still more conclusive evidence on this point. Meanwhile I venture to maintain that the records which we have been able to obtain are sufficient to establish the truth of the proposition before us.

I. Early Cancer of the Breast

In a paper recently read before the Royal Medical and Chirurgical Society, an eminent American surgeon submitted a table showing the

results of 17 cases of cancer of the breast, which had been operated upon by him in the early stage. In reference to these he remarked: "What I regard as a point of more importance than so-called complete or adequate operation is early interference, and in my sanguine hours I have imagined, with Sir Mitchell Banks, what the results would be if all cancers were thoroughly excised when they were no bigger than peas, or, as I would prefer to say, when the disease is in its very early stage. Indeed, I am fairly sure that it has been from my acting on this principle that I am able to bring before you to-day the satisfactory result of treatment, which my groups indicate; for in Group I,¹ in which there are 17 cases tabulated, *the disease was in most of them in the early stage of development when submitted to operation.* The disease appeared, when first I saw the cases, as a lump in the breast, without skin implication or lymphatic glandular enlargement,² and in which the question arose as to the lump being due either to the presence of a cyst or early cancerous infiltration, for at this stage of the tumour's growth the question could only be settled by an exploratory incision." This surgeon was fortunate enough, as you will have gathered from the above remarks, to see and operate upon 17 cases of very early cancer

¹ The group referred to immediately below.

² Signs that the cancer was still in the early stage.

of the breast. Here is the result. At the time of publishing the report—

I was alive and well, and free from recurrence 5 years after operation.

1	"	"	"	"	"	6	"	"
3	"	"	"	"	"	8	"	"
3	"	"	"	"	"	9	"	"
2	"	"	"	"	"	10	"	"
2	"	"	"	"	"	14	"	"
1	"	"	"	"	"	16	"	"

Four had died subsequently to operation. These were—

1 died of an accident, age 62, 5 years after operation.

1 " " old age " 80, 20 " " "

1 " " acute jaundice, age 63, 14 years after operation.

1 " " intestinal obstruction, age 79, 13 years after operation.

We see, therefore, that in this series of 17 cases of cancer of the breast, operated upon in the very early stage, at the time of publishing the report 4 had died. It is only possible from the cause stated that the last two of these deaths were connected with a recurrence, the first two, viz., those from an accident and from old age, were manifestly not so. Even the two whose deaths may have possibly been associated with a recurrence had survived the operation 14 and 13 years respectively, and had reached a respectable age, one 63 years, and the other 79. Of the rest 13 were alive and well and free from recurrence at

periods ranging from 5 to 16 years. We may say, indeed, of this list of cases, all were probably cured. At all events, all had experienced "lasting relief." It is difficult to conceive of more convincing evidence of the curability of early cancer than this table shows. Indeed we could not have it, unless we be expected to prove that every case claimed as a cure has reached the normal span of human life, and has finally died of old age.

Again, the first surgeon whose statistics in cancer of the breast were quoted in Chapter IV, and whose results in unselected cases were given, viz., "50 per cent. alive and well and without recurrence at periods varying from 6 to 13 years," has further analysed these cases with the view of proving that "the earlier and more limited the cancer, the greater is the chance of success." By grouping the series of cases on these lines and selecting the most favourable, his percentage of cures rises from 50 to 68·4, a gain of nearly 20 per cent. on an already remarkable record. In early, limited favourable cases his tables show that in nearly 70 per cent., *i.e.*, a large majority, the outlook as regards a non-recurrence of the disease is good.

II. *Early Cancer of the Womb*

In the Bradshaw Lecture of 1904, delivered before the Royal College of Surgeons of England, the lecturer submitted the results of a series of

cases of cancer of the womb, on which he had operated. In reference to these he said : " In order to prove these statements,¹ I wrote to the medical attendants of all the private patients on whom I had operated, and was much gratified to find many not only living, but in robust health, from whom I had removed cancer of the uterus (womb) by complete or partial hysterectomy² years ago . . . the statistics are limited to private patients, *and as these cases were nearly all seen at an early stage of the disease*, and the growth was examined microscopically after removal, I think they form a valuable addition to the statistics of uterine cancer, for every case can be verified." They are 26 in number.

1 patient is alive and well 11½ years after operation.

1	"	"	"	10½	"	"	"
1	"	"	"	10	"	"	"
1	"	"	"	9	"	"	"
1	"	"	"	8½	"	"	"
1	"	"	"	7	"	"	"
2	"	"	"	6	"	"	"
2	"	"	"	5	"	"	"
2	"	"	"	3	"	"	"
1	"	"	"	1½	"	"	"

The known results of the remainder were as follows :—

¹ Viz., that in the early stage this disease is local and curable.

² The technical name for the operation.

1 lived for 5 years and died from heart disease without recurrence of cancer.

1 lived 4 years and the disease recurred.

5 lived 1 year or less, and recurrence took place.

From 6 no answers were received. Excluding for the moment the last named, we have in this table the after results of 20 cases of early cancer of the womb, submitted to operation. Of these, 13, at the time of publishing the report, were alive and well, or had died of other diseases (one) at periods ranging from 3 to 11½ years after operation; in other words, 65 per cent. were probably cured. It may be observed in passing that in only 1 the disease recurred after three years. Even allowing the most pessimistic interpretation, in the case of the 6 from whom no answers were received, a concession not by any means defensible, for one knows how difficult it is to follow up the after histories of patients, even though they be still accessible to human interview, we have 13 out of 26, or 50 per cent. of probable cures.

The lecturer states further on that "Professor W—— only operates on a small proportion of the patients he sees,¹ and his ultimate results are consequently very good—9 out of 14 patients free from disease at the end of 4 years," in other words, 64·28 per cent. of probable cures in early cancer of the

¹ This is the same thing as saying he selects early cases.

womb submitted to operation. In this region, again, we have indubitable evidence that early cancer is in the majority of instances curable.

III. *Early Cancer of the Lip*

I have no special statistics of the results of operation in early cancer of the lip. If the reader will refer, however, to Chapter IV he will see that in the series of cases there given, the cures totalled in one 51 per cent., and in another 66 per cent. These results, it will be observed, are amongst the best that have been obtained in cancer in any region of the body. And this is exactly what might have been expected. Although it is not stated that these results are those of operation for cancer earlier than elsewhere, presumably they are so. A wart or sore on the lip is such a particularly conspicuous object and is so particularly easy to diagnose, that it is probable that patients in the aggregate come into the hands of the surgeon earlier with cancer in this region than elsewhere. Of course there are many exceptions. The result is that very favourable results are obtained, and the majority of cases are cured.

With the view of determining whether, if possible, even better results than those quoted above could be shown, the author wrote to a distinguished Dublin surgeon who has had large experience in this affection. After regretting that he was

not in possession of sufficient data for this purpose, he wrote: "The only general test that I have been able to apply is that some cases return to hospital with recurrence, and of these there are but few, and those are instances in which, from the advanced state of the disease when operated upon, I regarded recurrences as almost inevitable. Most of my cases are sent by those who would be likely to report to me if recurrence took place. I am strongly of opinion that *lip cancer seldom returns if operated on thoroughly and sufficiently early.*"

IV. *Early Cancer of the Larynx or Voice Box*

Under this heading will be submitted a very remarkable statement of results of operation for early cancer. They are those of a well-known English laryngologist, who has been of recent years untiring in his advocacy of early operation in cancer of this region. In an address delivered before the Laryngological Section of the New York Academy of Medicine on November 2, 1904, he said: "I am now—irrespective of the incomplete operation which had to be repeated—in possession of a material of 20 thyrotomies¹ performed for undoubted malignant disease (cancer) of the larynx between 1891 and 1904, with 1 death, 2 doubtful recurrences, and 17 lasting cures, bring-

¹ 1,580. The technical name of the operation.

ing the percentage of successful cases in my own practice within that period up to 85 per cent. Out of the 17 patients who permanently recovered from the operation 3 died several years afterwards from affections altogether unconnected with the original disease ; 1 six years after operation from an acute abdominal affection ; the second three and a quarter years afterwards from embolism of the heart or lungs ; and the third four years afterwards from pneumonia. The remaining 14 are all alive and well, as I have ascertained only recently by renewed inquiry." In reference to these cases he wrote to the author under date March 25, 1906, as follows :—

"In reply to your favour of yesterday, I beg to say that you are quite right in your surmise, viz., that my cases of thyrotomy for malignant disease (cancer) of the larynx were all operated upon at a *comparatively early period of the disease*. Should you refer to my cases I should be glad if you were to speak of over 80 per cent. instead of exactly 85 per cent. of cases of lasting cure. . . . I could not say off-hand exactly what my present statistics are. I am sure, however, that a statement to the effect that there were over 80 per cent. of lasting cures will be correct." This very brilliant record emphasises once more the truth that cancer in its beginning is a local disease. The growth from its position very early causes symp-

toms.¹ It compels the patient's attention to it while it is still in its very early stage, and of a size at which in almost any other position in the body it would cause no symptoms or inconvenience whatever. It is consequently detected in some cases very early, while it is still perhaps no larger than a small pea. What do we see as the result? Over 80 per cent. of cures—a brilliant triumph truly, but nothing astonishing; just what we should expect from the fact that cancer is in its beginning a local disease, and capable in its early stage of cure. How fervently it makes one wish it would make its presence felt, would drive its victims *nolens volens* to the surgeon at an equally favourable time in other situations!

V. *Early Cancer of the Tongue*

Of all the positions in the body where cancer occurs, nowhere perhaps does it so quickly spread from its original site as in the tongue. In no position, therefore, is it so difficult to have it removed early enough to obtain a lasting cure. Nevertheless, you will see by referring to Chapter IV that a fair proportion of cases is curable, something like 25 per cent., even here, under the conditions usually existing. With the view of

¹ The cancers alluded to here are what are known as intrinsic cancers of the larynx. They usually appear in the neighbourhood of the vocal cords, and thus cause symptoms while still very limited in size.

determining, if possible, whether better results than these could be shown by selecting cases in which the disease was very early,¹ I wrote to a London surgeon, who is recognised as one of the chief authorities on diseases of the tongue throughout the medical world, and who analysed the case given in Chapter IV, to know whether by selecting from his note-books the earliest cases (*i.e.*, in the sense that they were the most limited and favourable cases) a higher percentage of cures could be shown. He very kindly picked out 24 cases in which he says "the disease was of small or very small extent." They occurred between 1886 and 1901. Of these 24 cases 10 died at various periods after the operation from recurrence. The remaining 14 are either still alive and without recurrence, or have died of some other disease. All of these cases were proved to have been cancer by microscopical examination. It will be seen, therefore, that even in this, the most unfavourable region of the body in which cancer occurs, 14 out of 24 patients, or 55·3 per cent., are at the present time free from recurrence, or have meanwhile died of other diseases and without recurrences. This is a very remarkable result when it is remembered that the universal experience

¹ These cases were not all very early in point of time, but were so in point of extent. I shall have some further remarks to make on this subject at the conclusion of the chapter.

of surgeons is that cancer in this position spreads from its local site so quickly that cure is very difficult to obtain at all. In the *British Medical Journal* of May 26, 1906, appeared a paper by the same surgeon entitled, "Illustrations of very Early Conditions of Cancer of the Tongue." He submitted 7 cases of very early cancer in this region, much earlier than the disease has hitherto been generally recognised. They had been operated upon respectively two years before, in September, 1904, in November, 1904, in December, 1904, in January, 1905, April, 1905, May, 1905. Up to the time of publishing the report only one of these had shown a return of the disease, and of this case he remarks: "It was not a recurrence in the accepted use of the term, but a fresh occurrence of cancer due to a definite perceptible cause."¹ These cases are too recent to warrant the claim that they have been cured, and the medical profession will wait expectantly for a further report on them at a later date. But when it is remembered that cancer of the tongue as ordinarily seen and operated upon, commonly recurs within a few months, the results (6 out of 7 cases free from recurrence at periods ranging from one to two years) are at all events, as the writer remarks, "striking testimony to the advantage of very early operation for the removal of cancer of the tongue."

¹ A sharp tooth.

I am not in a position to submit the results of operation in very early cancer of the stomach or bowels. It is not easy to detect it here very early, and surgical work in this field is of a comparatively recent date. Statistics are not therefore available. We feel confident, however, from the results of operation in cancer in these regions, even at the period at which patients usually do come into the surgeon's hands,¹ that the records of very early operation, if obtainable, would lead to a similar conclusion as elsewhere. Indeed in the intestines they would almost certainly be very favourable, for it is known that the variety of cancer which attacks this region is one of the most slow-growing and least malignant of all.

The actual results given in the previous pages of purposely-selected cases of cancer from different regions of the body lead unmistakably to the conviction that cancer, if seen early enough and removed early enough, is in the majority of cases curable. The reason why it is not in every case curable, which is theoretically admissible, will be given later.

Now it might be urged that such results as these, which it must be remembered have only been published of recent years, are quite exceptional, that they do not represent faithfully the average of success in the treatment of cancer.

¹ Compare Chapter IV, pp. 83, 84.

That they are the best statistics which I have been able to obtain is admitted. They are the records of the pioneers in the modern treatment of cancer, of those who believe in its curability, and have by their deeds proved it. All credit is due to them for showing the way. But what these surgeons are doing to-day others all the world over will be doing to-morrow. Indeed no doubt even now numbers of other lists on the same lines as these could be given without any difficulty—evidence that the good work is going on. It must be remembered that “fireworks” in surgery are out of date. In pre-anæsthetic days rapidity of execution was the chief necessity of the surgeon. Great manipulative skill was, therefore, his chief attribute. This was possessed naturally by some and denied to others. The surgeon, in fact, was born, not made. Now, on the other hand, attention to technical detail is the essential factor. However edifying it may be to see a surgeon the master of his handicraft, and possessed of manipulative skill above his fellows, and though of course it counts for something, it is no longer the prime requisite of success. In other words, the modern surgeon need not necessarily be born: he can to a much greater extent be manufactured. So that surgeons of experience, and I use the word advisedly, can obtain more approximately equal results than formerly. This is of great benefit to

the public. It is only given to a few to be original, to point the way. Most, if not all, are capable of following it.

It will be instructive at this point to briefly compare the results of operation for cancer at the different periods in its evolution, and under the conditions governing its conduct. It has been shown that, previously to the present generation, cancer was practically always a fatal disease, that it was never cured by operation. The records and opinions of some of the most eminent of former surgeons, both in this country and abroad, have been quoted in confirmation of this fact. It led to the conclusion that cancer was a disease of the system, and that any removal of the local manifestation of it was useless from the point of view of cure. The reason for this invariable failure in its treatment and the fallacy underlying this conception of its nature have been explained. It was due to the fact that the disease was never in reality removed at all. The microscope revealed to us that, in the neighbourhood of every visible and tangible cancer, cells of the same disease which were invisible and intangible were scattered about in abundance. These were always left behind in the older operations, and were responsible for the invariable and rapid recurrences.

When this source of failure came to be recognised, the operation was extended so as, if possible,

to include in the removal all of these neighbouring cancer cells. That has been the step forward of recent years, and has become the aim of the modern operation. As the paths of extension of cancer from its original site became better understood, and the technique of its complete removal thereby improved, it soon became evident that in many cases the disease did not return at all; the patient was definitely cured. Figures have been given to show the measure of success that it has been possible to obtain, and to demonstrate that in a certain proportion of cases the disease is curable in all regions of the body where it is accessible to removal. If the reader will refer to the results given in Chapter IV, he will see that, instead of an invariably fatal result, quite a respectable percentage of cures has become possible. In cancer of the breast percentages of cures to the extent of 25, 42·5, 27·7, and even 50 have been obtained; in cancer of the womb percentages of cures amounting to 16·4, 38, 35·6; in cancer of the lip to 53 and 66; in cancer of the tongue to 25; in cancer of the lower bowel to 18·4; in cancer of the intestine above the rectum to 33·3 and 60. These results have been sufficient to prove that cancer could no longer be considered an incurable disease. The next point to determine was why, if it were curable in a certain proportion of cases, it yet so frequently recurred under the conditions usually existing. It was natural to seek the

explanation in the same cause that in previous times had led to recurrence always, viz., to the fact that, notwithstanding the extension and the thoroughness of the modern operation as compared with the old, cancer cells had escaped removal; that, notwithstanding the attempt to eradicate all the outlying foci of disease, yet in most cases it had spread too far to make this possible. And when we came to investigate the actual conditions usually prevailing in patients suffering from cancer, to inquire into the usual behaviour of cancer patients, the patent fact was before us that they usually wait months and months before seeking advice; that they usually give the disease all this time to extend, till its complete removal becomes a mechanical impossibility. We find, in other words, that our results represent those of the treatment of advanced, not early, cancer. We find in several series of cases analysed, that those with cancer of the breast had waited, on an average, 14, 19, and 15 months respectively, knowing there was something amiss in the breast, before applying to know what it was; that those with cancer of the womb had waited 8 months; those with cancer of the tongue had waited over 4 months and 4 months respectively. Lastly, when we come to eliminate this source of failure, and to investigate the results of operation in picked, early cases, we find at once the percentage of cures rises in a remarkable degree. We find, in

cancer of the breast, a surgeon with a series of 17 cases, in which, as he states, "the disease was in most of them in an early stage of development when submitted to operation," showing, with two possible exceptions, a complete immunity from recurrence, instead of 25, 42·5, 20·3, and 50 per cent. of cures, another surgeon's cures mounting from 50 to nearly 70 per cent. We find, in cancer of the womb, the percentages of cures mounting from 38 and 35·6 per cent. to over 60 per cent., in a series in which it is stated the cases "were nearly all seen at an early stage of the disease." In cancer of the lip, where the disease would be very conspicuous, and, therefore, probably operated upon earlier than elsewhere, percentages of cures amounting to 51 and 66 per cent. ; in cancer of the larynx, where, as has been pointed out, the situation compels the patient to consult the surgeon in many cases at a very early date, "over 80 per cent. of cures" ; in cancer of the tongue, instead of 25 per cent. of cures, 58·3 per cent. in selected cases, and in a series of 7 very early cases, 6 of them free from recurrence at the time of publishing the report. *So that it becomes obvious that, generally speaking, it is in the earliness of the operation that the chance of cure lies, and that it diminishes with every day of delay.*

From the foregoing remarks it will be gathered that the objectives in view in attacking cancer are

two : firstly, sufficiently to extend the operation so as to make it possible thoroughly to eradicate the disease and reach into healthy tissues in every direction beyond it ; and, secondly, to catch the case early enough to make it reasonably probable that we shall succeed in our effort of entirely removing it. Now, it must be obvious to the meanest intelligence that the scope of any operation is limited. Surgeons cannot go on indefinitely extending the dimensions of the operation. Indeed, I would remind my readers that not much more, I do not go so far as to say nothing more, but not much more is to be expected from any extension of the operative treatment of cancer in its most common situations. We have reached, it may be said without fear of contradiction, pretty nearly the end of our tether in this respect. Where, then, is the remedy to be sought? Obviously by operating on cancer earlier. *It is in the performance of our present operative measures at an earlier date, it is in the avoidance of delay in operating, that the improvement of the future is to be sought.*

During the past quarter of a century pathological and surgical effort has been almost exclusively directed to the elucidation of the paths of dissemination of cancer, and to the extension of the operation on accurate lines, so as, if possible, to eradicate it. It has been taken for granted that the condition under which patients present themselves

to the surgeon is an unalterable factor. The latter has been entirely concerned with the solution of the question, "What he could do for the victims of cancer" under the conditions usually existing. That question has now been solved. We know, and the statistics given in Chapter IV indicate, the measure of success it is possible to obtain in this disease as it is usually presented to the surgeon. But the present chapter demonstrates the results it is possible to obtain by altering the conditions. And the fact is brought into bold relief that it is the latter which really dominate the position. A new problem is, therefore, presented: to alter, if possible, the conditions usually existing, to contrive that patients suffering from cancer shall come into the surgeon's hands early enough to obtain a cure. This is the part of the cancer problem which remains unsolved, and the solution of which is of such far-reaching importance.

The solution of the cancer problem has hitherto followed a natural sequence. It was necessary to show what could be done for the victims of cancer before we could expect the public to see the vital importance of becoming interested in the matter. That has now been done. This is the lever which we now possess, these are the grounds on which we can now appeal to them to fulfil the condition of cure.

Cancer itself is not incurable. It becomes incur-

able from the simple fact that its unfortunate victims harbour and nurse their cancers till it is too late. It is not the disease which is incurable, it is the delay that makes it so. It is impossible to resist conviction that whatever transpires eventually to be the cause of cancer, whether it be a parasite introduced from without or manufactured in the body of the host, or normal cells transformed into reproductive cells, or embryological nests, or what not, it will carry with it the knowledge that every case of cancer is theoretically curable; in other words, that in every case a time exists, be it short or be it long, when it is possible to get rid of it altogether; that the same reason which gives us our successes or failures in individual cases operates in every case, viz., that in the former the surgeon succeeds in the task of eradicating every cancer cell, or in default of this the patient himself is able to dispose of any that are left behind; that in the latter he fails to eradicate every cancer cell, and that those which are left behind are unable to be destroyed by the patient: in other words, that every recurrence is due to cancer cells left behind at the time of the operation.

It is not claimed that in our efforts to deal successfully with cancer we could carry this conclusion to a practical issue, that we could cure every case, though it is theoretically admissible. And for this reason. No doubt in some cases very early

in the disease, possibly even before it could be recognised, certainly before it evinces any signs which would be likely to attract the patient's attention, cancer cells become detached from the original growth, and are deposited in places out of reach of the surgeon, there to form the nuclei of recurrences later.¹ However well informed and vigilant, therefore, patients and doctors were, some cases would always escape early enough detection to obtain a cure. At the same time the figures given in the last chapter prove conclusively that in this disease—although it is evident that the very condition of success is early removal, for it is impossible for any one to know when that fatal cell will break loose and wander somewhere out of reach—the figures, I say, prove conclusively that even when the cancer has existed for months, in many instances that fatal cell has not broken loose, the disease is still local, it is still possible to cure it.

In conclusion, it should be stated that all the cases given in the present chapter as instances of early cancer, may not necessarily be the earliest in point of actual duration, though they are so in point of extent. Though the eventual course of all cancers is the same, viz., a centrifugal extension from an originally local site, it must be understood that the disease is very variable in its rate of

¹ Winter remarks, "The disease exists before any signs. This time is always lost."

growth in different regions of the body, as well as in individual cases in the same region. Cancer of the tongue, for instance, generally speaking (though there are exceptions even here) spreads very rapidly indeed from its original site ; in other words, ceases very soon to be a local disease. The time for cure is, therefore, very short. Cancer of the intestine, on the other hand, usually remains for a considerable time a local disease, its cells have not the same tendency to rapidly spread to distant parts of the body, though here again there are exceptions to the general rule. The time within which it is possible to obtain a cure is, therefore, usually longer. Again, some cancers of the breast will spread very rapidly, others will be confined to the breast for a considerable time. So that the true criterion of judging whether a case of cancer is early or the reverse becomes not actually that of its duration only, but of variety and rapidity of progress.

Now our present knowledge does not enable us to decide how far the disease has extended. A case that seems early and favourable may in reality not be so ; a case, on the other hand, that seems locally to have made considerable progress, and from which we might naturally expect cells had been detached and deposited in distant part out of reach, may in reality still be strictly local and capable, therefore, of eradication. It will be seen that this only strengthens the argument for the

elimination of delay in *every* case. Every case is early at some time or other, every case is local at first. Some spread more rapidly from their local site than others. We have no means of knowing which these are. *The only safety lies, therefore, in removal at the earliest possible moment in every case without exception.*

Having demonstrated in the previous pages where the flaw lies; having shown why, though cancer is not incurable, it is seldom cured, and having further shown that, eliminate the flaw, delay, and it becomes in the majority of cases curable, I urge on the attention of my readers in the following chapters the solution of the problem.

CHAPTER VIII

THE PROBLEM, AND THE KEY TO THE PROBLEM

THE problem for solution, therefore, is the elimination of this disastrous factor, delay. It would produce an entire transformation in the aspect of the disease. It would convert cancer from the incurable to the curable, its treatment from failure to success, its victims from blank despair to confidence and hope. It is *the* cancer problem of to-day. It holds the field.

It is possible—many have expressed the conviction—that science will ere long hunt cancer to its source. I am not concerned with that here. It is no part of my task to indulge in speculation as to what science has stored up in the womb of the future. It may take five years, or it may take five hundred years to solve the riddle of its cause. It may take another five hundred years to provide any cure but removal by operation. Meantime, while scientists are disputing hotly as to whether its origin is to be sought in a parasite introduced from without or in the life history of the cell itself, its

victims are dying by hundreds and thousands every year in our midst. The problem for the scientist is, no doubt, the solution of these mysteries in the future: the problem for the medical man is the curing of his unfortunate patients in the present. It is our business to take cancer as it is to-day, and to treat it as it is to-day. To take it as it is to-day is to grasp the fact that there is a time in every cancer when it is local and curable: to treat it as it is to-day is to do all in our power, to make it our business, every one of us, to enable its victims to take advantage of that time, that golden opportunity while it is still local and curable. We must not only provide the end, the cure: it is equally our duty to provide the means to the end. It will rest with our patients to take advantage of the information given to them. They will have to bear their share of the heat and burden of the day. Early removal is the only cure for cancer. There is no other cure. Early removal can only be attained by the education of the public in the early signs of cancer, by dispelling the fallacies that deceive its victims at the very beginning. It is the only way. There is no other way. This is the solution of the problem. It is nothing more and nothing less than the mastery by the public of a few simple facts about early cancer, and their determination to act courageously on that knowledge. They can only acquire that knowledge with our assistance, by our

giving it to them. Yet I have heard it questioned whether it will be expedient for us to give it them ; whether we had not better withhold it, and go on as we are doing ; with the best argument forsooth we can show in favour of such a course that 98 of every 100 women with cancer of the womb die a miserable death through ignorance and fear, and those suffering from cancer of the tongue are in the same plight. As if it were a question of expediency at all ! As if the question, whether it is advisable or not, has any place here at all ! It is our obvious duty to give them this knowledge, and to do our utmost to enable them to profit by it. It is the only way they can escape death. Our mission is to cheat death, and to employ every means in our power to achieve that end. That is what we are here for. That is our responsibility.

In this connection I gladly quote the opinions of some of the most eminent members of my own profession, both in England and abroad. At the Gynæcological Section of the British Medical Association held at Leicester in 1905, one of the most famous of Continental surgeons used these pregnant words : " Gentlemen,—Though we are happy in the conviction that our systematic measures have improved the after results in cases of cancer of the uterus,¹ yet we cannot conceal from ourselves that our task is by no means completed. We shall only

¹ *I.e.*, the womb.

obtain entirely satisfactory results when we have no longer (as has latterly been the case) to face the great majority of our patients in an advanced condition of the disease. We must endeavour to contrive that women who are afflicted with cancer of the womb seek our aid as early as possible. For this purpose it is necessary, on the one hand, that women should definitely understand that they ought to consult a doctor immediately on the earliest manifestations of the disease; and, on the other hand, doctors and midwives must again and again be reminded of their responsibility by pointing out to them the possibility of cure of cancer by operation if they are applied to in time. Winter of Königsberg has done much in this direction by his well-directed aims in addressing himself to the public, as well as to the midwives, in popular writings. His suggestions seem to have fallen on fertile soil in Austria and Germany, and everywhere others are following his example. . . . Many women cannot overcome their dread of operation, and only realise the seriousness of the situation when it is almost, or indeed, quite too late. Only when the radical extent of the operation and its early achievement coincide shall we rest thoroughly content with our achievement." A world-renowned surgeon of the United States followed with these words: "More hope, I think, lies in the direction of Winter's efforts in the dissemination of knowledge touching

the early symptoms of cancer, so that women shall apply at once when they notice an atypical bleeding or discharge, and the profession will give more prompt and earnest attention to these symptoms." Winter of Königsberg, who was the first to draw attention to this matter, and whose efforts in this direction are alluded to here, writes: "Only when every woman knows that the sole cure for cancer of the womb is by operation, and that only when undertaken on the appearance of the first symptoms; only when every woman knows the significance of the first symptoms; only when every woman considers it her duty towards herself and her relatives to seek advice as soon as the first symptoms appear; only then shall we be in sight of the goal. This end can only be arrived at by the proper education of women on the whole cancer question, and especially on the significance of the earliest symptoms." Again, one of the most eminent of English surgeons in the Bradshaw Lecture delivered before the Royal College of Surgeons of England on December 1, 1904, said: "It seems to me most desirable that some crusade against the neglect of the well-known early symptoms of cancer of the womb should be undertaken, and that women should be warned how important it is for them to consult their medical attendant at an early stage, when, in case of doubt, a small piece of tissue can easily be removed and examined microscopically."

I could without difficulty give any number of similar quotations, showing how surgeons everywhere are feeling the urgent necessity of the widespread knowledge which will enable the victims of cancer to apply in time. *It is recognised and admitted from all quarters that this disastrous delay is the main, one is almost justified in saying, the sole, obstacle to the successful treatment of cancer at the present time.*

Let us inquire next into the causes of these disastrous delays, portrayed in the last chapter, and emphasised in the quotations I have just given. You will recollect that I told you in the third chapter that cancer, when it first attacks its victims, produces no feeling of ill-health whatever. In other words, *early cancer has no symptoms.* The reasons which usually induce people to consult a doctor are the suffering of pain or the feeling of ill-health. Early cancer produces neither. People are far more likely to go to a dentist with an aching tooth than to a doctor with commencing cancer. The former causes pain, the latter does not. People are far more likely to consult a doctor with some trifling derangement of the liver than a surgeon with commencing cancer. One produces a feeling of being unwell, the other does not. It follows from this that, owing to the insidiousness of its onset, the victims of cancer are often totally unconscious of the seriousness of the disease which has attacked

them. They are quite naturally lulled by the entire absence of symptoms into a sense of security, into the belief that it is impossible there can be anything really wrong with them. They are more often than not caught in a net from which there is no escape, without being even aware that there is any danger whatever. All the time this terrible crab is fixing firmly its deadly claws, is spreading broadcast its murderous seed, its unlucky victim feels perfectly well, and imagines himself to be so. He is in no suffering whatever. He, "unawares, runs into danger's mouth."

See what actually happens. A woman will consult a doctor with a lump in her breast. Inquiry elicits the fact that she has known of its presence there for months. But it gave her no pain. She felt perfectly well. She did not think it could be anything serious. If the dread that it might be cancer has crossed her mind at all, she has dismissed it. She has possibly known or heard of some friend or acquaintance who has died of cancer. She has heard nothing of its early phases. She is aware only of the long and painful illness; of the unfortunate sufferer tortured with all the pains of hell, wasted to a shadow. Her complaint is nothing like this. It cannot be cancer. But latterly she has felt some pain, or notices the swelling getting larger, or finds herself getting thinner, weaker. She becomes then for the first time alarmed. She

consults her doctor. She is astonished to be told that she has been suffering all these months from unmistakable cancer. One of the commonest replies to the question, "Why did you not come sooner?" is "I did not think it could be of any consequence."

Or, again, with cancer of the womb. Here we have the most appalling example of ignorance of all. A woman applies to her doctor looking ill. She says she has lately lost flesh, and is feeling weak. She is suffering pain. On inquiry it is found that for months previously she had been aware of irregular bleeding. All this time she felt well. She thought it was the change of life. She did not think it necessary to consult a doctor. Mark, it is the feeling ill and the suffering of pain that makes her first apply for relief. It is then too late. The early sign which should have induced her to apply in time, caused her no uneasiness. It was ignored.

Or, yet again, with cancer of the tongue. A man discovers a little sore on his tongue or in his mouth. He finds smoking irritates it. He gives it up. All the time he is feeling perfectly well in himself. Presently he experiences discomfort in taking his food, or feels shooting pain in his ear at night; or perchance he finds a lump appearing and enlarging in his neck. He becomes alarmed and applies to the surgeon. The latter finds by this time he has

advanced cancer. Even now he often expresses himself as feeling no sense of weakness or failing general health. He is quite surprised to be told that all along he has had cancer; that he should have sought advice months before; that he has missed his opportunity of cure.

These and such as these are the every-day experiences of surgeons who see much of cancer—*Disaster following on delay through sheer ignorance on the part of the unfortunate sufferers that there was anything seriously the matter with them.* It would be positively ludicrous were it not so pathetic. A woman applied to the author with advanced cancer of the breast. She had known of its existence for 18 months. When asked why she had not come sooner she replied she thought it was *only a cold* in the breast. Here is another every-day occurrence. A man applies with unmistakable symptoms of cancer of the rectum. When asked what he is complaining of he says he has been suffering for months from a slight attack of piles. He has made the diagnosis himself months ago. He is quite satisfied. He is found to be suffering from advanced cancer of the rectum. Examples could be multiplied by the score.

You will not unnaturally ask, If cancer comes on so insidiously as this, if early cancer has no symptoms, does not cause any pain, or any feeling of illness, how you are to suspect that you may

be suffering from such a terrible disease? It must be very difficult. It must be impossible. It is neither. It is both possible and easy. Though no symptoms attend cancer in its beginning, in the situations I have been mentioning *early signs are always present*. The lump in the breast, the irregular bleeding, the sore on the tongue were there. It was only that you were ignorant of their significance, were ignorant that they should have awakened your suspicion. You thought because that was all, and because you did not feel ill or suffer any pain, they were of no consequence. In the chapter next but one, on "Danger Signals," you will find the information you require, the warnings which will enable you to avoid these terrible pitfalls. The only point I wish to drive home here is the insidiousness of the onset of cancer, and consequently the part ignorance plays in causing delay in seeking skilled advice.

There is a second potent cause of delay. *It is fear*. You may have suspected, perhaps, that this lump in the breast, this sore on the tongue, this bleeding, meant something; meant cancer. You dread to know the truth. You shrink from hearing that terrible word. You know what a fatal disease it is. You think going to the surgeon and hearing his verdict is a sentence of death. There is fear, too, of another kind. You dread the word "operation." That will be the offer made you. You

think you would rather die than submit to an operation. You put off the evil hour. Hope comes to your aid. After all, it may be nothing and will disperse. With thoughts like these you go on from day to day. Precious weeks and months are wasted "twixt hope and fear." All the while the disease is tightening its deadly grip, the day is inevitably approaching when you will be compelled at last to a decision, when you will be driven to seek advice. Then probably you have lost the opportunity of saving your life at all: then certainly you have missed your most hopeful chance of cure.

Fear and ignorance, therefore, are the two causes of delay. It is in the banishment of these that we must seek the solution of the problem before us. They are the obstacles to the successful treatment of cancer, the impediments in the way of its cure.

I have already in the preceding chapters dealt with the first kind of fear: the fear that the disease is hopeless. I have already shown you that cancer is not an incurable disease, if you will only seek advice in time. I have done more, I have shown it is a curable disease if you come really early. You need not, therefore, however much you may dread to hear the word, deliberately throw your life away for fear of being told you have cancer. You need not be afraid that going to the surgeon is tantamount to hearing your death sentence. On

the contrary, if you go early, if you go at once, you may expect the cheering news that there is good hope of your being rid of the disease, of your being cured. This surely is better than the verdict, which if you have cancer and you delay, you must inevitably hear, that you have come too late, that nothing or nothing hopeful can be done for you.

In the next chapter I shall endeavour to convince you that dread to hear the word "operation" need not keep you dallying with your disease till it is too late, and in the next but one I shall provide you with the knowledge which will enable you to come in time. By these means, by placing in your possession the information which will enable you to avoid delay, by putting clearly before you the dangers of delay, by showing you that the fear of operation is a groundless one, one which should not influence for one single moment your decision to seek skilled advice at once; by these means, by endeavouring to eradicate the causes of delay, I shall hope in some measure, at all events, to banish delay itself. I shall thus arm you with the weapons for carrying on the crusade against cancer. Without this crusade on your part, without the assistance which you can render, and must be enabled to render, and must render, the surgeon will remain in a comparatively helpless position in the treatment of cancer, the disease will continue its fatal course unchecked. It is for you, its victims,

and for you only, to supply the means to the end, the way to the cure.

It is a terrible paradox, indeed, that while the public are daily put in possession of fresh cures for cancer which stand condemned on the face of them, they should remain in ignorance of the only true cure, early recognition and early removal. Nobody reading the results I have given in the preceding chapters and following them with intelligence can say that cancer is incurable by operation. The worst that can be said of it, and the truth that can be said of it, is that in the majority of cases it unfortunately returns. Why does it return in the majority of cases? Because patients do not come early enough. Why does it, at first a local disease, get into the blood and destroy its victims? Because patients do not and will not, as they might, have it removed before it does get into the blood.

If the public were in possession of the knowledge which would lead them to suspect cancer in its earliest beginnings, and sought advice at once; if every case of cancer came under the notice of the surgeon at the earliest possible moment; if every doubtful case (and as will be explained later on many of the earliest and, therefore, most favourable cases for cure are doubtful) were submitted willingly by the patient to the only true test, microscopical examination: in other words, if the surgeon saw every cancer of the breast when it

was the size of a hazel-nut, and it always is at some time the size of a hazel-nut; every cancer of the tongue when it was no larger than a split pea, and it always is at some time no larger than a split pea; every cancer of the womb at the first sign of bleeding, and there always is this first sign of bleeding; can there be any doubt that the percentage of cures would be greatly increased? It requires no stretch of the imagination, no unjustifiable inference from the statistics quoted above, to say that the majority of cases of cancer would be cured.

Is not this ground for optimism and hope? Is not this ground for sound knowledge, not baseless fear and despair and ignorance? Operation is a practicable cure now. Who can doubt that early operation would be a reliable cure? Who can doubt that you, my readers, and you only can make it a reliable cure? It is the only cure we have to offer you. If we know, as we do know, that cancer in its beginning is a local disease, and confined at first to the part it first attacks, you will have no difficulty in following me when I tell you, as I have already told you, that every case of cancer which occurs in a situation accessible to removal, if it could be seen early enough and removed early enough, is curable. It must be so from the very nature of the disease. Practically I do not say that we should, for reasons which

I have already explained, arrive at such an issue 100 per cent. of cures. Still there can be no question that results could be vastly improved. If knowledge were more widespread and accurate, and fear were less, the cases that escaped early detection and with it cure would be the exception, not, as now, the rule. To endeavour to make these cases the exception, and to show the only way they can become so, is the object before me.

CHAPTER IX

THE DREAD OF OPERATION

THE dread of operation is a very real cause of delay among people in seeking advice early for cancer. The patient at this time, as I have said, feels perfectly well. He is not tortured with pain. The operation is to take place in cold blood. He keeps away from the surgeon, lest this remedy should be suggested to him. There is the danger of an operation, the horror of an operation. He naturally enough shrinks from it. I propose in the present chapter to show that its dangers, generally speaking, are more imaginary than actual, and that its horrors have no real existence at all.

I do not pretend that it is nothing to face an operation, or that to undergo it is as pleasant as a trip to the sea-side. The surgeon must, indeed, be insensible who does not appreciate the effort that such an ordeal entails, or admire the high courage with which patients, and especially women, almost invariably meet the crisis when they are face to face with it. But be assured, whether you dread operation or no, whether you be courageous or a coward, so great is

the misery in store for you, if you have cancer, that you will willingly consent eventually to any operation, whatever its dangers, and whatever its horrors, if only to be relieved for a time of your sufferings, but when the opportunity of cure is gone. Patients suffering from cancer, for whatever reason they may put off the day of reckoning, when they do at last know the truth, rarely refuse operation. It is truly one of the most pathetic of paradoxes, this courage when it is too late, the dread, when there was yet time. Whether, therefore, you fear operation or no, and all must fear it more or less, there is no sense in putting off going to the surgeon on that account; for, if you have cancer, the time will surely come when the dread of operation will seem as nothing to you compared with the tortures of your disease. Although you may have thought when you first noticed this painless little lump, and when you felt perfectly well, that you would rather die than undergo an operation, you will then rather die even of the operation than live in the misery which engulfs you.

Let us face boldly, therefore, this question of operation, while there is a good hope of cure, which, I have said, you will not hesitate to face when the chance of cure is at vanishing point or has vanished. Let us inquire what its dangers, what its horrors really amount to, and whether they should have any weight in the scale at all. There will be very

few of my readers who are not familiar with the two great medical discoveries of the latter half of the last century, which elevated surgery from the barbarities and dangers of the dark ages to the rank of a humane and almost exact science. I allude, of course, to the discoveries of anæsthetics and antiseptics. Imagination fails to picture, and I shall not attempt to describe, the repulsive horrors of surgical operations previous to the discovery of the first. It is difficult to decide who was the least to be envied, the surgeon, whose task it was to perform the operation, or the patient whose lot it was to submit to it. A little anecdote told of an eminent London surgeon of these times well illustrates the picture. The operating theatre was full of students, the patient was on the table. At the last moment the latter burst all restraint and escaped from the room. The surgeon, addressing the students, said, "Gentlemen, thank God! he is gone." And we may say thank God! the occasion for such a remark is gone for ever.

It was in 1847 that Sir James Simpson introduced chloroform into surgical practice, and a decade or two later that the work of Pasteur and Lister together resulted in the discovery of the antiseptic system. The former has abolished all the real horrors of operation, the latter well nigh all its dangers.

It is not long ago, but memory is short. I often

wonder how many, when gratefully acknowledging the services of the modern surgeon for some operation, which was performed without a vestige of pain, and the recovery from which was from beginning to end a mere comfortable convalescence, retain a warm corner in their hearts for this trio of illustrious men, the true authors of all their well-being, or realise what they have accomplished for suffering humanity.

We have repeatedly congratulated ourselves, during the last year or two, and have repeatedly commemorated the conclusion of a political alliance, the *entente cordiale*, between this country and France. I venture to assert that the scientific combination a quarter of a century ago between the great Frenchman Pasteur and the great Englishman Lister has done more for the true interests of humanity than any political alliance ever devised by the ingenuity of man. It has not favoured one race at the expense of another, or one class at the expense of another. It has excited no jealousies, and stirred no rivalries. It has embraced and will embrace for all time in its benefits every country and every class.

You, therefore, my readers, who have to face the trying ordeal of an operation, remember always and with deepest gratitude the incalculable services these three illustrious men have rendered you. They are the abolition of all the real terrors of

operation, and the diminution almost to vanishing point of its dangers.

Let us consider briefly first the terrors. They are natural enough. The mention of the knife is an ugly word. But the mention of it, the anticipation of it, is, as far as you are concerned, the whole of the matter. There is for you no reality in it whatever. You will be asleep, unconscious, and totally ignorant from first to last of the good it is accomplishing for you. There can be no real terror, no real horror here. Just think of it. It is imaginary. For all you will know or feel of the operation it might just as well have been performed on somebody else. You will not even dream of it. The real terror of operation disappeared with the discovery of anæsthesia. The time you are undergoing an operation is so many minutes or hours blotted out of your conscious existence. Nothing else. And afterwards. Sometimes a feeling of acute discomfort for a day or two, sometimes not even that, and when it is over, the other great discovery I have mentioned in almost every case renders the remainder of the illness a mere convalescence. In a very few days you will be taking your ordinary meals, reading your newspaper and chatting with your friends. I do not go so far as to say there are no exceptions whatever, but this is what happens in far the majority of instances. It is the general, almost universal, rule.

But, curiously enough, this anæsthesia, which has abolished all the real terrors of operation, has brought in its wake another dread, the dread of the anæsthetic itself, the dread of being put to sleep, the dread of never waking up again. People, indeed, nine times out of ten, really fear the anæsthetic, that well-tried friend to them, without whose aid these operations would be impossible, far more than the operation itself, however serious. "Oh!" they will exclaim, "it is not the operation I am afraid of; it is the chloroform. I don't believe I should ever get over that. I have been told I have a weak heart," &c. Of all the bogeys that haunt the public imagination this is the most fantastic, the most devoid of substance. As regards being put to sleep, why you put yourselves to sleep, deliberately make yourselves unconscious every night of your lives. And you expect to wake up again. You may equally and with almost the same confidence expect to wake up from the anæsthetic. Any other result is the rarest of accidents. When you travel by train you do not take seriously into consideration the contingency of a railway accident. When you pay a visit to London you do not seriously contemplate being run over in the streets. You may compare the risks from anæsthetics to such as these. It is not denied that accidents do unfortunately happen, just as in the affairs of every-day life. Their occurrence, however infrequent, is lamentable enough.

But if you consider for a moment the thousands of people who are put under anæsthetics every day and come safely out of them ; if you think of the accident that occurs only here and there, once in thousands of cases, you need not seriously fear that you will be one of the very, very few who do not wake up again. The fact is, one death from chloroform creates a veritable panic, causes a terrible shock. People all the time very naturally think and talk of this one unfortunate case. They forget the numbers who take anæsthetics successfully every day, accepting the latter as a matter of course. Just in the same way they are shocked at one accident in the street ; they leave out of account all those who cross the street in safety.

So much for the terrors of operation. Let us consider next its dangers, apart from the danger of anæsthesia, which I have told you is practically a negligible quantity. They are more imaginary than actual. What may be called the usual risks that attend all operations are very small nowadays. If there is an unusual, an abnormal risk from some particular circumstance, you may rely on the surgeon honestly putting this before you. But the ordinary risks are a very minor quantity. Nearly all of them have been abolished by Lister's great discovery of antiseptics in surgery. Of course as long as people, both surgeons and patients, are made of living flesh and blood, not

wood and stone, we shall never be able to eliminate all risk. It would be dishonest to say that we shall. But only in quite exceptional cases is the risk from operation any but a small one. And recollect this, whether there is a risk or not, you are, if you have cancer, suffering from an inevitably fatal disease. You must die if the cancer is not removed. You are justified, therefore, by common sense in running even a great risk to save your life. It is not as if you were putting your life in jeopardy for the sake of getting rid of some unsightly mark on your face, or some trifling inconvenience to your finger. On one side of the account you have staring you in the face certain death, and in addition, as a rule, a most painful and distressing death. On the other side a risk, usually small, often so small that it becomes practically a negligible quantity from operation. It requires no great acumen on your part to decide, at all events, which is the credit side of this account, which the path advisable to choose. In addition to this, as I have said previously, if you have cancer, you will be willing to face any operation, however hazardous, after you are worn out with pain and suffering, and when its dangers are thereby greatly increased, with the sole object in view of relief for a time, but when you have been told that the chance of cure is well nigh, if not quite, hopeless. Why not, then, face it when the

risks are small, and the chance of cure is good? The one is the act of the drowning man catching desperately at a straw, the other the resolute and skilful effort to weather the storm and prevent the capsizing of the boat. The one is rarely or never successful, the other frequently is.

I have done all in my power in the preceding pages to eradicate one of the commonest causes of delay in seeking advice early for cancer, delay through fear; fear of hearing a fatal verdict from the surgeon, and fear of hearing the word "operation." I have shown you that it is not reasonable to throw your life away for either. The former, the kind of verdict you will hear, whether hopeful or the reverse, depends almost entirely on yourself, on how little or how much time you waste dallying with your disease, unable to make up your mind, vacillating, procrastinating. The latter, operation, I have shown has been deprived during recent years of all its real horrors and sufferings, and most of its dangers. It is not reasonable, therefore, I say, that either should deter you from making an effort to save your life. I hope I have succeeded to some extent in exorcising these fallacies, in putting you in a position to fight cancer on more equal terms by the banishment of delay through fear.

CHAPTER X

DANGER SIGNALS

THE purport of the previous pages has been to impress on my readers two very important facts. Firstly, that cancer is not by any means a fatal disease if patients do not delay ; and, secondly, that there is no reasonable ground for delay on account of the dread of operation. I shall suppose, therefore, that those who are conversant with the contents of this book, as far as it has gone, should they be unfortunate enough to be attacked by cancer, will have the hope of cure, and will be prepared to do their utmost to realise that hope, to fulfil the condition of cure, by seeking surgical advice at the earliest possible moment. To this frame of mind I trust I have been able to lead them.

I come in the present chapter to the most practical part of my task, to the banishment of delay through ignorance ; in other words, to the giving of the information which will enable the unlucky victim of cancer to fulfil the condition of cure, to apply in time.

My readers will recollect that in a previous chapter I stated that four-fifths of all cancer occurred in regions of the body readily accessible to surgical intervention. It must be understood that even the remaining fifth contains many cases of cancer which have been operated upon successfully, but as I am dealing here only with the disease in its most common situations, and in regions in which its presence will make itself known, as a rule, very early and very readily to its victim, they do not fall within the scope of this book. The parts of the body in which cancer so commonly occurs may be recalled. They are the breast, the womb, the tongue, the lip, the skin, the stomach and intestines. This you will readily recognise is a very fortunate coincidence. Cancer is curable by operation, and it occurs far most commonly in situations where it can be operated upon. But another circumstance no less fortunate in connection with it is this, that in all of these situations, with the possible exception of the stomach and intestines, signs are present early which the patient cannot fail to be aware of, the danger flag is held aloft from the very beginning. So that it becomes easy in most cases to fulfil the condition of cure, and, in these situations, the education of the public in its early signs is no complicated business at all. It consists merely in their knowledge of a few very simple facts,

which should arouse their suspicions, and should induce them to seek advice at once. It does not require or attempt to teach any medical points of diagnosis whatever. It merely states this: "You find a certain sign, which in these situations you cannot fail to find. It is a danger signal. It may mean cancer. Don't delay a moment. Find out for certain and at once, whether your suspicions have any foundation in fact." The patient is not required to put any interpretation on the sign whatever. It is not, strictly speaking, any attempt at education at all. It merely draws attention to and urges the maybe significance of a warning, and impresses the importance of not neglecting or making light of it.

Having made these few preliminary remarks to show what the education of the public in the early signs of cancer really amounts to, I purpose in the following pages to take you into my confidence, and to acquaint you with the early warnings of cancer in its most common situations, hoping all the time to help you, aye, and feeling certain, if you will give me your attention, that I can help you out of your difficulties and pitfalls. I shall take the different regions *seriatim*.

I. CANCER OF THE BREAST

It is not too much to say that if every adult woman knew the significance of the facts detailed

in this section, and had the courage to act promptly on that knowledge, many a life cut off in its prime would undoubtedly be saved, many an agonising death averted, many a family rescued from irreparable loss.

Suppose you have cancer in your breast. It is at first, and very likely when you discover it, a local disease. You have only, therefore, to seek advice in time to be very probably rid of it. And yet you wait months, thinking the little lump in your breast is of no consequence, dreading to know the truth, fearing if you show it to your doctor he will say it will have to be cut out; all the time literally giving your life away.

In this connection an article in the Middlesex Hospital Reports entitled a "Statistical Study of Malignant Diseases of the Breast," says: "It is, of course, impossible to adopt a definite standard measure for the dimensions of a cancerous tumour of the breast, but if we classify as 'small' growths recorded as being of the size of a 'walnut,' 'pigeon's egg,' 'chestnut,' &c.; as 'large,' those described as the size of a 'hen's egg,' 'tangerine or small orange,' 'cricket ball'; and as 'very large' the tumours compared to a 'child's head,' 'Rugby football,' an 'ostrich egg,' &c., we find no great difference between the patients of the middle of the last century and those at the present time. The instances of 'very large' growths are not

quite so numerous as before, though they have by no means disappeared, But it is surprising that tumours of 'large' size, though not in a majority, are still very frequently first seen on admission. How great a diminution of cancer mortality could be brought about if patients were always radically treated while the growth was still 'small' it is impossible to say; but a marked improvement might be anticipated." Fifty years ago, when cancer was considered a disease of the blood and incurable; when every case operated upon shortly returned and killed its victim, it did not matter much how long she put off consulting the surgeon; now, when everything we know of it points unmistakably to its being in the beginning a local disease; when, if removed early, it has been proved over and over again to be curable; when the very condition of cure is early removal, there is yet the same disastrous delay in seeking advice, the same procrastination as fifty years ago! It is surely time some effort was made to alter this state of things; some attempt organised to enable our patients to comply with the condition of cure.

I have already cleared the ground by showing you that if it is cancer it is not hopeless, unless you make it so by hugging your dread secret to yourself, by wasting the precious moments when your disease is curable.

You will probably be over 40 years of age ; though I have told you there are exceptions to this rule, and you should act in the same way if you are under 40 or even under 30. Still, I say you will probably be over 40 years of age. You will find some day a small lump, it may be no bigger than a hazel-nut or a walnut, in your breast. It will give you no pain. You will feel as well as ever you did in your life. It may astonish you to know it, but I tell you in all probability you have cancer. According to the records of the Middlesex Hospital, extending over a period of 10 years, cancer forms about 70 per cent. of all varieties of diseases of the breast. So that any lump you discover in your breast is more likely to be cancer than anything else. Again, an eminent authority writes: "Over 90 per cent. of the swellings of the breast in elderly women are cancer." Any lump in the breast after 40 is far more likely, therefore, to be cancer than anything else. This, then, is the danger signal here—*"A lump in your breast after 35 or 40. It is in all probability cancer."*

You will say to yourself, "I feel perfectly well. This little lump does not pain me. It cannot be serious. I shall wait and see." You will probably recall to your mind some friend you have known or some person you have heard of who has died of this disease : one who you knew suffered agonising

pain, who was wasted to a shadow. You will say to yourself, "My trouble is nothing like this was: I am well and have no pain: I, therefore, cannot have cancer." But mark, this was almost certainly the attitude of that unfortunate victim at one time. This is exactly what she said to herself. Are you going to repeat her mistake, to be caught in the same trap? Knowing what you know here, surely not. *Now* is the accepted time, *now*, not maybe a month or even a week hence, is your opportunity for cure. Armed with this knowledge you will surely not waste weeks or months "Letting 'I dare not' wait upon 'I would'" before consulting your medical man; aye, and not only consulting him, but insisting on knowing whether you have cancer or not. If he can decide that you have not got cancer, you will agree with me it were worth the consultation. If he cannot, and it may be through no want of skill that he cannot, you must not be satisfied with an answer that admits of any doubt or delay.

I fear it must be confessed that we professional men are not wholly blameless of these disastrous delays. It requires no small amount of courage on the part of a medical man to say the word "cancer" to his patient when he is in doubt. He knows that he runs the risk of damaging his reputation by unnecessarily alarming her and the family should he turn out to be wrong. He is under such

temptation to allay her fears, to wait and see if it grows or shows any of the signs of cancer—that fatal wait which spells her death-warrant.

I would urge you, therefore, not to rest satisfied if there is a shadow of doubt in your doctor's mind, if there is a shade of suspicion that you may have commencing, and therefore curable, cancer. For if there be a doubt, there is a sure way of escape from that doubt. The practised eye of the surgeon can tell the moment he cuts open the little lump if it be cancer: if he be still uncertain the microscope can tell him with unfailing accuracy. You are surely, then, not going to reject this means of knowing while your disease is curable, because it implies an operation? You will as certainly come and consent to an operation when it is too late. Why, then, reject it when you can be cured? If your disease should turn out not to be cancer, you will have run no risk, you will have suffered no pain, you will have undergone no mutilation; you will be well within the week. The restoration of your peace of mind will have been well worth this small sacrifice. If, on the other hand, the suspicions of your medical man should turn out to have been well founded, you will only undergo the same operation, with a great chance of saving your life, that you will willingly consent to later on, to be relieved for a time of your misery, but when the chance of cure is gone.

Is not this well worth knowing and acting upon? There must be that confidence between yourself and your medical attendant which springs from a knowledge on your part that it may be impossible for him to tell the nature of your disease without a small operation, at the only time when it is curable; and from a determination on your part to submit to that operation, unless he can tell you with absolute certainty that you have not got commencing cancer.¹

It has been said that as long as human nature is what it is women will conceal cancer of the breast till it is too late. I do not believe it. I venture to think it is not a matter of human nature at all. It is a matter of education. When women know that the most innocent looking and painless little lump in their breast may be and very probably is cancer; when they know that at this early stage they can be cured; when they are determined as soon as they find it to admit of no delay in submitting to operation unless they can be assured with absolute certainty that they have not got cancer; when, I say, women are educated up to this point, and know these facts as well as they know the Lord's Prayer, then the prediction I uttered in the opening lines of this section, that many a life cut off in its prime would undoubtedly

¹ Of course in a large number of cases your medical attendant will be able to arrive at a conclusion without any difficulty of preliminary operation.

be saved, many an agonising death averted, many a family rescued from irreparable loss, will be verified. It has been my endeavour to supply this education. Make it your business to master it. You will never, believe me, have cause to regret it, should you become the unfortunate victim of this disease, terrible, but not incurable, if you will but give yourself the chance of cure.

II. CANCER OF THE WOMB

You will have gathered from the preceding pages that should you find a lump in your breast, however painless it is and in however good health you may be, especially after 40 years of age, it is imperative, if you mean to save your life, that you should consult your doctor without a moment's delay, and not rest satisfied till he can assure you, either without or with the help of an operation, that you have not got cancer.

In commencing cancer of the womb, which is also curable, if you will come early enough, you will not be able to discover for yourselves any swelling or lump. Still the little cloud in the horizon foretelling the storm is always there; the sign which should be sufficient to lead you to a suspicion of what may be wrong with you is always present. I shall endeavour in the following pages to tell you what it is, so that you may not be neglectful while there is yet time.

Cancer of the womb, so common, so disastrous in its consequences if neglected in the early stage, so often neglected, is even more insidious in its onset than cancer of the breast. In the latter, at all events, you will find a lump which may make you uneasy in your mind and induce you to consult your doctor : in the former you will find nothing of the kind. You must be guided by another sign, which is nevertheless almost as unerring. You will probably be over 40 years of age ; though I would strongly impress upon you the caution I gave you in speaking of cancer of the breast, not to neglect any warning, even if you are under 40. You will probably also have borne children, though not necessarily ; for one form of cancer, which is comparatively rare, though very curable, occurs most frequently in those who have never had children. There is one sign and one sign only that should make you suspicious — your danger signal here. Do not think you will feel out of health, or notice yourself getting thinner, or that you will be suffering any pain. These are not the early signs of cancer, though real enough later on, when nothing can be done for you. You will notice, though previously all your life you had always been regular once a month or three weeks, you will notice that you have slight bleeding at irregular times. Occasionally it will take the form of increased flow at the monthly period ; and often

soon following the bleeding there will be a discharge like dirty water. But I lay particular stress *on the slight bleedings at irregular times*. That is, *par excellence*, the early sign, the sign you have to take notice of. That is your danger signal. That is all. You will say, "That can be nothing ; it is only a little irregularity of nature, or that I am coming near the change of life," or if you have passed the change of life : "It is a little return of what is natural." Let me implore you not to waste precious moments by solaces of this kind. You have very likely got commencing cancer, and it is the only sign you will have of it. Do not, let me urge you, therefore, wait for any other sign. You will, again I impress upon you, in other respects feel perfectly well, with no loss of appetite or health or strength.

Now, as in the little painless lump in cancer of the breast, is the accepted time. Do not be put off by the ignorant, though well-meant, consolations of a nurse or a friend, who will be sure to tell you it is nothing, only what you may expect at your time of life, the change of life coming, or a little return of the change of life. How many thousands of lives are sacrificed every year to these tea-table conversations ! The sign is clear, and your course is clear. Consult your doctor, insist on an examination, insist on knowing for certain whether you have cancer or not. I do not say that if you see

this sign you have undoubtedly cancer ; but what I do say is that if you have commencing cancer this is the only sign you will have of it. It is, therefore, your business and only safeguard to find out, and find out without delay, whether it means cancer or not ; for if you wait, thinking it is of no consequence, you will surely let slip the only chance of saving your life. In the words of the old Spanish proverb : "Through the gate of hereafter you will come to the house of never."

At the risk of repetition, a repetition, however, which can hardly be too often insisted upon, I quote the recent utterances of a distinguished obstetrician in the *British Medical Journal* : "The reasons why women neglect to apply early for medical relief are many. Modesty is occasionally suggested, and sometimes the want of the necessary means. Much more commonly the patient confides her symptoms to old and inexperienced women, to neighbours or to nurses, and is only too ready to be persuaded that everything is due to the change of life, and that with a little time and patience all will be well. But by far the most important reason for delay is the widespread ignorance which prevails about the early symptoms of cancer," &c.

If, therefore, you notice—as you are bound to notice—this danger signal, go at once to your doctor. Insist on knowing whether you have cancer or not. If he be in doubt you can have

the information required—that information which is a matter of life or death to you—by his taking a little piece away and having it submitted to expert microscopical examination. You can attain this object, moreover, without being put under chloroform even, without feeling any pain whatever, by the most trifling of procedures. Surely this is a small price to pay for information so valuable! If your tooth aches you will go to the dentist. The worst of it is that cancer in its beginning does not ache, and you will, therefore, continually put off going to your doctor. You measure your disease by the amount of suffering it causes you, a natural but ghastly error. Do not hesitate, then, to have this matter settled once for all, and at once. If you have cancer, modern surgery can offer you a good chance of cure, provided always that the condition of cure is fulfilled. But the disease is so insidious, the ignorance of the importance of this early sign is so great, the temptation to make light of this apparently trivial symptom so natural, that the surgeon does not probably see one case in twenty that holds out a real prospect of cure. Nevertheless, even with this deplorable state of ignorance existing, many and many have been saved by operation. That many more would be saved if they would but come early, is absolutely certain.

Remember what I have repeatedly told you before. Cancer is at first a local disease. Here

as elsewhere it is a local disease. Remember, too, that it gets into the system, and gets there very soon from its original site, in this case the womb. If you can, therefore, catch it early enough, and have it taken away before it gets into the blood, you can certainly be cured.

I have given you here a sufficient warning, so that you may know by what sign to suspect that you may have commencing, and therefore curable, cancer of the womb, and by what sign to suspect it early—the only time you can be cured. It is, you will understand, a short time. You will recognise, therefore, the paramount importance, if you have this sign, of not waiting, but of consulting your medical man at once, and not resting satisfied till you have it proved by sufficient examination that you have not got cancer. This is the only road to safety. Doctor and patient must alike realise that any course which admits of doubt or delay is out of the question. You can know, and you can know early, if you have cancer; you must know, and you must know early, if you are to be cured of that cancer.

III. CANCER OF THE LIP, MOUTH, SKIN, AND LARYNX

(a) *Cancer of the Lip*

The warnings I have to offer under this heading are intended for the male sex, for cancer of the lip

is almost entirely confined to men, just as in the breast the disease attacks almost exclusively women.

As in this disease elsewhere, you will be past the youth of your life, *i.e.*, on the shady side of 40, probably nearer 50 or 60. If now a wart appears on the lower lip, it is almost certainly cancer, or will turn to cancer. Knowing this, you can hardly make a mistake here. *A wart, giving no pain, causing no feeling of ill-health, a simple-looking thing enough, and which you cannot fail to see every day you have it, occurring as you are advancing in life, and practically always on the lower lip, is almost certainly cancer. In other cases it may not look like a wart, but a little sore which does not heal.* Seeing, therefore, as you are bound to see, these danger signals, and knowing what they mean, there is no possible excuse for waiting for the wart to disappear or the sore to get well. Consult your medical man at once. If he is in doubt, which will be very unlikely, a little piece submitted to microscopic examination, without any pain to yourself whatever, will clear up that doubt at once. And here, as has been previously shown, you can be most readily cured by operation. It requires only an early attention to the warning to save your life. Though you may certainly be cured of cancer of the lip if you seek aid in time, remember that it is just as dangerous to life here as

elsewhere—a disease that, at first confined to the lip, and perfectly capable of cure, quickly gets into the system and renders all chance of cure hopeless. It is, therefore, essential for you to know its signs and not to waste a single day if you have them.

Remember, then, these three simple facts in cancer of the lip:—

1. The innocent-looking little wart or sore on the lower lip, a veritable danger signal to those no longer young, and which you cannot fail to see every day you have it.
2. The ease with which you can be cured if you take it in time.
3. The danger of delay here just as great as in all cancers.

(b) *Cancer of the Mouth and Tongue*

Like cancer of the lip, cancer of the mouth and tongue is almost exclusively confined to men. My remarks, therefore, are again mainly directed to them.

As far as the attitude of the public is concerned, cancer of the mouth and tongue in men stands in much the same position as does cancer of the breast and womb in women. Notwithstanding the fact that anything amiss in the mouth, however trifling, will give evidence at once of its presence there; notwithstanding the fact that people are constantly

looking at their tongues and into their mouths, and cannot therefore fail to be aware from the very beginning of anything amiss there, the same appalling ignorance of the nature of their disease in its early and only curable stage exists ; the same dread of knowing the truth, and of the operation which may be necessary, prevents their seeking advice ; until they are at length driven to the surgeon when the disease has generally got beyond reach and their doom is sealed.

A special dread also finds a place here. Patients are afraid that the operation which will be necessary will deprive them of the power of speech. This is another of the deplorable fallacies which exist in the public imagination about cancer. If people sought advice for cancer of the tongue early, not only would they probably save their lives, but certainly their power of speech. Indeed, the latter would be hardly if at all impaired. Generally speaking, it is only the extensive operations on the tongue which are required in advanced cancer, owing to the neglect of the patient to seek advice early, that interfere materially with speech.

I go on to tell you what I have told you repeatedly of cancer elsewhere, that it is not here at first in the constitution of the patient. It is in the mouth only. *But I warn you that very soon, nowhere in the body sooner, does it get into the system.* Your opportunity is therefore short ;

possibly only a few weeks, if as much. Still the opportunity does exist, and if you will only recognise the importance of not letting it slip from your grasp, your chance of cure is good. The operation required is not at all a dangerous one, if performed in the early stage. You will be well in a fortnight or less. It is no exaggeration to say that so great is the misery in store for you if you let this time escape you, that too late in the day you will be ready to submit to any operation, however dangerous, to be rid for a time only of your loathsome and agonising disease, but when the chance of cure is gone. Again, early operation will not involve the loss of your power of eating or speaking. In fact, you will be just as well off in these respects as before.

You will understand, in short, that if you take your disease in time, it is curable. There is nothing to dread; there is almost no danger in the operation. Your power of eating and speaking will be hardly if at all less than before. If, on the other hand, you neglect it, and neglect it, moreover, for the shortest of intervals, it will become incurable; you will have to submit to a severe and dangerous operation even for the sake of a temporary alleviation of your sufferings, and your power of speech and of taking food will be considerably impaired.

“Can I know,” you will ask, “and how am I to

know or suspect that I have cancer here?" Easily, and let me tell you how. You will probably be over 40 years of age, very likely nearer 50 or 60; but at the same time remember that cancer of the tongue and mouth does exceptionally occur under 40. You will, therefore, not neglect any warning, though younger. You will probably be in the most robust health. Your disease will thus early cause you very little pain, though it will always cause you enough inconvenience to satisfy you that there is something not quite right in your mouth. There is, therefore, no excuse for your being neglectful. At the age at which I have warned you to be on the look out for cancer here, you will notice a little wart on your tongue or in your mouth. It is almost certainly cancer or will turn to cancer. You cannot afford to neglect it. Or, again, you will find a little sore in your mouth, on your gum, or more often on one side of your tongue. You have very likely got a sharp tooth near it. You have the tooth out, but the sore does not at once get well. You have almost certainly got commencing cancer. At other times a sore may be there and refuse to heal in a week or two though there is no sharp tooth near it. Lastly, you may perceive what look like daubs of white paint on your tongue. If you do it is a matter of the greatest importance to you, and will very likely result in cancer.

These three signs, then, are the handwriting on the wall, your danger signals, enabling you to be cured if you take heed of them, spelling your death-warrant if you neglect them :—*A little sore on the side of your tongue or in your mouth, which does not quickly get well, though probably causing you very little inconvenience or pain ; a little wart on your tongue, however harmless looking and harmless feeling ; and patches of what looks like white paint on your tongue, these last not being cancer, but often forerunners of it or accompanied by it.*

Do not then, if you notice as you are bound to notice these signs, wait a moment. Go at once to your medical man and do not rest content till you know that you have not got cancer. The microscope again here will with the greatest certainty clear up any doubt. If your doctor is uncertain therefore of the nature of your malady, you must let him take a little piece away for microscopical examination. This will cause you no pain. A little cocaine will prevent you feeling anything whatever, and you will not be laid up a single hour by it. What valuable information at how small a cost ! What an insignificant price to pay for knowledge which may save your life ! You are surely not going to neglect this opportunity, to wait and watch your cancer till it is too late.

Now is the time you can be cured, and, as I

have told you, by an operation without danger, without pain, an operation which will not interfere with your after comfort or speech in the least. Two years ago I met abroad a gentleman who had just a little thickness in his speech. Knowing I was a medical man he told me that four years previously he had had a cancer taken out of his mouth. He said he had noticed a little sore on his tongue for a few weeks which did not seem inclined to get well. It caused him so little inconvenience that as he said he thought it *hardly worth while* to show it to a medical man. Nevertheless, luckily for him, he did so. He told me he was never so surprised in his life as when he was informed it was cancer. He had it out the next day, and was perfectly well four years afterwards.

How many men cut off in the prime of life would be saved what is, perhaps, the most distressing of all deaths, if they took heed of these trifles! I have said, and I cannot say it too often, nowhere does cancer spread into the system sooner than from the mouth. Do not waste, therefore, a single day. Don't watch it. Don't let your doctor watch it. Have it out even if there is a suspicion that it may be commencing cancer.

(c) *Cancer of the Skin*

All parts of the skin of the body are liable to be attacked by cancer, especially those that have

suffered injury or irritation of any kind ; old scars for instance. If, therefore, you have a *sore or lump or wart anywhere on the skin, especially in advancing age, which does not readily get well*, you should lose no time in seeking skilled advice. It may be cancer ; and if it is it is readily amenable to cure. Here as elsewhere we can, in case of doubt, appeal to the always conclusive evidence of microscopical examination, without causing the patient any suffering or inconvenience whatever. And if these cases are taken in time they can almost certainly be cured. But delay is attended with the same dangers as in other situations, viz., that the disease will soon spread from its local site into parts where it cannot be removed, thus rendering a cure out of the question.

(d) *Cancer of the Larynx (Voice Box)*

In a previous chapter was noted the remarkable percentage of cures which it has been found possible to obtain in early cancer of the larynx.¹ Emphasis was laid on the point that this was in great measure attributable to the fact that a cancer in this situation, while it is still very small, compels the patient's attention to its presence. The "danger signal," here though as elsewhere insidious, is nevertheless obtrusive. It is "*hoarseness and loss of voice.*" Situated on so delicate a

¹ *I.e.*, intrinsic cancer of the larynx. Compare p. 133.

structure as the vocal cord, cancer, while it is still in quite its early stage, interferes with the clearness of the voice. If you have cancer here you will probably and very naturally think at first that you have only got a cold, producing a little hoarseness. But your previous experience of colds will very soon convince you that this attack is different. Instead of the hoarseness passing off in a week or two it will persist, or if it passes off for a little while it will return. This should excite your suspicion at once, and lead you to have your throat examined by the laryngoscope without delay. Hoarseness persisting for more than two or three weeks should be a paramount indication for a laryngoscope examination ; and it is worth it. For cancer in this situation if detected and removed early is, as I have shown, very favourable for cure, and by an operation of no great seriousness ; if neglected its removal involves one of the most serious and mutilating operations in surgery, with an ultimate outlook far from hopeful.

IV. CANCER OF THE STOMACH AND BOWELS

In the previous sections I have called attention to the early signs of cancer in three out of four of its most common situations. I have told you very definitely what signs should lead you to suspect that you may have cancer in these parts and how you may find out for certain whether or

not your suspicions are well founded ; so that you may not lose the only opportunity of saving your life.

In dealing with cancer of the stomach and bowels, situations where, unfortunately, it is very common, I am unable to give you such definite signs to go upon. You will readily appreciate the reason for this. Cancer here is situated internally, is not so accessible to sight and touch. It is more difficult, therefore, to be certain of its presence in its early stage. Moreover, it is impossible to take away a little piece for microscopical examination, as I have told you is such a simple matter in the cancers I have previously mentioned. Consequently I can only give you some more or less general hints, and point out to you some symptoms which should awaken your suspicions, and lead you to seek assistance early.

In these cancers, as in cancer elsewhere, you may expect, though this rule, as I have explained before, is not absolute, you may expect, I say, to be over 40 years of age. If, then, you have passed this age, and you begin to suffer persistently from pain and uneasiness after food, *what you would call indigestion, with possibly attacks of sickness ; especially if in addition you fail in your appetite, and find that you are losing strength and weight,* seek skilled advice without delay. In these situations, generally speaking, contrary to what I have told you is the case in cancer elsewhere, *loss of*

flesh and strength is an early symptom, and, if accompanied with indigestion, should awaken your suspicions at once. I do not say, of course, that the symptoms I have detailed above invariably mean cancer, but they are not symptoms with which to trifle. It may be possible for medical knowledge to pronounce one way or the other, or it may be deemed advisable, if suspicion point strongly against you, that you should undergo an operation with the view of clearing up this matter, which is so important for you. Let me tell you that this operation, though not quite the simple way of finding out that I have told you of in the previous sections, is in skilled hands quite devoid of any danger to life, will not entail any suffering on you, and only means that you would have to keep your bed a fortnight. Even this is not a high price to pay for information which may be of such priceless value to you.

Again, *persistent colicky pains in the stomach, what you would call stomach-ache; irregularity of the bowels; obstinate constipation, though you had previously had no trouble in this respect; or alternate constipation and diarrhœa;* if they do not yield to simple treatment, are signs you should not neglect. They possibly point to cancer of the intestine, which may be found out by seeking surgical assistance, in time to save your life; or may lead to the advisability of your submitting to a similar operation to elucidate the nature of your disease.

In cancer of the lower bowel or rectum a *frequent desire to have the bowels open with little result will probably be the earliest signal: along with this you may notice a little blood and slime.* Do not console yourself with the idea that you are suffering from a slight attack of piles. In the public mind every disease in this part of the human body is due to piles. It accounts for everything, including almost invariably cancer. An examination by your medical attendant is your only safeguard. It will at once clear the matter up before it is too late.

The point to insist upon is that you should not neglect these early indications, but should seek the best advice at once; that you should not disregard any avenue of escape that medical or surgical science may have to offer you. For cancer in the intestine at all events is one of the most favourable varieties for cure by operation, if it is found out and treated surgically early enough. Except in the case of the rectum it is, however, very difficult to find out early in this situation, and only by your ready co-operation can it be done.

I shall not trouble you further in this direction, as I should probably only confuse you. But lay to heart these simple injunctions, and do not put away these maybe serious symptoms by consoling yourself with the fallacy that they are only a little indigestion, or a slight attack of piles. They may be, it is true, nothing more. On the other hand,

nothing is lost by not neglecting them ; your life may be saved by attending to them. It is by the public, our patients, becoming alive to the fact that in advancing years a "touch" of liver or a slight attack of piles do not account for every symptom they may perchance be suffering from that we may hope sometimes, at all events, to succeed in catching cancer in these regions in its early and only curable stage. But the difficulties are undeniable, and, except in cancer of the rectum, the obstacles to an early diagnosis of the disease are far greater than in cancer of the breast, womb, and tongue, &c. Nevertheless I hope I have been able to give you a little useful assistance. An exception was made in the case of the lower bowel or rectum. The early recognition of cancer here is, generally speaking, just as easy as in the breast, womb, or tongue.

I have now furnished my readers with the warnings, the danger signals, which should enable them to come to the surgeon in time to profit by the fact of the local origin of cancer, and so obtain for themselves a cure by getting rid of it before it gets into the system. It will have been recognised that, except in the case of the stomach and intestine (excluding the rectum) these danger signals are not at all obscure, or likely to escape the notice of the least observant.

It seems fitting to allude here to a remark I made in my introductory chapter when considering

the objections which might be raised to the publication of a book of this kind. I quote the paragraph: "A more valid objection, if it could be sustained, is that 'a little learning is a dangerous thing,' that to take the public into our confidence, to instruct them in the mysteries of disease, without the necessary preliminary training, will only succeed in making 'confusion worse confounded,' will tend to create a class of amateur doctors, judges of their own complaints and their own symptoms. I confidently appeal to the contents of this volume to refute any such argument. The indications are so clear, the path to tread so plain, the directions so simple, that it is difficult to see where confusion or error can possibly arise. Of this I ask those who do me the honour to read the book to be my judges." I ask you, my readers, to do so now with the recollection of these danger signals fresh in your memory. Take cancer in its most common situations—the breast, the tongue, the lip, the skin, the womb, the stomach and bowels. Leaving out the last, the early warnings of which, as I have said, are not so clear, *cancer proclaims its presence from the very housetops*. It is impossible for a woman to have a lump in her breast and not soon find it out. The warning amounts to this. If she be over 40 years of age, it tells her that it is in all probability cancer. It urges her, therefore, not to waste time, but to have the matter settled by

a competent medical authority before it is too late to save her life. It requires of her only the knowledge that after 40 years of age any lump in her breast is probably cancer. Nothing more. The indication is clear, the direction following from it is simple. Again with cancer of the womb. It is impossible for a woman, if previously she has always been regular in her periods, as most women are, to have irregular bleeding and not be cognisant of the fact. All the warning amounts to again is this. If she be over 40 years of age it tells her it is not improbably cancer. It, therefore, urges her to submit to a competent examination at once, so that cancer may be either excluded, or discovered in its early and curable stage. It impresses on her not to lose her sole opportunity of saving her life by consoling herself with the thought that it is only the change of life. Nothing more. Again the indication is clear, and the direction is simple. It does not make a doctor of her, or require of her to form any opinion whatever of this sign. So also with cancer of the tongue. It is impossible for a man to have a sore or wart on his tongue or in his mouth, and not be aware of its presence there. All the warning tells him is this. If he is advancing in years it is not improbably cancer. It, therefore, urges on him to lose no time in having the matter cleared up, as it can be easily cleared up. Here, too, the indication is clear, the path to tread is

plain, the direction is simple. Yet again with cancer of the lip and skin. The wart or sore cannot escape recognition by the patient for a single day. All the warning urges is that such a wart or sore in advancing life is very likely cancer, and that the patient should not, therefore, wait and watch it, and thereby deliberately throw his life away. The indication is there before his eyes every day. He is directed to take notice of it.

In every instance the danger signal is in the very forefront, the sign which should enable the patient to avoid disaster is manifest from the very beginning. But it is *the insignificance of the sign, its apparent unimportance, that lays the trap*. It is only by making it a matter of common knowledge that the early signs of cancer are insignificant and apparently unimportant that we can expect to cope successfully with it. If people could only be brought to recognise this, to be generally acquainted with this fact, a spoke would be put in the wheel of this deadly disease. It is the insidiousness of cancer in its onset that has to be combated, and it can only be combated by a knowledge among people generally that this is its method of attack. *It is the "velvet tread" of early cancer that the public ear must be trained to recognise.*

The common knowledge of cancer by the public is that of the disease in its advanced stage. The long and painful illness, the terrible suffering, the

final catastrophe, are all they hear about and know about. This is the "little learning that is a dangerous thing." This is the knowledge which is worse than no knowledge at all. They hear nothing and they know nothing of the patient going about apparently in his usual health with the danger signal before his very eyes all the time. The latter is the only phase of the disease which is of any practical importance to them to know. If they knew more and more of this, they would hear less and less of the other.

It is our business to endeavour to supply this knowledge by every means in our possession. It is our business to eradicate as far as possible the pessimism and ignorance and fear that hang like a pall over the community to-day ; to substitute for them the knowledge which is power, the courage which makes for cure.

Though the facts to know are so simple, though the amount to know is so little, the difficulties in the way are great. But though in our endeavours we fall far short of the ideal, we shall ever feel we are struggling in the right direction, be conscious that we are on the right road, be buoyed up with the hope that our efforts will eventually bear fruit. The present policy of leaving it to the sweet will of our patients as to when they shall seek advice results in almost every case of cancer coming into the hands of the surgeon in its advanced stage. From the

insidiousness of its onset it must ever continue so, unless we warn the public, and put them on their guard against this stealthy foe. By endeavouring to do so we shall at all events avoid the reproach of leaving the unfortunate victims of this terrible disease in the lurch, to find out too late what we might have enabled them to know in time.

CHAPTER XI

THE PREVENTION OF CANCER

WHETHER criticism come or no from any quarter on the advisability of the education of the public in the early signs of cancer, I imagine that the most rigid Conservative, the most unbending medical Tory will raise no objection to dissemination of knowledge tending to the prevention of this disease.

“Prevention is better than cure” is a copybook maxim applicable to this as to any other disease. I hope to show in the present chapter that there are reasonable grounds for believing that a good deal could be accomplished in this direction by the adoption of commonsense and commonplace measures.

It will be recollected that in Chapter III I drew attention to a very important and well-established fact about cancer, viz., that it is commonly, if indeed not invariably, associated in its origin with chronic—in other words, continued irritation. I explained what was meant by chronic irritation, and gave one or two examples illustrative of the frequent depend-

ence of cancer upon it. I mentioned how cancer often follows the irritation caused by the rubbing of a sharp tooth against the side of the tongue or cheek, and cancer of the lip the continual injury to the delicate skin of that structure by the hot stem of a clay pipe. Examples can easily be multiplied, and one or two will be given here to further emphasise this fact. Compare, for instance, the male and female breasts. They are identical in structure. Whereas, however, the former remains a rudimentary organ throughout life, the latter is the subject normally of great functional activity from puberty onwards, and is liable in addition to many sources of irritation arising from errors in the lactation process. It is also from its greater size much more exposed than the male breast to traumatic influences, such as blows and squeezes. What do we find as the result? The female breast is one of the commonest sites of cancer, that of the opposite sex is very rarely attacked by it. Take again the womb. It is the neck of the womb which is the seat of election of cancer. But analysing a little closer we find that it is only the neck of the parturient womb, that which has been subject to the injuries of child-birth and the irritation resulting from such injuries in the shape of chronic inflammatory diseases; the neck of the non-parturient womb is rarely or never the seat of it. Yet again with cancer of the mouth. Women, generally speaking,

pay more attention to their mouths and teeth than men. Moreover, they are not constantly irritating them with alcohol and tobacco to anything like the same extent. They rarely suffer from cancer in the mouth, whereas in men the disease is very common. All through the piece we find the same thing—cancer dependent in some way on repeated injury and irritation.

How chronic irritation acts in this connection, whether as a direct exciting or as a predisposing cause, we do not know, but it is one of the most indisputable facts about cancer, a matter of everyday observation, that the two are related in some way as cause and effect.

Another circumstance which sometimes leads to the development of cancer is sudden injury. For instance, cancer of the breast will in a certain proportion of cases follow so closely on a blow or a squeeze as to leave no reasonable doubt that the two were associated causally with one another.¹ Chronic irritation is only another expression for repeated injury. So that we may say injury to a part, whether it be caused by a sudden blow or squeeze, or by repeated friction, or by the irritation due to want of cleanliness or anywise, is the common if not invariable factor in the production of cancer—though the often repeated injury in the

¹ Roger Williams states that of 137 cases of cancer of the breast 1 out of 4 gave a history of previous injury.

form of chronic irritation is a more potent instrument than sudden injury, such as a blow or squeeze. Sudden injuries are accidents and cannot be avoided. Chronic irritation, on the other hand, is a deliberate act oft repeated, and can be avoided. It is, therefore, in the avoidance of constant and deliberate injury to a part that we can do much to prevent the onset of cancer.

I shall now direct your attention to some of the common situations of cancer, and explain the part chronic and neglected injury plays in its production. I shall show you how easily these apparently trivial factors, often the forerunners of the most terrible of diseases, might be eliminated ; how easily and how often cancer, so to speak, might be nipped in the bud ; how, by attention to obvious details of health and cleanliness, which on grounds quite apart from cancer should not be neglected, the onset of this disease might certainly be frequently prevented.

I. Cancer of the Breast

On very little consideration it is obvious that the female breast, one of the commonest sites of cancer, is, in various ways throughout life, subjected to injury and irritation. Thus it suffers in this way possibly even from the changes consequent on normal lactation, certainly from those due to errors of lactation, such as unduly prolonged lactation, insufficient lactation, &c. It is liable to inflamma-

tion and abscess resulting from lactation, and to soreness and cracks of the nipples, in connection with suckling. It is apt to be squeezed and irritated constantly by ill-fitting corsets. From its exposed position it is again liable to blows and injuries of various kinds. In many such ways the breast is a part of the body which is subjected to continued injury, and, with the knowledge that continued injury is somehow causally connected with cancer, it is not surprising that this organ should be so frequently attacked by it.

What can be done to prevent cancer developing here lies in a practical application of the foregoing considerations. Care should be taken that the lactation process is conducted in as natural a manner as possible under medical supervision. Women should not suckle too long, and on the other hand, if they are unable or unwilling to suckle at all, attention should be paid to the disappearance of the milk under medical advice, and to the avoidance of inflammation, abscess, &c. Also the nipples during lactation should be kept carefully clean. If they become sore or cracked they should be medically attended to, and they should not be allowed to remain in a chronically inflamed or irritable condition. One form of persistent soreness and irritation about the nipples, to which attention was first called by the late Sir James Paget, is an almost certain forerunner of cancer.

Women cannot be expected to recognise this themselves. They should therefore be cautioned that any kind of soreness or irritation of the nipples is a condition for which they should seek skilled advice.

Again, with the view of avoiding another source of irritation of the breast they should be careful that their corsets so fit as to cause no uncomfortable pressure or squeezing. Injuries and blows are accidents which cannot be avoided ; nor can women be expected to wear, and would not do it if they were so advised, breast protectors of any kind. But the continued pressure and squeezing of the breast by ill-fitting corsets can and ought to be avoided. It probably in a certain proportion of cases, by the irritation it produces, accounts for the origin of cancer in this region. Some authorities attach great importance to this as a cause of cancer. Thus Snow remarks : " There is little doubt that pressure by the universal corset, directly on the breasts and indirectly on the pelvic organs, materially contributes to prepare the soil for future cancer in these regions." Whether this be so or not, the remedy is easy and is well worth attention.

II. *Cancer of the Womb*

In the womb we find indubitable evidence of the origin of cancer in chronic irritation and injury.

The most common form of cancer of the womb, that which accounts for almost all cases, occurs in those who have borne children. Childbirth produces injury to the womb, which is repeated again and again at each successive confinement. Wounds and tears occur which do not soundly heal. A state of chronic inflammation of the neck of the womb results, which is frequently a forerunner of cancer. It is a very significant fact that it is only women subjected through childbirth to these wounds and tears who suffer from cancer in this region.

These injuries generally give evidence of their presence by causing unnatural discharges. It is, therefore, obligatory on every woman if, after childbirth, she suffers from any discharge, that she should place herself under medical or surgical treatment, and should not desist from it till this condition is soundly healed, and she is completely free from this symptom. Women, and especially the poor and ignorant, in whom this form of cancer is so common, go on for years suffering from these unhealthy discharges, never seeking medical advice for an ailment which could be easily cured, and inviting by their neglect the onset of cancer. A sounder knowledge of the importance of attention to this condition, and of the disaster which its neglect frequently brings in its train, is of great moment to all women. A more rational compliance with ordinary sanitary requirements would, we may confidently

assert, lead to a great diminution in the liability to cancer in this region. Ignorance and neglect of an apparently harmless symptom account for the frequency of its onset here, just as ignorance and neglect of an apparently harmless symptom, as I have shown you previously, account for its appalling mortality.

III. *Cancer of the Tongue and Mouth*

There can be no doubt that the frequency of cancer of the mouth and tongue could be diminished by attention to what may be called the "toilette of the mouth." It is a matter of every-day observation among doctors and dentists, who frequently have occasion to look into people's mouths, how great is the neglect of the most ordinary sanitary requirements here.

As I have told you elsewhere, cancer of the tongue and mouth is far more frequent amongst men than women. It is probably to the former being such much greater defaulters than the latter in this respect, coupled with the fact that additional sources of chronic irritation to the delicate skin of the mouth in the shape of alcohol, tobacco, &c., are present in such a much greater degree among men, that their liability to cancer in this region is to be attributed. Indeed, it is a remarkable fact that men, who are less particular about their mouths than women, and are continually irritating this

cavity with tobacco and alcohol, are very prone to cancer here ; whereas women, who are in a much greater degree free from these sources of irritation, hardly ever get it. It forces upon us the conclusion that we have in these factors somehow the origin of the disease.

It will almost always be found in cases of cancer in this region that the mouth is in a foul condition. As people get older they get cavities in their teeth, and their gums generally shrink away from the latter, leaving spaces in which particles of meat, &c., lodge. Here we have all the conditions most favourable for sepsis or decomposition ; dead animal matter, warmth and moisture. Decomposition naturally follows, setting up a state of chronic irritation due to filth which undoubtedly predisposes to cancer. This, too, is a source of many of the digestive troubles people suffer from in later life, and possibly, from the swallowing of this septic irritating matter, a cause favouring the development of cancer in the stomach.

The remedy for this state of things is the customary habit of brushing the teeth on rising in the morning and only then. By all means let the teeth be brushed the first thing in the morning. It is a cleanly and comfortable thing to do. There is nothing to be said against it. But a very little reflection will show that it is the most useless time in the day to brush the teeth from the point of view

of keeping the mouth clean. It entails the harbouring in the mouth of these rotting particles of food for many hours. The only practice that will keep the mouth clean, especially in advancing years, is that of brushing the teeth after each meal, thereby getting rid at once of particles of food which if present for a few hours must decompose and render the mouth foul. It should be a universal practice, and would do much to eliminate the above-mentioned sources of ill-health to their owner, as well as an annoyance to those with whom he comes in contact. It would, moreover, eliminate a probable factor in the production of cancer in this region. Or, if it be considered too much trouble to brush the teeth and cleanse the mouth more than once a day, then at night before going to bed is a far more rational time to do it than in the morning. The habit of picking the teeth after meals, though possibly it may not appeal to people on æsthetic grounds, and is not generally considered "good manners," is undoubtedly a cleanly custom, and has much to recommend it from the point of view of the hygiene of the mouth.

Then there are alcohol and tobacco, both very common and very constant sources of chronic irritation in the mouth. I have no intention here of preaching a crusade against the evils of over-indulgence in either. I do not purpose to urge abstinence from tobacco and alcohol, a piece of

advice that would not be followed on the offchance of avoiding cancer thereby. I would only strongly advise you, if you are advancing in years and if you find over-smoking or smoking at all irritates your mouth or tongue and makes them feel sore, to give it up, and not to wait till possibly the development of cancer there compels you to do so. Also the more general adoption of holders to cigars and cigarettes, and the abolition of the clay pipe, would lessen very much the irritation of the mouth from heat and nicotine.

Lastly, you should not tolerate in your mouths old and useless stumps, and especially rough and sharp stumps, which rub against the tongue or cheek and are constantly irritating them. You must be aware of their presence if you have them, and if you have them, have them out without delay; they are a common starting point of cancer here. A visit to the dentist for a stump that has had its day is better than a visit to the surgeon for a cancer that will have its way.

I have given you above some simple directions on the "toilette of the mouth." On every sanitary ground, and quite apart from the question of cancer, they are to be recommended. Their general observance would certainly lessen the liability to cancer in this region of the body.

IV. *Cancer of the Lip*

In this region we have another very striking illustration of the origin of cancer in local irritation. I cannot do better than quote from an article by an eminent Irish surgeon which appeared in the *Practitioner* in May, 1903 :—" The use of the pipe is the exciting cause of lip cancer in almost every case. The disease is rarely found in non-smokers. The few cases of epithelioma (cancer) of the lips which I have seen in women were all in peasants who smoked.¹ The great bulk of the cases of this class in the Richmond Hospital come from the more remote parts of Ireland. In these districts the short, hot clay pipe is still smoked ; while in Dublin, and in regions closer to the cities, where the briar-root pipe is in use, cancer of the lip is not nearly so common. If further evidence be necessary in this direction, it may be found in the fact that patients can nearly always tell you that the cancer has appeared on the side on which they use their pipes. Another factor to be considered is the irritation caused by broken, decayed, or irregular teeth. The freedom of women from cancer of the lip is notable. I have operated on over 350 cases, and have seen many others, and all were males except 3. These 3 were Western peasants who smoked assiduously. It is not

¹ M. Tillman found that of 77 cases of cancer of the lip only 7 were females ; of these, 3 were smokers.

probable that sex has any direct influence ; the reason why women are comparatively exempt is rather to be sought in the fact that few of them smoke pipes, and they are less subject to traumatic influences than men. Position in life seems to have some bearing on the liability to cancer of the lip. The disease is comparatively rare among the upper classes. This may be explained by the greater care they take of their teeth, and if a pipe be smoked, by the use of one not made of clay." From these weighty remarks it will be gathered that irritation caused by the clay pipe, and by sharp stumps of teeth, and by want of cleanliness, are associated with the origin of cancer here. The remedy is obvious, and need not be further insisted upon.

V. Cancer of the Intestinal Tract

The intestinal tract, from the mouth downwards (including the gullet, stomach, and bowels) has a varying calibre. It presents several points of constriction, *i.e.*, places where it is narrower than elsewhere. These are its favourite situations for attack by cancer. In this fact we may trace again the relationship of chronic irritation with the disease in question. The parts of the intestinal tract most likely to be the seats of chronic irritation from the food in its passage onwards are those where these constrictions exist, those through which

the food has most difficulty in passing. These are precisely the most frequent sites of origin of cancer.

Without stating that there is any positive evidence of the fact that hasty eating or chronic constipation contributes to the disease under notice (and it would be as difficult to prove as that it is due to worry or anxiety), it is not improbable that the presence of undigested food and of the excrement of the digestion of food lodged in these regions has, by the chronic irritation it would inevitably produce, a determining influence in the onset of cancer. The importance, therefore, of attention to daily evacuation of the bowels and of the avoidance of constipation, not by repeated dosing with medicine, but by cultivating a regular habit, seems apparent. It is desirable on every sanitary ground. Its neglect is common enough at the present time. In these days of haste and hurry, people have not time for this obviously necessary requirement of health. They bolt their breakfasts, rush off to their various duties and occupations, and neglect this patent duty to their own economy. An act which should be as natural as breathing is suffered through sheer neglect to fall into abeyance; the habit of chronic constipation is acquired in its place. To escape its inconveniences, aperient medicines are resorted to; they are to be had in any quantity and every variety; they make the fortunes of the manufacturing

chemist; they save a lot of time and trouble; they themselves, in the production of their desired effect, give rise to an irritable condition of the intestinal tract, and are in no way comparable to the natural act. In this common habit of chronic constipation, which is nearly always due to neglect and could nearly always be avoided, and in the remedies so frequently taken to overcome it, we have the fulfilment of the conditions requisite to produce chronic irritation in the bowels. Chronic irritation, we have seen, indubitably predisposes to or excites cancer.

You will see, therefore, how important it is, both on the ground of general health as well as on that of avoiding a not at all unlikely excitant of cancer, to pay attention to this sanitary detail. It is especially incumbent on parents, schoolmasters and mistresses, and such like, who claim by their position or on their prospectuses to be fitted to have the care of the young, and who may be presumed to be old enough and intelligent enough to know the importance of these matters, to pay particular attention to them; and to see to it that the young under their supervision, who cannot be expected to appreciate their necessity, are adequately instructed therein. They have a paramount duty to perform here. They are as much responsible—a fact too often lost sight of—for the bodily health as for the mental training of those entrusted

to their care. They are instrumental, according as they interpret their responsibility, either in sowing the seeds of future disease, or in moulding the young under their care into healthy men and women. The last is equally to their advantage. For if it is their ambition to see those whom they undertake to educate a credit to them, this very laudable object is only to be attained by their looking to it that their bodily health is above reproach. "*Mens sana in corpore sano*" is as true to-day as ever it was, and, as a motto, will bear repetition.

VI. *Circumcision*

All male babies should undoubtedly be circumcised. The Jews, who practise circumcision as a rite, do not suffer from cancer in this part of the body. There is no reason to suppose that if people of other religious persuasions were equally cleanly, they would not be equally exempt from cancer here. On other grounds, which have no connection with this subject, the adoption of circumcision, if not universally, at all events in all cases where indicated, is most desirable, and would almost certainly eliminate the disease under discussion.

VII. *The Question of Infectivity*

In a previous chapter the question of the infectiousness and contagiousness of cancer was alluded

to. The possibility of transferring it from one animal to another of the same species has been experimentally proved over and over again in the case of mice. There is also apparently reliable evidence in the literature of cancer of transmission from man to man. At the same time, it must be clearly understood that the infectivity of cancer, if it exists at all in the generally accepted sense, is of a very low order. It is in no way comparable to that of the diseases which are generally considered infectious. Thus, although, for instance, healthy mice have been freely mixed in cages with mice suffering from cancer, according to Dr. Bashford, the Superintendent of the Imperial Cancer Research Fund, not a single case of its transference from diseased to healthy mice has been recorded. Again, notwithstanding the frequency of cancer in man, it is the rarest thing in the world to find even strong presumptive evidence of its transference from one person to another: and many of the supposed cases may be capable of some other explanation, such, for instance, as exposure to like conditions, coincidence, &c. There is, therefore, no occasion for undue alarm or panic on this score in the case of people who purpose occupying a house or room previously tenanted by a cancer-stricken patient, or who are brought into close contact with those suffering from the disease. It is, nevertheless, a sound precaution to adopt the same measures as in in-

fectious diseases. For instance, in the case of a person suffering from cancer who has occupied a room and has possibly died in it, it is undoubtedly a wise step to have such an apartment thoroughly disinfected previous to its tenancy by another individual. It can do no harm. It is obviously a right measure on ordinary sanitary grounds, and, if infection exists in cancer, of however low an order, its adoption is clearly indicated. So, again, any who are brought into personal contact with patients suffering from this disease should take similar precautions to those that are recommended in infectious diseases generally. These are well summed up in the Bradshaw Lecture on "Cancer and its Treatment," delivered before the Royal College of Surgeons of England in December, 1904. "It would seem most desirable that all dressings taken from cancer patients should be burnt; that linen soiled by cancerous sores should be destroyed or disinfected by boiling; that contact with cancerous ulcers, whether of the lip, tongue, breast, uterus, or other parts, should be avoided, and that common use of beds and utensils with cancerous patients should not occur." These precautions only amount to attention to commonsense principles of cleanliness, and are clearly indicated on ordinary sanitary grounds, quite apart from the question of the infectivity or the reverse of cancer.

VIII. *Preventive Operations*

Lastly, although more than a passing allusion to the matter does not fall within the scope of a book of this nature, there is no doubt that frequently the malignant disease cancer engrafts itself upon innocent conditions. Tumours in the breast, sores and warts on the lips, tongue, and skin, inflammatory conditions of the womb, ulcers of the stomach, &c., which have existed for years, and shown no malignant tendency, may suddenly begin to develop cancerous properties. It is, therefore, very advisable that people should not be content to keep such chronic conditions with them, ever remembering that as they get older such conditions become more and more prone to develop into cancer. Although they may be told by their medical attendant that their disease is not cancer, yet, if it does not yield to other treatment, it should, generally speaking, be dealt with surgically and radically cured. Most surgical operations are nowadays attended with such small risk, that arguments which were valid a generation ago against their performance in circumstances not actually threatening life, have very little weight at the present time.

Recent observations seem to point to the fact that cancer may in reality be a much slower process than we have hitherto had any idea of, that changes in a part which we have hitherto regarded as pre-

cancerous conditions, *i.e.*, conditions favouring the development of cancer but not themselves the actual disease, may in reality be a very early stage of the disease itself.¹ Cancer only first comes under observation when it forms a visible and tangible tumour. Even though it be a very small one when first observed, we have no means of knowing how long it has taken to reach this size. It may possibly be years from the time of the proliferation of the first cancer cell. We can observe its rate of growth after it has become accessible to sight and touch, but we have no idea of it while it is still of microscopical dimensions. In its later stages, which are those in which it is generally observed and when possibly the resistance of the patient to its growth has been impaired, it may increase comparatively quickly : its earlier microscopic growth may be at all events sometimes very slow. If this be so, it would account for the very late recurrences which sometimes occur in cancer after removal.

The practical outcome of considerations of this kind is, that chronic conditions which may not be actually, as far as we can tell, cancer, but which are known sometimes to result in cancer, if they do not yield readily to medical treatment, should not be tenanted indefinitely in the body. They should be removed.

¹ *British Medical Journal*, "Illustrations of Very Early Conditions of Cancer of the Tongue," May 26, 1906.

My readers will have observed that I have taken for my text in the previous pages, "Cleanliness is next to Godliness" in all seasons and in all places. A close connection between the origin of cancer and chronic irritation, what has been fitly described as insult to a part, can be traced in almost all instances, and probably exists in those in which it cannot be obviously traced. This furnishes the clue to its prevention. *It is in the avoidance of this insult to a part by chronic irritation, whatever its nature, that we must seek to prevent the onset of cancer.*

It will be evident from the preceding pages that this end is to be attained mainly by attention to sanitary detail and cleanliness, to what I have called the "toilette" of different parts of the body where this disease commonly occurs. These parts are readily accessible to this "toilette," just as they are readily accessible to surgical intervention. The adoption of the measures I have here indicated would, we may confidently assert, lead to a great diminution of cancer, would result in the prevention of its onset, an end more scientific, more easily attained, and more satisfactory than its cure. The simple injunctions given above are well worth putting into practice. They deal with what surgeons call "precancerous conditions," *i.e.*, changes in a part which are very often, if not invariably, present previous to the onset of cancer, conditions of chronic irritation, injury and insult. To impress on the

public the importance of these conditions as precursors of cancer, and to banish the deplorable ignorance that exists in regard to their significance, has been my object in the present chapter. The elimination of these factors, mostly elements of uncleanness, is, as I have shown, both practicable and easy. It remains to avoid cancer by eliminating them.

CHAPTER XII

THE CRUSADE AGAINST CANCER

THE problem before us in the present chapter is a difficult one. The question we have to answer is how we are to supply the information requisite for the avoidance of delay ; how we are to contrive that the public shall become acquainted with the few simple truths contained in the previous chapters, the ignorance of which we have seen carries such disastrous consequences in its train. They cannot arrive at this by instinct. They must be educated. But people are notoriously careless and indifferent. They never think it possible, when in health, that they should be stricken with disease, whatever may happen to their neighbours. It is perhaps well that it is so. "Sufficient for the day is the evil thereof." To go to meet our troubles, it is true, is folly. Yet to know how to meet them when they come upon us is wisdom.

It is not to be supposed that we shall accomplish this difficult task of educating the public solely by writing books on the subject. It is, of course,

hoped by the author that the reading public will study these pages, which contain the information required. I suppose this is the ambition of every author who writes a book with a definite object in view. It is probably the ambition of every author who writes any book. It is a natural, a pardonable vanity. But it is fully recognised that the campaign against cancer, if it is to be of far-reaching practical value, must take a more active, a more organised shape than this. A book is only the fringe of the subject. They who read these pages will form a very small minority of those who ought to be in possession of the information. My object has been rather to draw public attention to this the educational aspect of the cancer problem ; to brush away former errors ; to show that cancer is capable of being dealt with successfully by surgical operation at the present time, and that it is the only method we possess of treating it hopefully ; but that the very condition of success lies in that knowledge on the part of its victims which will enable them to avoid delay in seeking advice. My purpose has been to demonstrate that until surgeons are enabled to come face to face with cancer in its earliest beginnings, its treatment by operation must remain generally ineffectual, only exceptionally curative ; that education is essential to and must precede successful treatment ; that as long as people apply as they do now for the first

time with advanced cancer, so long will the results of its treatment spell failure.

The position as it exists to-day has been laid bare to your gaze. To quote a famous phrase, "You are taking it lying down." This deadly monster is allowed to stalk unchallenged through the land. He is permitted to lay a fatal grip on his all-unconscious victims; to establish himself by stealth securely in the citadel; to seize all the advantageous positions; to post his ambushes where he listeth, without let or hindrance. The surgeon is then and only then called upon to turn him out. We must endeavour to reverse this order of things. It was the maxim of the greatest soldier who ever lived, that attack was the surest means of defence, that the most effectual method of waging a successful campaign was to carry the war into the enemy's country. That should be our maxim in fighting cancer. We must take the offensive against our foe, and we must take this offensive by supplying the public with the information which will enable them to seize the only opportunity of saving their lives should they become the victims of cancer.

An organised system of education in the early signs of cancer is then the means to the end. I purpose here to indicate some of the lines on which, in my opinion, this policy could be carried out. Others, perhaps more effectual, would be likely

to suggest themselves in the process. We must begin at the top. Education must of necessity filter downwards, from the stratum above to the stratum below, from the better-informed members of the community to the more ignorant and less intelligent.

These pages do not contemplate the treatment of this question within the ranks of the medical profession itself. It would be out of place here. It may be incidentally mentioned, however, that in surgical text-books and lectures to medical students more stress might, with advantage, be laid on the general absence of typical clinical symptoms and signs of cancer if it is seen early enough ; on the conclusiveness of the evidence that cancer in the first instance is a local disease ; on the rapidity with which it ceases to become a local disease by its centrifugal spread from its site of origin ; on the inadmissibility of any delay, however short, whatever pressure is brought to bear on the medical man by the patient, who can be no judge in the matter, and is ignorant of the abyss on which he stands ; on the paramount necessity of urging at once, in every case in which there is a shade of a shadow of uncertainty, preliminary operation with the view of submission to the only unfailing test—microscopical examination ; on the hopefulness of treatment, if undertaken early enough ; on the grave responsibility, there-

fore, which rests on the medical attendant; lastly, on his duty of impressing on his patients at all times and in all seasons the truth of the curability of early cancer. The dogma of the incurability, of the hopelessness of cancer, has been firmly rooted in the medical mind for all ages. The doctrine of the possibility of its cure by operation has been the growth of only a few years. The substitution of the latter for the former belief will require a pressing effort on the part of all those who, whether by their writing or teaching, are responsible for the education of coming generations of medical men in this important matter.

Leaving now this question of the education of the medical student, which has been merely briefly alluded to in passing, we should begin our training by the instruction of medical and surgical nurses. All nurses are required, previous to obtaining their qualification to practise, to attend courses of lectures, and to pass examinations on various subjects in connection with their profession. Cancer is not one of them. It should be. Instruction in the early signs of cancer, in the doctrine of its curability, in the duty to urge patients without delay to seek skilled advice, should form part of the curriculum of every nurse. People, and especially women, will often mention an early sign to a nurse, while they would hesitate from various motives to consult a medical man. A

woman will frequently mention to a nurse a lump in her breast, an irregular bleeding. The nurse should know at once the importance of it, what it probably or possibly means. She should be in a position to urge her without a moment's delay to consult a medical man; to see that she goes; to tell her the disease is probably or possibly cancer, however well she feels, and though she is suffering no pain; to tell her that, if she does not delay, it is curable. As too frequently happens now the patient is told "Perhaps the lump will disperse," or "It is probably only the change of life." Time is wasted; the opportunity goes; the life is lost.¹ It is my contention that all nurses, as part of their education, should be required to know as much at least about cancer as is contained in the pages of this book. It should form part of every nurse's armamentarium before she is turned loose on the public. It is not much: only a few simple facts, the significance of which, however, cannot be over-estimated. With the possession of such knowledge, she would be equipped to take her place in the crusade against cancer, to act as a scout in the medical army. She would be on the look out for cancer, and, should the opportunity arise, she would be in a position to render invaluable aid, possibly to save a life.

¹ The author has seen nurses apply themselves for the first time with advanced cancer more than once. They appear to be just as ignorant in this matter as others.

Then, again, there are the midwives. The new Midwives' Act creates in the place of the untrained, ignorant, and dirty Gamp, hitherto available for the poor in their hour of trial, a class of highly-educated women, well-equipped in every way to minister to their needs. It must be of incalculable benefit to them in the future. It must save them from untold dangers. The Act in truth creates for a particular purpose a new class of medical practitioners. It is certain that these practitioners will be consulted again and again by the very poor on matters quite unconnected with their calling—on early cancer among others. The very poor and ignorant are precisely the most difficult of all to get at. All those, therefore, higher in the social scale, who are likely to come in contact with them in any capacity, professional or otherwise (but especially professionally, as they will be most often consulted), should have as part of their medical equipment as much as is contained in this book about cancer; not with the view, be it remembered, of posing as doctors themselves and airing a pretentious opinion, but with the sole object, because they know the significance of these things themselves, of being in a position to urge these poor ignorant creatures without delay to hospital; to see to it that they go; not to allow them to miss the golden opportunity of saving their lives. A full and searching knowledge of these

facts should form part of the education of every midwife, without which she should not be granted her certificate to practise.

By this means we should arm all those who are brought within touch of the general public, in a professional capacity, with the knowledge which is power. The very fact that acquaintance with this subject, outside the routine of their ordinary professional requirements, was compulsory, would make them alert, on the look out for cancer ; would invest them with a sense of their responsibility in this matter.

But we should not stop here. There are others who are constantly in touch with the poor and ignorant—clergymen, clergymen's wives, district visitors, *et hoc genus omne*. While we could not make knowledge on their part compulsory, it is our duty, from my point of view, to give them the opportunity of becoming acquainted with these precious facts. We should have some organisation, therefore, throughout the country to supply lectures on this subject—something on the same lines as the St. John's Ambulance Association. It is not for me to gauge or criticise the value of the latter to the public. It aims chiefly at dealing temporarily by non-professional people with emergencies and accidents, where immediate surgical assistance is not available. In cases of surgical emergency, prompt diagnosis, nerve, the know-

ledge of what to do and how to do it, which only come from experience, make it extremely difficult for any who have not had a long practical training to bring the knowledge which they may possess, and might be able to write down on an examination paper, to bear at the critical moment. But in cancer it is different. Here there is no emergency; no necessity for action on the spur of the moment. The knowledge of a few facts which are definite and simple, and the deliberate application of such knowledge, is all that is required. There is no question again here of turning the public into amateur doctors. The only part they would have to play is that of volunteer aids to the medical profession. They would be required to make no diagnosis, to offer no opinion, to apply no treatment. All that would be asked of them is the knowledge which would enable them to appreciate the significance of a few simple truths, and thereby prompt them to intelligent action.

Medical men have never been unwilling to render assistance in any matter realised to be for the public benefit. We may be sure, if such a system of education were set on foot, there would be numbers of voluntary workers among us ready to supply the necessary information by holding classes and giving lectures, just as we do now in the case of the St. John's Ambulance Association. These classes might be attended, as in the instance of the association just

named, by any who are interested in this subject. They should be attended by all who are brought in any capacity into close relationship with the poor and ignorant classes. Such a course would indirectly be of benefit to the medical profession by keeping alive the campaign against cancer. The medical profession itself, rooted in the dogma and prejudice and pessimism of centuries, requires stirring up about cancer. While we are groping about for a cure of cancer, one is dimly outlined to us, though it will require a herculean effort to make it a practical reality.

In place of the lethargy, the *laissez-aller* which exists at the present time, and which has been shown in the previous pages to be attended with such disastrous consequences, we should by some such plan as this be carrying on an active campaign against this terrible disease. We should not be allowing it to have it all its own way ; we should not be making it a present of all the points in the game. We should be handicapping it ; we should no longer "be taking it lying down."

It is not too much to expect that the adoption of some such measures as I have briefly outlined here would tend to the substitution of accurate knowledge for crass ignorance, to the inspiration of confidence and hope in place of deadly despair. It is not too much to expect that as its result surgeons would see and treat cancer more generally in its early instead

of its advanced stage. This has been shown to be the very condition of success. It is not claimed that by this means we should get at every case of cancer in its earliest beginnings, or that we should cure every case. But it would work for a reversal of the present order of things, and could not but be attended by beneficial results.

Winter of Königsberg has even gone a step further. In his "Die Bekämpfung des Uteruskrebses," he writes: "This task can only be accomplished by the proper education of women on the whole cancer question, and especially on the significance of its earliest symptoms. As long ago as 1891 I demanded this, but without being in a position to submit any practical proposal, except that the family doctor might be able to supply it. Meanwhile proposals have come from other quarters. I may mention the very instructive monograph of Von Duhrssen, 'The Treatment and Prevention of the Maladies of Women,' in which he very instructively treats in one chapter of cancer of the womb, and warns women against quacks; a further monograph of a Prussian doctor, under the pseudonym Villjon, in which cancer in women is ably dealt with. There exist many other monographs, such, for instance, as 'Until the Doctor Comes,' by Hugo Bartsch, of Heidelberg, which on the same lines have done good. The success of all these, however, has been very meagre. Only a few women

read these monographs, especially if they have to pay for them. One must force them to instruct themselves of their own accord on these subjects, and it is only possible through the newspapers. I consider this method the only effective one, and I have adopted it. I have written an essay in the papers in which I have laid bare everything that a woman ought to know about cancer of the womb, and in which I have warned her that her only chance lies in operation, should she become the victim of cancer. I published this essay at the beginning of 1903 in all newspapers which are circulated in East and West Prussia. I think this essay so important in our struggle against cancer of the womb that I submit it as follows," &c. I do not go so far as to urge the education of the public on the cancer question through the medium of the newspapers ; though, inasmuch as it is through the press that they are daily being put in possession of bogus cures for cancer, no valid argument could be raised against the dissemination through the same channels of information which would be of real value to them. But unless such information were continually repeated, it would soon be forgotten. It appears to me that the means briefly outlined here would be a more durable machinery to set in motion.

It should not, I think, be beneath the dignity of so scientific a body as the Imperial Cancer Research

Fund to identify itself with a project of this kind. Its *raison d'être* is to discover the cause, and with it the cure or prevention of cancer. This is the logical scientific sequence. But meanwhile one of its aims might very well be directed to perfecting, as far as possible, means which we already possess for the cure of this disease, even though these be independent of a scientific knowledge of its cause. Even whenever, if ever, the problem of the origin of cancer is elucidated, and its treatment resolves itself into such a simple proceeding as the prick of a hypodermic needle, the injection of a vaccine; even whenever, if ever, that blessed day arrives, it is certain that the earlier the application of such treatment the better it will be for the patient. So that there is nothing to be lost, nay, everything to be gained by being in advance in the matter of education. Again, as I have stated in a previous chapter, it does not follow that if the cause were discovered to-morrow, there would come with it any treatment but early diagnosis and early and complete removal, the treatment we have at our disposal to-day. From whatever point of view, therefore, we regard this question, there is incontrovertible proof that the present state of ignorance and procrastination should not, if we can help it, be permitted to continue. That we can help it, that at all events we can accomplish much in this direction by a systematic education of the public, is certain.

The Imperial Cancer Research Fund numbers on its committee eminent practical surgeons, who, by their work and writings, have given proof of the vital importance they attach to early diagnosis and early surgical treatment in cancer ; men who have shown that, in their belief, herein lies the only road to safety. Early diagnosis and early treatment can be attained in no other way than by education, both within the profession and outside of it ; by placing in the hands of the intelligent and educated classes the knowledge which will enable them to avoid delay themselves, and by instructing those who come in contact with the uneducated classes, so that they may be in a position to help them in their hour of need. The past in the treatment of cancer is a ghastly nightmare. The present only is at our disposal. It is distinctly hopeful. We should make the best use of it at our command, invest it with all its potentialities. To accomplish this is a difficult but not an impossible task. It is not the task of Sisyphus.

Magna est veritas, et prævalebit.

CHAPTER XIII

OTHER REMEDIES FOR CANCER—A WARNING

A PART from operation the remedies advocated and tried for cancer are legion. A book would not exhaust them, much less a chapter. From time to time, in the history of medicine, have appeared records of remarkable individual cures under some or other form of treatment, and even of series of such cures. Yet when the vaunted remedy has been tried by others, it has failed to sustain the reputation imputed to it by its author. It has proved in some cases to be useless, in others actually harmful. It has fallen into discredit ; only to be succeeded shortly by another. Such remedies may be recalled as ammonia, methyl violet, acetic acid, pressure pads, conium, belladonna, &c., for which great things have been claimed, and from the failure of which in consequence great disappointment has resulted.

The explanation, no doubt, lies chiefly in the fact that some conditions closely simulating cancer have been mistaken for it over and over again even

by competent observers. The tumour has disappeared under some treatment, the patient has recovered, and the case has been claimed as one of cure of cancer. When the remedy has come to be tested on undoubted cases of cancer, those that have been proved by microscopical examination to be the genuine disease, it has naturally failed. Again, there is little doubt that cancer occasionally becomes stationary, and even, although it is an event of the rarest occurrence, undergoes spontaneous cure. This happens so seldom that one hesitates to even mention the fact in a book of this kind, lest people should build on this veritable quicksand. Having mentioned it I must beg of my readers never to let any consideration of this sort weigh with them for a single moment, or expect that such an unlooked-for event will happen in any individual case. Still, it probably does very occasionally occur; and if the patient, to whom this rarest and most lucky of accidents happens, is perchance employing some remedy, this will be certain to get the credit of it, and its reputation will be made. When, however, it comes to be further tested, having in reality had nothing to do with the cure, it is found to be of no use whatever.

The tendency to publish matters medical in some of the lay newspapers on the most slender and often wholly misleading evidence, again, does incalculable harm. The cure of cancer has been times out of

number proclaimed to the public in the lay press, though it was quite unknown to the medical profession. A doctor, for instance, has only to read a paper before one of the medical societies, on his experience of some new form of treatment, with the intention of affording others an opportunity of testing the accuracy of his observations, and we see immediately in the columns of some of the daily papers a sensational article under the heading, "Cancer Cured at Last," "The Death-blow to Cancer," or something of that kind. It is much to be deplored, but I suppose it cannot be helped. To know something of everything, it does not matter much whether it is accurate or not, is a modern want, and it is not good business, I imagine, for some papers at all events to do anything but attempt to satisfy it. The consequence of this is that a great deal becomes the property of the public before it is known to or accepted by the profession. Whatever is read in the newspapers, though it may have behind it only the authority of medical opinion however obscure, is frequently taken as having the hall-mark of the medical profession itself. The cure for cancer has been so often found, and no sooner found than found wanting, that we can hardly be surprised at the prevailing pessimism and incredulousness with regard to any treatment proposed for it. This is one of the greatest difficulties we have to contend with. The only treatment

which is held by the medical profession to be really efficacious from the point of view of cure, namely, early surgical removal, shares alike with many of these remedies which have proved useless. As I have emphasised previously, the number of cases cured by surgical operation bears, under modern conditions, such a small proportion to the total number of fatal cases, that there is not sufficiently striking evidence before the public to convince them of its efficacy as compared with other methods. In addition to this it labours under the disadvantage of being the least popular remedy. People very naturally shrink from the knife, and are only too willing to be led, on the most flimsy evidence, into other channels, less repugnant to them.

The charlatan and quack has, of course, a great opportunity here, and he is not bashful of making the most of it. The cure of cancer without operation must appeal to all. What a powerful weapon this becomes in the hands of unscrupulous persons! It is so much more agreeable to apply some ointment or undergo some electrical treatment. It is not difficult to convince the patient, at an early period of his disease, that he is feeling and getting better. Indeed, almost anything seems to do good for a time. When the inevitable awakening comes, when the truth at length in all its nakedness is manifest, and it is evident the unfortunate sufferer is drifting to his end, the charlatan has the

plausible excuse ever ready that he applied just too late, that if he had come a little sooner he could have saved his life. It is not only the earlier cases, those that could possibly have been saved, that fall victims to these deceptions. The quack is omnivorous — he caters for all. *Nil desperandum*, "Hope springs eternal in the human breast," form his stock-in-trade. Where the honest man draws the line he finds his opportunity. The medical man has only to say that the case is hopeless, that nothing can be done for it, and this cunning monster immediately steps in with his salves, his blue or green electricity, his remedy without the knife, and so on. People cannot be altogether blamed for falling victims to his cleverly advertised nostrums. It is very reasonable that in their despair they should turn from the man who can honestly promise nothing to him who dishonestly promises everything. And even if it were unreasonable they would continue to do it. I shall not therefore waste ink and paper in the hopeless task of attempting to give the *coup de grâce* to quackery. The quack will continue to flourish and grow fat on the credulity of his victims until and unless he is made amenable to the law. Nothing short of this will stop him. I would only, therefore, strongly urge on all, if they be attacked by cancer, to have their disease pronounced by a competent authority to be beyond the reach of honest and

rational methods before resorting to the reverse. If the surgeon tells you he can do nothing for you, that your disease has got beyond his reach, you may then and only then turn to the quack, if you are foolish enough to do so. But to waste the precious moments, when you might possibly be cured, in trying the useless remedies which are thrust under your noses in every newspaper, is the very essence of folly. It is against this practice only that it is necessary to enter the strongest caution possible. Have it clearly in your mind first that your disease is beyond cure. Try then the quack if you like. You pay the piper, you have a right to call the tune.

Lastly, there is that deluded and dangerous creature, "The Christian Scientist." If any of you, my readers, are Christian Scientists, and are unfortunate enough to become the victims of cancer, I would suggest that, whatever the extent of your faith, you do not practise your skill on your cancer, if it is operable. Just think of the infinitely greater satisfaction and triumph in being cured after your disease had been pronounced incurable by the surgeon. That is the time to resort to Christian Science. From the very nature of it, it must be equally efficacious in advanced and early cancer. Try it, therefore, in the former, and you will do yourselves no harm. But so long as your disease is pronounced favourable for removal by the

surgeon, I should advise you to let him deal with it first, if you wish to save your life. Again, although you may be able to show some plausible excuse for trifling your own life away in nonsense of this kind, recollect that a moral responsibility of the gravest character rests on you if you persuade a friend or acquaintance into a similar course. The result will be inevitable, the death of your dupe ; and you cannot absolve yourself from responsibility for that death by any salve to your conscience. The Christian Scientist is in reality nothing but a quack under a high-sounding and somewhat blasphemous title. Recent revelations have shed an ugly light upon his calling. His prayers have been bartered in exchange for gold. I am afraid nothing but the law will suppress him.

In the preceding pages my object has been to warn the public against a class of treatment which in most instances is dishonest and is only calculated to benefit the dispenser of it at the expense of the recipient. I propose now to consider briefly remedies which have given relief in some instances, and have been honestly tried in lieu of operation. Surgeons would welcome only too gladly any treatment which promised better results than operation. They fully recognise the comparatively meagre success that attends their efforts, under modern conditions, though the whole purport of this book has been to demonstrate that it is these existing conditions

which are at the root of their failure. At the same time none of these remedies have up to the present been shown to be capable of taking the place of surgical treatment. And it is with the view of warning patients suffering from cancer against wasting time, which I have shown in the previous pages is the very condition of cure, in trying these remedies that the following remarks will be chiefly made. It is all the more necessary that people should have their eyes thoroughly open, and should know exactly what they are doing, if they resort to treatment of this kind, because the temptation to try any treatment, which is independent of operation, is very great.

I. *The Röntgen Rays*

The X-rays for a little while held out great expectations in the treatment of cancer. They have unfortunately, as in the case of many other remedies, not fulfilled their earlier promise. Nevertheless there is no doubt that they have accomplished and are capable of accomplishing more than any remedy hitherto discovered in the relief of this disease. But recollect we are dealing in this book with the cure, not the relief, of cancer, a totally different thing.

I propose in this section to indicate the measure of success that has attended treatment by the X-rays, and to explain why, with one sole exception, it

should never be resorted to unless the disease is incapable of being dealt with surgically.

We shall take the exception noted above first. There is one form of cancer of the skin, which, if it is cancer at all, behaves in quite a different manner from the true and typical disease of which we have been speaking in this book. It is called rodent ulcer or rodent cancer. It can be made to disappear under the X-rays, and in some instances it does not return. This disease, though undoubtedly allied to cancer, is so different from all the other varieties that it is misleading, to the public at all events, to call it cancer at all : and, not to confuse it with true cancer, rodent ulcer is a better name for it. It differs from typical cancer in the following important particular. It never spreads into the system of its victim. It remains always a local disease, confining itself to the part it attacks and its immediate neighbourhood. It is also exceedingly slow in its growth, generally taking many years to attain any size. It will be readily recognised how great is the difference between this and true cancer, the most important characteristic of which, as I have insisted upon over and over again in this book, is that it very early and very quickly spreads into the body from its original site. It is, therefore, not waste of precious time, which you are aware I have made your sheet anchor in cancer, to try the X-ray treatment in some of these cases of rodent ulcer ;

though even here it is far safer to rely on operation whenever suitable, and this you may trust your medical man to advise.

With the above sole exception, the X-ray treatment should never be adopted in any case of operable cancer. And for this very obvious reason. Even if it were as efficacious as surgical operation, which it has shown itself not to be, it takes time. Those who have followed what has been said in these pages cannot fail to grasp at once the importance of this. It takes time. The treatment extends over weeks or months. You have become cognisant of the fact that you should never keep a cancer a single day after knowing what it is, if you mean to save your life. For one never knows how soon cancer cells may become detached from the original growth and deposited in distant parts of the body, thus converting the disease from the curable to the incurable. You should never, therefore, allow, if you can help it, the chance of this occurring by resorting to any treatment which entails your keeping your cancer a moment after you could be rid of it. For you to try the X-rays as a means of cure first, before submitting to operation, would be to commit the blind folly of wasting precious weeks or months, thus giving your cancer time to get into the system, in which case I have told you it is hopeless. If, therefore, your disease is pronounced to be cancer,

and can be operated upon, do not, let me urge you, be led to try and have it cured first by the X-rays, because it is a more comfortable proceeding and does not involve an operation.

I lay the more stress on this because I have read only recently the following statement in a medical pamphlet entitled, "The X-Rays in the Treatment of Cancer," by an X-Ray specialist ; and there are doubtless other similar opinions in print. "The above and other cases which have been reported seem to point to the advisability of X-rays being used in *all*¹ cancerous cases before operation, for even a few weeks will tend to arrest further infection, and the glands, if enlarged with simple inflammation or only slightly affected, may disappear with a certain amount of shrinkage of the original tumour. It is becoming admitted that cases should be treated by the rays after operation to prevent a recurrence, and, if used to prevent a recurrence, why should they not be used at the very earliest occurrence, especially during that period, sometimes weeks, during which the patient is being prepared for operation?" The answer is obvious. The period a surgeon waits before operating on a case of cancer, when it has once been detected, does not exist, or should not exist. To use it in all cancerous cases before operation would imply watching and looking at a cancer, after it had been diagnosed

¹ The italics are my own.

as such, an utterly inadmissible procedure, according to the modern surgical conception of this disease and its treatment, and a reversion to the policy of half a century ago. Again, the preparation of a patient for operation, lasting weeks, must be of the rarest occurrence. No modern surgeon, when he has once diagnosed cancer, submits his patient to the almost criminal proceeding of weeks of preparation before operation.¹ He advises operation at once; without any further delay than the two or three days sometimes necessary for that preparation.

It will be seen that if an idea of this sort gets hold of the public, the X-ray treatment will work incalculable mischief. It will keep people dallying with a treatment which takes time, giving their disease thus time to get into the system, and causing them to lose their only opportunity of cure.

If, therefore, anybody says to you, "Try the X-rays first," turn a deaf ear to him and have none of it. Take the bold and only course known at present for the cure of cancer. Have it removed at once. Do not, I pray you, play with a treatment

¹ Of course it is not denied that exceptions may occur, that it might conceivably be necessary to keep a patient weeks preparing for operation. This would be on account of some special circumstances, and does not invalidate the principle I am contending for, viz., operation directly the disease is discovered.

which entails your keeping your disease with you for weeks or months, buoying you up perhaps with apparent improvement, letting the opportunity surely slip by when you might be cured. I have no desire to appear pessimistic in regard to the X-ray treatment. In the future some modification of it may have possibilities in store for the unfortunate sufferers from cancer. At present, in the opinion of all competent observers, it is unsafe, it is no substitute for early operation, it is a broken reed to lean upon.

It is the more necessary to insist upon this, because, though there are many honest and industrious workers in the field, the X-ray treatment has to some extent got out of the hands of the medical profession, and is being run for all it is worth as the cure for cancer : so much so that there have been and will be bitter disappointments for the subjects of this treatment, where false hopes have been unjustifiably raised. There is risk, too, of the real good it is capable of doing becoming prejudiced in the eyes of the public.

Let me draw attention now to the measure of relief that stands to the credit of the X-rays. If the disease is unable to be removed, there is no doubt that these rays are capable of relieving pain. This is a great boon and makes the latter days of the unfortunate sufferers from cancer more tolerable. Also there is abundance of evidence to

show that ulcerated surfaces become cleaner, and heal in whole or in part, and that where the growth is situated superficially, *i.e.*, in or near the skin, it may be made to diminish by them or even in some cases disappear. But these changes are not permanent. They are not a cure. The disease sooner or later returns. So, too, after an operation for cancer there is something to be said in favour of their being used, in case isolated cancer cells may have been left behind, in which event they might be capable of destroying them.

I have mentioned above all that the rays are capable of accomplishing in the relief of cancer, in the opinion of all honest and unbiassed observers. Whatever treatment on these lines may have in store in the future, I have indicated all that may be relied on now. It is something, this relief of pain and retardation of the growth in some cases. But it is not cure.

I cannot do better than close this section with a quotation in the Middlesex Hospital Reports from the pen of the medical officer in charge of the electrical department. "X-ray treatment of malignant disease should never be attempted where an operation is possible ; but in those cases where no operation is possible pain can be relieved, and in cases that are local and superficial the treatment may be considered hopeful, though no hopes should be definitely held out of the growth vanishing. I

refer most particularly now to carcinoma (cancer) disappearing altogether. It is sufficient to hope that its tendency to enlarge may be checked considerably and in time its malignant nature somewhat modified. The word 'cure' should never be employed. With the most unfavourable type of case, the relief from pain can in most cases be relied on, and although the growth, more particularly when ulcerated, shows marked signs of improvement up to a certain period, once patients start on the downward grade they go very rapidly." The sum total of these remarks is this, that the X-rays should never be tried under any consideration for ever so short a time in any case of cancer that is capable of removal by surgical means. They can give relief, yes, but cure, no. If you hold fast to this you will not fall into error.

II. *High Frequency Electric Currents*

This is another kind of treatment which has not answered the expectations that were at one time formed of it. The measure of relief it is capable of affording is very much on the same lines as the Röntgen rays. Its possibilities consist in relieving pain, and sometimes in causing a retardation in the progress of the disease. All observers are agreed, too, that patients under its influence are frequently improved in appetite and general health. In short, high frequency currents are capable, like the X-rays,

of relieving but not of curing cancer. From this it is evident they should never be used as a substitute for surgical operation, or tried to see if they will do good previously to submitting to the latter. They are open to exactly the same objections as the Röntgen rays. Their application takes time. Also during this time they are likely to produce some apparent improvement. Herein lies their greatest danger. For the patient will be sure to think he is getting better, and will be induced to persist further in delay, that all-potent deterrent to the cure of cancer. Their legitimate employment is therefore confined to cancers which have progressed too far for operation, or which happen to occur in situations where they cannot be operated upon. Also the same caution should be urged in reference to them as in the X-rays, owing to the fact that they constitute a form of treatment which appeals to the imagination of the unfortunate sufferer from cancer. They are consequently liable to be pushed by unscrupulous persons, and their therapeutic value greatly exaggerated. As long as they are confined within their legitimate sphere, the relief of inoperable cancer, and not extended to their illegitimate sphere, the cure of operable cancer, they are to be recommended. I quote again from the Archives of the Middlesex Cancer Hospital, where the treatment has been carefully and extensively tested: "That patients are influenced for good in some forms of

disease by being subjected to a course of treatment with these currents there is no doubt, but we cannot rely on them as a means of cure in malignant disease. It is agreed by all who have used these currents that the therapeutic effect is one of increase of tone and general nutrition. The patients feel better, their appetite is increased, and for a while, at all events, all seems to go well with them." Again: "I think a fair trial has shown that high frequency currents have not given the results which were anticipated, and unless many important modifications can be introduced, I believe that the treatment will be abandoned as a 'potential' cure of cancer."

III. *Cancroin*

The recommendation of this treatment, which consisted originally in the injection of the "poisonous products of cancer tissue," but afterwards of a substance with a similar action named neurin, comes from abroad. It was first introduced by a Vienna professor in 1893, and, as usual with most of the so-called cures for cancer, remarkable results were claimed for it. It never "caught on" much in this country. The treatment has been tried in inoperable cancer at the Middlesex Hospital, and several cases have been reported, but in none of them has the least benefit resulted. As in the case of so many of these remedies, the patients have at first expressed themselves as feeling much better. The

very fact that something new is being tried for them lifts them from their despair, and makes them feel better. This is unfortunately the true explanation of the apparent benefit frequently seen with scores of these remedies. As soon as the tonic of hope has expended its short lived force, the disease reasserts itself with all its deadly vigour.

IV. *Violet Leaves*

This remedy sprung with a bound into popularity a year or two ago owing to the publication of a case, which had been certified by competent medical authorities to be cancer in the mouth,¹ and which had recovered under its employment. Some of the daily papers gave it prominent attention, and quite a boom in violet leaves was started. It is still being extensively tried. Like its many predecessors it has proved a delusion, and it may be confidently stated that it will join the ranks of the failures, and a little while will see it relegated to oblivion. The treatment has been tested on several cases of the disease in the cancer wards of the Middlesex Hospital, and in every instance has been found wanting. The author has seen it employed, owing to the determination of the patient, in a case that was most favourable for operation, with the result that the disease made very rapid progress; and when the

¹ This was unfortunately not confirmed by expert microscopic examination.

unfortunate sufferer at length realised the mistake he had made, and was willing to undergo any operation to obtain relief, all chance of a successful removal of his disease had vanished. In the case which achieved so much notoriety, and which started the "boom," probably either an unlucky mistake was made in the diagnosis, or an instance occurred of one of those rarest of events—the spontaneous disappearance of a true cancer. Violet leaves were being used, and not unnaturally the credit of the cure was given to them. But *post hoc* is not always *propter hoc*, in medicine at all events. Whatever be the explanation, the publicity given to this one case has probably cost more than one patient his life by inducing him to miss the opportunity of having his disease removed, as in the instance quoted above. It was hardly to be supposed that this formidable disease would succumb to such a simple remedy as the application of a few violet leaves.

V. *Molasses*

The advocacy of this treatment comes from Australia. Two remarkable cases of cure (*sic*) were reported in the *Mackay Standard*, one of growth in the throat and the other in the stomach. The tumour in both cases had been diagnosed as cancer, and had disappeared under

its employment. The remedy has since been tried in the cancer wards of the Middlesex Hospital, and up to the time of publishing the report (1904) no benefit had resulted from it. Molasses is the uncrystallisable residue during the manufacture of ordinary brown sugar. It is not often seen in England, and is difficult to procure, but I recollect in the Cape Colony 25 years ago it was very frequently eaten at breakfast, spread on dry bread or bread and butter. It consists chiefly of crystallisable and invert sugar and water, and is quite harmless as a food. It is probably equally harmless in the treatment of cancer, and the cases advertised were most likely cases of mistaken diagnosis. The molasses, at all events, had nothing to do with the recovery of the patient. Just as with violet leaves, it is exceedingly improbable that such a simple substance would cure cancer.

VI. *Chian Turpentine*

This remedy was first introduced a quarter of a century ago by Professor Clay of Birmingham, who wrote: "If permanent cure was not obtained, an amount of relief was secured to patients which had not been afforded by any other plan." It was a popular remedy at one time, had an extensive trial, and did not answer the expectations which had been formed of it. It consequently fell into

disuse. It has recently been revived in hypodermic form, some observers suggesting that the explanation of former disappointments arose from the fact that it could not be assimilated when taken by mouth. The benefits claimed for it are that it alleviates the pain of cancer, retards its growth, and lessens the fœtor of the discharge. All the published cases, however, reveal the melancholy fact that, after a little while of apparent improvement, the disease has once more reasserted itself, and has pursued its downward course unchecked.

VII. *Soap Solution and Prepared Ox Gall*

These remedies have recently been strongly advocated by a medical man in Melbourne, the theory being that cancer is due to crystallisation of cholesterin from the living cell either locally through injury, or constitutionally, owing to some change in the secretion of the liver. The soap solution is given by hypodermic injection, and the ox gall at the same time by the mouth. Improvement, in some cases even cure, has been claimed by its author. Others have not been so fortunate. These remedies have been tried in this country, the reported cases showing that they sometimes arrest cancer for a while, and remove the pain and fœtor of the discharge from it. They appear to have, in fact, as many of the other cures (*sic*)

mentioned here, a beneficial effect in the treatment of the disease in question.

VIII. *Removal of the Ovaries*

This operation has been pretty extensively tried in cancer of the breast, either in conjunction with removal of that organ, or in cases that had advanced too far for removal. It owes its origin to the knowledge that there exists a close physiological relationship between the ovaries and the breast, and that removal of the former produces retrogressive changes in the normal breast. It was hoped and expected, therefore, that removal of the ovaries might influence in the direction of arrest the nutrition and growth of cancer in this region. There is no doubt that in some instances it has done so. The results, however, have been very uncertain. In some cases great benefit seems to have followed from the operation; in others none at all, and in yet others the patient seems to have been made worse. There are those who consider the treatment worse than useless, arguing that, as cancer is a disease of the breast when it is atrophying, any treatment which causes premature decline of that organ is likely to predispose to the development of this disease in it. Statistics have even been quoted to show that this is actually the case. An eminent London surgeon doubts "whether oöphorectomy (removal of the ovaries)

will take a permanent place in surgery. Surgeons may justifiably recommend it in cases of chronic inoperable mammary cancer, after fully explaining the nature of the operation, the uncertainty of the result, and the doubtful prospect of permanence should a cure be obtained." I need not pursue this subject further. Patients are only likely to have this treatment offered to them as an aid to removal of cancer of the breast, or in an inoperable case in the same organ. If, after having the uncertainty of the results clearly put before them, they elect to take the chance of every possible avenue of benefit or escape open to them, they are justified in submitting to this treatment. It is not at present to be wholly condemned. The benefits to be derived from it are more a matter of opinion than anything else. But it certainly in most cases has no striking or lasting effect.

IX. *Thyroid Extract*

Thyroid extract has been employed either alone or in conjunction with removal of the ovaries on the theory that it might promote degeneration of the cancer cells. In the words of the Middlesex Hospital Reports: "The treatment with thyroid has been tried in the cancer wing both alone and in conjunction with oöphorectomy (removal of the ovaries), but the result has not been of any benefit to the patients. I know of no reported case when

thyroid extract could be definitely credited with doing much good in these cases. Some have 'thought' that some good was obtained; others that a beneficial effect of a temporary nature 'seemed probable.'" The conclusion, therefore, is that thyroid extract either alone or in conjunction with oöphorectomy has not in any sensible degree fulfilled the hopes that were anticipated from it.

X. *The Otto Schmidt Treatment*

Two or three years ago Dr. Otto Schmidt laid claim to having discovered the cancer parasite, and to having succeeded in manufacturing a remedy. The new treatment attracted a good deal of attention at the time in professional circles in this country, owing to a paper which was read before the Abernethian Society of St. Bartholomew's Hospital on November 5, 1903, in which it was definitely stated that the "cure" for cancer had at length been found, and that "29 cases had been dealt with successfully." The Middlesex Cancer Hospital contains wards into which advanced and inoperable cases of cancer are admitted. The authorities there make a point of testing the value of any remedy which seems to possess the slightest claim to consideration. The Otto Schmidt treatment was therefore put on its trial there, and 9 patients were, with their own consent, subjected to it. Dr. Schmidt saw the cases, and was satisfied

that they were fair ones for test purposes. In no single instance did any benefit whatever result from the treatment. In the words of the Middlesex Hospital Reports : "Dr. Schmidt's treatment must, therefore, be placed among the great number of alleged 'cancer cures,' which have from time to time been announced prematurely, and have not stood the test. Many of these 'cures' have proved definitely harmful. Schmidt's treatment is at least free from this condemnation, except in isolated cases, for, in a word, it has not in any way modified the course of the disease."

A somewhat similar "cure" has recently been announced from Paris, with all the authority of a distinguished French surgeon there. From all one hears of it, it seems likely to meet with the same verdict as the treatment which has been alluded to here.

XI. *Trypsin*

Trypsin is the latest "boom" in the treatment of cancer. It has not had a long enough trial to enable a judgment to be passed upon it, or to gauge its proper limit of usefulness. Just as the ox gall treatment owes its origin to the theory that cancer is due to some defect in the action of the liver, that of trypsin follows from the recent hypothesis¹ that an adequate supply of

¹ Compare Appendix.

the secretion of the pancreas may not be present. Trypsin is given alone or in conjunction with ox gall. The benefits that have been claimed for it by its advocates are alleviation of pain, diminution or arrest of growth, and improved general nutrition. As it is in the public eye a good deal just now, it is sure to have a fair trial. We may always hope that some one of these many remedies, which have so often been introduced with high expectations only to fizzle out in disappointment, will turn out of more than ordinary usefulness. This may be the case with trypsin, which has its enthusiastic advocates. In the meantime it must be clearly understood that the remedy has been tried for far too short a time to speak the word "cure" in connection with it. If only the alleviation claimed for it turns out to be reliable, it will be a valuable aid in the treatment of this disease. But it cannot be too strongly emphasised that it certainly should not, with our present very meagre knowledge of it, be tried for ever so short a time in lieu of operation.

XII. *Anodynes*

Anodynes, such as morphia, antipyrin, phenacetin, &c., are, of course, very useful in relieving the pain of cancer. This is, however, admitted by all to be their only capability. They have no influence on the disease itself, and there is no

occasion to take any further notice of them here.

In the preceding pages I have passed shortly in review most of the remedies which have of recent years been suggested and tried as remedies for cancer; either with the view of taking the place of operation, or of aiding the effects of operation, or, lastly, of being used in cases which are unsuitable from their position or extent for surgical interference. Many of them have undoubted palliative effects. They are not to be despised. Any remedy which renders life more tolerable to the sufferer; anything (we must say it though, in many cases, we may not feel it) which prolongs life; anything which may aid surgery possibly by rendering otherwise inoperable cases operable, or may help to prevent recurrence—is to be welcomed. But this, remember, is the limit of their usefulness. None of them, it has been proved over and over again, can compare in efficacy with early and complete surgical removal. None of them should, therefore, ever be employed for even the shortest of time in place of operation. Experience has shown that hosts of remedies, indeed, almost anything, may appear to be of some benefit in cancer for a short time. The explanation of this is to be found in various circumstances. Sometimes it is due to perversion

of observation on the part of the advocate of a pet remedy, who may be perfectly honest, but whose wish is father to the thought, who fancies he sees what he has set out to see—improvement where there is in reality no improvement. More often the apparent amelioration is owing to the moral effect the remedy has on the patient, who feels something new is being tried for him, and expresses himself as feeling, and really does feel better, though he is quite obviously not so. This is an every-day observation. The inspiration of hope, the lifting of these unfortunate people out of the well of despair, makes them feel better for a little while. They especially are wont to express themselves as freer of pain. It can readily be understood that this is a mental effect, and may not be dependent on any real improvement in their condition. It is in this way that the charlatan, Christian Scientist, *et hoc genus omne*, work on the nerves and imaginations of their unfortunate dupes. They compel them to feel better, and to say that they feel better, in spite of the fact that their disease is progressing all the while to its inevitable end.

Again, it must be remembered that cancer is very capricious in its course. Sometimes it progresses very rapidly, at others very slowly. Sometimes after advancing for a while, it will for a while come to a standstill. If a remedy is being used it very naturally gets the credit for the improvement or

arrest, though in reality it may have nothing whatever to do with it.

Circumstances such as these explain many cases of apparent amelioration in the patient's condition. On the other hand, as the previous pages have shown, some of the remedies here indicated are of undoubted benefit in the treatment of cancer. They influence its nutrition and growth in some way, retard its progress, relieve its pain, and the noisomeness of it. But the effects are not lasting. They may relieve, yes, but cure, no. When the disease is inoperable there is no reason why the unfortunate sufferer should be debarred from resorting to any remedy. At the same time it cannot be too strongly impressed upon him that he should be guided by the advice of his medical man into making trial of those which have been proved to be of benefit, and should beware of falling into the hands of people who are only too ready to promise what they know they cannot fulfil, and whose only object is to rob him. But the cardinal fact to remember is *that operation is the only remedy which has been proved to be a cure for cancer; and the folly of attempting any other cure, while the disease is still capable of removal, cannot be too strongly or too often insisted upon.*

There is no intention on the author's part to minimise in the slightest degree the beneficial effects of some of these remedies, when used in

their proper sphere, but only to make it clear that they are none of them substitutes for the real cure, early and complete removal. The intention is to emphasise the importance to the patient of his not letting the opportunity of cure slip from his grasp by being induced to make trial of treatment which entails any delay whatever in getting rid of a disease, whose presence every day materially lessens his chance of recovery.

CHAPTER XIV

CONCLUSION

IT only remains to say a few words in conclusion, to focus the remarks I have made in the previous chapters, and to drive home once more truths, which, if they be mastered and acted upon, "are more to be desired than gold, yea, than much fine gold."

Only a quarter of a century ago cancer, as we have seen, was considered alike by the medical profession and the public a hopeless complaint. All the signs by which students were taught to recognise it were those of the disease in its advanced and, therefore, incurable stage. The operations in its behalf were performed recognising the impossibility of its cure, and were only undertaken with the view of prolonging life and temporarily alleviating suffering. How unanimous was professional opinion that nothing better than this could be expected, how universal was the despair of obtaining a cure, has been amply demonstrated by the records of the most distinguished surgeons

both in this country and abroad during the last century. These have been quoted in a previous chapter. The disease was considered by many to be primarily in the blood, and it was consequently thought that, whatever treatment was adopted locally, it was certain to return shortly and destroy its unfortunate victim. That attitude of despondency with regard to its nature was accompanied, as might have been expected, by uselessness in its treatment. Waiting and watching for weeks or months to make certain that it was cancer, before doing anything, was the order of the day. When anything was done, it was done on lines recognising its hopelessness, and precluding the possibility of cure.

This, thank God ! is not the general attitude of the medical profession towards cancer to-day. It is recognised that in the beginning it is not a disease of the blood, but a disease confined at first to the part it first attacks. The reasons for this entire change of view with regard to its nature, which we may say is now almost universally accepted by the medical profession, have been given in Chapter III, and need not be alluded to again here. It is a matter of every-day experience also, that from its local site of origin it very early and very quickly disseminates itself into parts of the body distant from its starting point. It is recognised, therefore, and indeed the recognition

of the fact follows from this view of its nature, that if it is removed entirely during the short time it is confined to its site of origin, whether it be the breast, the womb, or the tongue, &c., and before it spreads from there into the system, it can be cured. This, again, has been proved over and over again from published statistics to be practicable, and the reader need only refer to those given in Chapters IV and VII to convince himself of the fact. It has taken a generation to wean the medical profession from the attitude of hopelessness to one of hope and belief in its curability—hope and belief based on many and many a case of disease, proved to have been cancer and known to have been cured.

Be assured then, that within the last few years, the purpose of operation for cancer is entirely changed, though the public is not generally aware of it. *Cancer is now known to be curable, the objective is to cure.*

I remember an eminent London surgeon saying to me only twenty years ago, "I never use the word cancer to my patient." How eloquent of the attitude of the medical profession towards this disease less than a generation ago! Hopeless in the eyes of the patient; hopeless in the eyes of the surgeon; afraid even to use the word! How different is the attitude to-day! To know soon, to act promptly, to "speak with the enemy in the gate."

It has been my humble endeavour in this book to bring my readers into line with the attitude of hope and belief in the curability of cancer ; to bring the public "up to date" in the treatment of this disease. For any who have read these pages and have followed with intelligence their contents, will readily recognise that, so long as people are not aware of the all importance of knowing or suspecting its early signs, and seeking advice at once, so long will the surgeon's hands be tied in its treatment, and the incurable cases be many. Now that the profession can come to the public and say, " We are not hopeless of curing you, we have every belief that we can cure you *if you will come early enough*, we *have* cured hundreds of patients who have complied with this condition," it is sheer madness for the latter through ignorance to hold back, through fear of hearing the word cancer to hold back, and thereby lose the only chance of escape open to them. In the days not so very long ago when the disease was considered incurable, there was an excuse for patients putting off to the last moment the confirmation of their suspicions, and with it their death sentence. It did not matter much whether they knew or not its early signs—that they should know them now is the very touchstone of their safety. "Where ignorance is bliss, 'tis folly to be wise," was a motto applicable to cancer a generation ago ; the paraphrase of it, "Where

wisdom is bliss, 'tis folly to be ignorant," should be the motto for it to-day.

It is said, "A little learning is a dangerous thing." Is it so? How infinitely better it would be for a hundred people, through ignorance, through misinterpreting the danger signals of cancer, to consult a doctor and be assured that they have not got this terrible disease, than that one should through ignorance let slip the precious opportunity of saving his life! *A little knowledge, a little resolution, a little courage, these are the cures for cancer; the waiting and watching to see if it gets larger, or gives pain or makes one feel ill, they are the messengers of death.* I would impress, therefore, on the public once more the capital importance of knowing the following facts, which should be as familiar to them as the air they breathe:—

1. Cancer wherever occurring, in its early and only curable stage, is a most insidious disease. You must not expect, if you have it, to feel ill, to suffer pain, to be losing strength and health. These are the signs that your time for cure is gone for ever.

2. If you notice, as you are bound to notice, should you have this disease, any of the signs detailed in the chapter on "Danger Signals," seek medical advice without a moment's delay.

3. If your medical man is in doubt, do not be

satisfied to wait, for in the situations of which I have spoken there are certain means of knowing at the disposal of every medical man, provided that you follow his advice.

4. Cancer itself is not incurable. It is only incurable if you make it so by delay.

Recollect for the last time that if your enemy cancer attack you, he will "come as a thief in the night," he will assault you unawares, in the dark. Remember, too, it is a fight to the death, and that if he once maim you he will destroy you without mercy and without pity. Fortunately he does not overthrow you with one fell blow. His earlier thrusts are his weakest. He plays with you, teases you for a while. This is the one weak point in his attack, your only opportunity. He gives you breathing time. Your sole chance is to seize this moment and strike an unerring blow for your life. Knowledge to grasp this opportunity, promptitude to strike, unflinching courage to act without hesitation, these are your weapons of counter attack, your only means of self-defence.

It has been impossible for me to treat of all the situations where cancer may occur, or of many of the symptoms it gives rise to. Any such attempt would only lead to confusion and serve no useful purpose. It sometimes attacks parts of the body which it is not within the power of the surgeon to

deal with. These do not come within the scope of this book. But, as I have already stated, fortunately such positions are quite exceptional, and the situations I have indicated here are far the most usual. It is equally fortunate that these very situations¹ are those in which the early indications of it are unmistakable, and in which consequently the early recognition of it presents no difficulty. Everything, therefore, is in your favour for complying with the condition of cure. The one and only requisite is the knowledge that the early signs of it are trivial, and such as are very likely, unless you are thoroughly cognisant of the fact, to put you off your guard. In the chapter on "Danger Signals," what these signs are, and what they portend, has been clearly put before you.

In that which follows, on the prevention of cancer, the close connection between various forms of chronic irritation and the origin of cancer has been emphasised. It has been pointed out how the knowledge of this fact in different situations and in various ways could be put to practical use, and how by attending to ordinary rules of hygiene and cleanliness, the onset of this disease might oftentimes be prevented. Of this there can be no doubt whatever.

Notwithstanding, therefore, the mystery that has

¹ With the exception, as I have before stated, of the stomach and intestine.

surrounded cancer for all time and has baffled every attempt to elucidate its origin, there are some things about it which are known and are worth knowing. It is with the view of doing something towards enabling people to profit by the knowledge which we already possess of it that this book has been written. The past in the treatment of cancer we shall do well to forget. It contains nothing worth remembering, and moreover hangs like a millstone round the neck of the present. Of the future we may hope and expect something better than we possess, and we must wait patiently for it. But the present is ours to deal with. To make the most of what we do know is within our power. That not the most, it may almost be said the least, *is* made is within our knowledge. My object has been to draw attention to this fact, and to plead for an endeavour to reverse this disastrous order of things.

It is not to be expected that the illiterate and unreading poor, who contribute such a large percentage of the advanced and incurable cases of cancer to our hospitals, will be got at directly by writing books on the subject. But, as has been pointed out in the chapter on "The Crusade against Cancer," education must of necessity filter downwards, from the stratum above to the stratum below. It is reasonable to suppose, therefore, that by instructing the upper and middle classes in this important matter, the very poor and uneducated

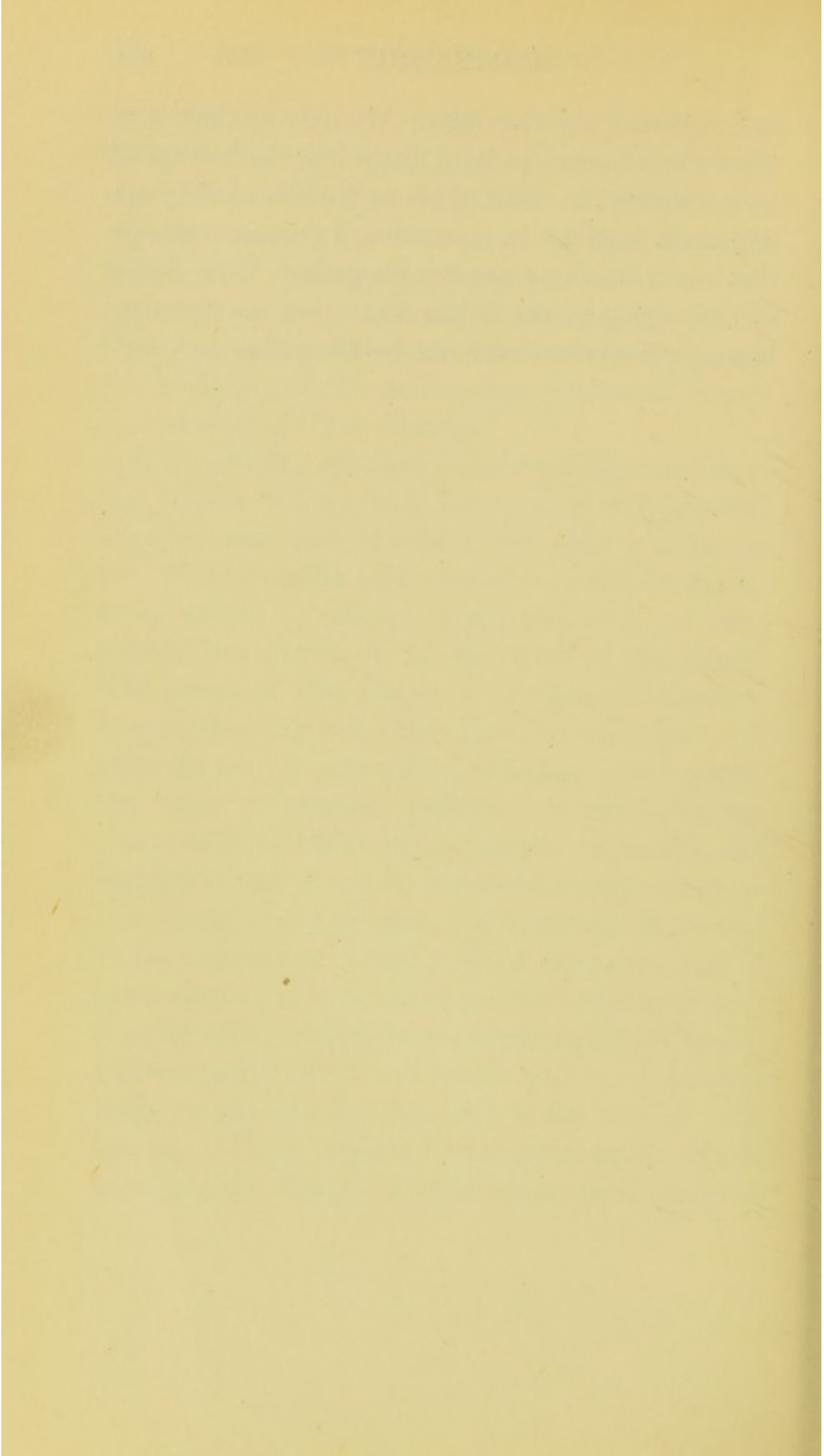
must indirectly and eventually reap some benefit, even though it be not full measure. Amongst the former there are many whose duty or charity brings them constantly into touch with the very poor, and who often see and hear of the maladies of their less fortunate brothers and sisters long before they think of consulting a doctor. It follows that if their education and knowledge be accurate, if they know the importance of the early recognition of cancer themselves, they will have many opportunities of helping the poor in this matter, and urging them to hospital long before they would think it necessary to come themselves. The poor, moreover, though they do not read, talk, and are fond of talking of nothing so much as of their complaints, probably because, poor souls, their troubles loom large in their daily lives. Once set the ball rolling in this direction, therefore, and it is within the bounds of hope that we should see these cases also earlier at our hospitals. They, too, would then come within the ranks of the curable. It is a difficult but not a hopeless task. Anyhow, we must begin at the top, we may expect to reach the bottom in due time.

Lastly, while endeavouring to guide the public into rational channels in their struggle against cancer, I have deemed it equally important to warn them against the quack and charlatan, ever ready to prey upon their credulity, ever ready to take advan-

tage of the universal instinct of living beings, the desire to live. It is only medical men, be it understood, who are behind the scenes. They alone are capable of estimating at their true worth the wily promises of these seducers, they alone are competent eye-witnesses of the shameless rapacity of these human harpies, and of how they grow fat on the gullibility of the unfortunate victims of cancer no less than of other diseases.

It is possible, many have expressed the conviction, that science will ere long hunt cancer to its source. Possibly with that blissful event quite a different cure than operation, and a better cure, will be found. It is useless to indulge in speculation as to what science has stored up in the womb of the future. The cause of this disease is at present unknown. It is neither salt nor cider, beer nor tomatoes. Its scientific cure or prevention, therefore, is not within the scope of practical politics. It has been my object to bring before you as clearly as possible the position of cancer and its treatment to-day; to show you the improved prospect that treatment holds out to its unfortunate victim now as compared with a generation ago; to convince you how with your help it could with certainty be bettered; to impart to you the knowledge which will enable you to render that help; to ask you for that help in the cure of your cancer. I have repeated frequently, at the risk of incurring the charge of reiteration, my arguments

and repeated my warnings. My only anxiety is to drive them home ; to burn them into the tablets of your memory, to make them as familiar as they are important to you. In conclusion, I venture the hope that my voice may not be altogether "the voice of one crying in the wilderness," that my attempt, however imperfect, may not be altogether in vain.



APPENDIX

VARIOUS THEORIES OF THE ORIGIN OF CANCER

I. *The Parasitic Theory*

FIRST and foremost comes the parasitic theory. In this connection Mr. Butlin¹ says: "It is probable that cancer has been during many centuries regarded as a parasitic disease. To the Ancients it presented itself as a loathsome beast, which seized upon the breast, drove its long claws into the surrounding tissues, derived its sustenance by sucking out the juices of its victims, and never even relaxed its hold in death. In those days it was an animal. It is probable at a later date it presented itself to our forefathers as a vegetable, and the terms 'fungous,' 'fungating,' and the like, denoted certain conditions of cancer. The likeness of morbid new growths to some of the large parasitic tumours of plants and trees also tended to encourage the belief in the parasitic origin of cancer. . . . It

¹ Bradshaw Lecture, December 13, 1905.

would be easy to multiply reasons, some of them wholly fantastical, some quite sound, for regarding cancer as a parasitic disease, or at least as a disease due to the presence or influence of parasites."

The parasitic theory may be said to have been the fashionable one of late years, as it was among the Ancients. Pathologists all the world over have been hunting for the parasite, and so many parasites have been found, and no sooner found than found wanting, that a sense of disappointment has resulted, a sort of natural reaction has set in against this explanation of the origin of cancer. It is, nevertheless, a most fascinating hypothesis, and explains so satisfactorily some of the phenomena of cancer that many eminent medical men are loth to discard it. Thus its first appearance, almost invariably close to a surface of the body, either external or internal, or, as in the case of the breast, in an organ which has free access to the external surface, would suggest an invasion, the entrance into the body, of something from without. Again, the cases, some of them apparently so authentic as to admit of no doubt, of occasional transmission of cancer from one individual to another would become explicable ; and the prevalence of cancer in certain districts and even in certain houses, which have been called "cancer houses," would point to there being certain conditions favourable to the growth and luxuriance of a parasite, present in some regions

and absent in others. The same theory would account for the fact that the growths which crop up in the various parts of the body, after cancer has existed in one organ for some time, and which are called the secondary deposits, are always the exact reproduction of the original growth, showing unmistakably their source of origin from the original tumour. It would also most satisfactorily explain what are called the late recurrences, *i.e.*, the fact that years after the original tumour has been removed, and the surgeon and patient alike have hoped that a "cure" had been effected, the disease sometimes crops up again in a neighbouring part, admitting of no doubt that this is due to cancer cells left behind at the time of the original operation. It is intelligible that these cells had lain dormant in the parts where they were left, because conditions were not at the time favourable to their growth, but that on these becoming so they were once more lighted into activity and began to multiply. It would further explain the hitherto unexplained fact of the occasional spontaneous cure of cancer, which does undoubtedly occur, but is so rare that it may be said practically never to happen. Because we can understand that though the host has been invaded by the parasite from without, the conditions may be, though extremely rarely, so unfavourable to it that it cannot live. Lastly in favour of this view is the fact that, although the cancer cell has

not hitherto been made to multiply outside the body of the host, it has been kept alive there for many days.

The above are the chief reasons for regarding cancer as a parasitic disease, and it must be admitted that, perhaps better than any other theory, it explains some of its phenomena.

At the same time it does not explain them at all, and there are many difficulties in the way of accepting this view of its nature.

The most obvious obstacle to overcome is the fact that though cancer is common to all vertebrates, including man, attempts to transmit it from an animal of one species to that of another have invariably failed.

As has been stated before, it has been transmitted from mice to mice, *i.e.*, from one to another animal of the same species, but even this power of transmission is limited. For instance, it has been found impossible to transmit it from tame mice to wild mice and *vice versa*. So that there is something quite different in the transmissibility of cancer from that which is present in the case of the infectious diseases which are common to man and other animals. Again, when an infectious disease is transmitted from one animal to another, the infecting virus is transferred to the cells of the host, which become the recipients of that virus. In cancer it is totally different. The cancer cells

transmitted continue to grow in the new host, but the cells of the latter take no part in the process, except that of supplying them with the nutriment necessary for their existence and proliferation. The cells of the host never become infected with cancer. The cancer cells growing in it are derived entirely from those introduced. In infectious diseases, on the other hand, the introduced tissue simply conveys the virus, and is then absorbed and disappears. All the subsequent phenomena of infection are provided by the cells of the host ; and it is the reaction on the part of the latter to the introduced virus which constitutes the disease and gives rise to the symptoms. In cancer there is no such reaction and consequently no symptoms. The cancer cells simply grow and multiply in the host in which the process is started.

The third argument which is adduced against the infective theory of cancer is the extreme difficulty of inoculating it in animals of the same species. Thus the following statement occurs in the Scientific Report on the Investigations of the Imperial Cancer Research Fund for 1905 : "In the course of the past two and a half years 900 inoculations of cancer have been made (in horses, dogs, cats, and rats) in animals of the same species as that providing the tumour, and in not one single instance has a tumour developed with any resemblance to the original growth." Also according to the same

authority, although healthy mice have been kept in the same cages as mice suffering from cancer, for prolonged periods, and although this experiment has been made to embrace a very large number of cases, in no single instance have the cancerous mice infected the healthy. Those who deny infective properties to cancer would, of course, equally cast suspicion on all recorded cases of supposed transmission from one individual to another in man. But while the above experiments and observations show that it is extremely difficult to transmit it from one to another, they do not prove that it is impossible. Our universal experience of cancer in man has indeed demonstrated without the aid of these experiments that cancer is extremely difficult to transmit. Cases of suspected transmission are excessively rare. As I have previously said, the infection, if it exists, is of an extremely low order; and this is all these experiments and observations actually prove.

Another difficult point to get over on the parasitic theory is what I have explained in the early part of the book as the age incidence of cancer, *i.e.*, that it is rare before 35, and after that age increases in frequency, in proportion to the total number living in each decade, right up to the end of life. This fact, for fact it is, might be accounted for on the supposition that the parasite could only thrive when the organs of the

body were degenerating, as they do degenerate, in the latter part of life ; that the vigorous tissues of the young were inimical to the parasite, and that if it gained an entrance into the body in early life it could not thrive, and died. Unfortunately for this explanation, cancer introduced experimentally into mice, is found to thrive quite as well, if not better, in young mice than in old. It does not start in young mice, just as it does not start in young people, but if introduced into them by inoculation it can grow perfectly well.

Lastly, the cancer cells characteristic of the disease in different parts of the body vary, and conform in character to those which are normally present in the tissues in which it occurs. Thus the cancer cells of the breast are different from those of the mouth, and these again from those of cancer in the bowels, in each case the cancer cell conforming to the type of cell normal to the breast, mouth, or bowel. To explain this would require that the parasite was different for each tissue, or assumed the characters of the cells of the part it invaded. Neither is a satisfactory explanation. To get over these difficulties it has been supposed that the parasite is not introduced from without but is actually formed in the body of the host—a more difficult supposition still.

I have given in brief outline the arguments for and against the parasitic theory of cancer. While

it explains much, it leaves much to be explained; so much that, combined with the disappointment caused by the failure of all efforts to find it, it is not anything like such a favourite hypothesis as it was ten years ago.

II. *Cohnheim's Theory*

A second theory of the origin of cancer is known as Cohnheim's, from the name of its originator. According to this, during the development of the body, some of the embryonic cells which should have gone to form definite structures get shut off and remain shut off from the rest of the organism. They retain powers of proliferation and growth, and if at any time they exhibit these powers, cancer results. One of the chief arguments in support of this view is that cancer frequently shows itself in places, *e.g.*, mouth, anus, &c., where errors of development occur. This is true, but it also shows itself in many other places, *e.g.*, in X-ray scars, in scars of burns, &c., wherever situated, which on this hypothesis would be difficult to account for. Again, this theory does not explain or attempt to explain the age incidence of cancer, *i.e.*, its almost invariable occurrence in the second half of life, though it might account for the origin of some congenital tumours. A strong point in Cohnheim's theory is that the forms of the cells of cancer is

generally embryonic or less differentiated than that found in adult tissue. This is, however, not always the case.

III. *Thiersch's Theory*

A third theory first promulgated by Thiersch is to the effect that in health a normal balance exists between epithetical cells, from which cancer springs, and connective tissue cells, the latter exercising a certain restraint over the former. As age advances, this restraint becomes weakened, and the epithetical cells are thus enabled to grow and proliferate, so forming cancerous tumours. It also presupposes that this absence of restraint confers a power of reversion of the epithetical cells to the more embryonic type usually met with in cancer. This theory accounts well for the appearance of cancer in the latter period of life, when the connective tissue cells are known to degenerate, and so may be supposed to lose to some extent the restraint which they exercised over the epithetical cells in early life. It fails, however, to account for the fact that cancer is always circumscribed in the beginning and single. With the ageing and consequent loss of connective tissue restraint occurring in different parts of the body, we should expect cancer to spring up simultaneously in various situations primarily. This it never does. This hypothesis also fails to account for the growth

of transplanted cancerous tumours in mice, since neither embryonic nor adult tissues under like conditions exhibit this power of growth.

IV. *Ribbert's Theory*

Ribbert's theory postulates for adult epithelium similar powers of growth to Cohnheim's embryonic cells when separated from the restraint of connective tissue, or when separated from "organic continuity" with their fellows. The powers of proliferation assumed for embryonic cells when shut off from the rest of the organism by Cohnheim's theory are supposed to be possessed also by adult epithelium when it loses in any way continuity with its fellows or loses connective tissue restraint. Chronic inflammatory changes occurring in connective tissue are supposed to produce the separation of adult epithelial cells from their fellows, and these, when so separated, acquire powers of growth and proliferation leading to cancerous tumours. The main objection to this theory is the same as in Thiersch's, namely, that neither embryonic nor adult epithelium exhibit powers of growth similar to those exhibited by transplanted cancerous tumours in mice.

V. *Beatson's Theory*

Fifthly, comes the theory that cancer is allied to reproductive tissue. This was first promulgated

by Beatson as a result of his experience of the effect produced on cancer of the breast by removal of the ovaries, and Professor Farmer has recently advocated it. As a result of his examinations of the cells in an advancing cancer and their manner of division he has come to the conclusion that some stimulus such as chronic irritation changes the normal body cell into the cell characteristic of reproductive tissue, and that these reproductive cells modified have powers of proliferation and independent growth, which result in cancer. He was led to this investigation from the studies of abnormal growths occurring on ferns.

VI. *The Pre-embryonic or Trophoblastic Theory*

This is the latest theory, and owes its origin to Dr. J. Beard, of Edinburgh, who has also suggested the remedy (the pancreatic ferments, trypsin and amylopsin) founded upon it. According to this hypothesis the result of the union of sperm and egg, *i.e.*, the fertilised egg results not in the offspring, as commonly supposed, but in what is called a "trophoblast," and which is represented in man by the chorion. This structure is capable of indefinite growth, as we know cancer is. On this trophoblast rise the primary germ cells, and one of these forms the embryo. The embryo serves as a temporary shelter for the rest of these

germ cells, most of which reach the germinal ridge and give origin to the reproductive cells. Some of these cells, however, do not find their way to the germinal ridge, but are deposited in various parts of the embryo. These aberrant germ cells are of two kinds in destiny, those for future generations and those originally intended to form embryos (identical twins, triplets, &c.). These latter are the seed of tumours, such as cancer. At any time in the life of the individual, if conditions are favourable, these germ cells may commence to grow and form what has been called an "irresponsible trophoblast," in other words cancer. According to Dr. Beard, during the growth of the embryo the normal trophoblast is suppressed at the time of the development of the pancreas, and it is by the secretion of this gland that it is destroyed. During the life of the individual, owing to the failure of some counterbalancing influence, possibly owing to some defect in the secretion of the pancreas, the germ cells mentioned above which have been deposited in various parts of the body are capable of starting growth and multiplication and developing into an irresponsible trophoblast or cancer. The starting of cancer is, therefore, primarily due to some lowering condition of the system which enables these germ cells to wake into activity: and, in response to the knowledge that the secretion of

the pancreas suppresses the normal trophoblast, the pancreatic ferments have been advocated as the remedy for cancer. Recently, mice inoculated with cancerous growths and in whom a tumour had developed have been injected with trypsin by Dr. Beard, the result being that the cancerous tumour has disappeared. Experimental evidence, therefore, seems to support this view.

If this theory be correct it proves that the soil is prepared by some lowering condition of the system in advancing life: that this enables the germ cell which was lying dormant to grow and multiply and develop into an irresponsible trophoblast or cancer. But it still proves that the first proliferation, the initial activity of the cancer cell, is a local process, and that if every cell of this trophoblast is removed cancer is capable of cure.

I have here indicated in the briefest and most simple language possible the various hypotheses of the origin and nature of cancer, which have been put forward on various occasions and by various scientists. Any discussion of them belongs to a book of more scientific pretensions than the present. They are merely introduced here to supplement Chapter II, in which the more commonplace factors supposed to be concerned in the production of cancer were discussed. I am indebted chiefly for the material of this Appendix

to the Scientific Reports on the Investigations of the Imperial Cancer Research Fund, 1905, Part II, "The Growth of Cancer under Natural and Experimental Conditions," to the Bradshaw Lecture delivered before the Royal College of Surgeons of England, December 13, 1905, by Mr. Butlin, entitled "Carcinoma is a Parasitic Disease," and to papers in the medical journals by Dr. J. Beard.

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