

cases, however, perhaps in the majority, thorough and repeated examinations, as well as careful weighing and consideration of all symptoms, will render a diagnosis of a fair amount of assurance possible, if not at once, at any rate after a reasonable time of observation. It is well to remember the words of Stokes with which he concludes his classical article on lung tumors: "Though none of the physical signs in this disease are, separately considered, peculiar to it, yet their combination and modes of succession are not seen in any other affection of the lung."

About a hundred years ago, Heyfelder¹⁰, disgusted with the treatment that these unfortunates were receiving under all sorts of diagnoses—the blood-letting, the purging, the salivation, etc., etc.—urges upon physicians to recognize these cases as cancer and as hopeless, and not to add the torture of medical treatment to the sufferings consequent upon the disease—"Optima hic est medicina medicinam non facere"—"the kindest treatment in these cases is not to treat them at all." Barely five years ago, Benda¹¹ was still justified in saying that cancer of the lung occupied a unique position, inasmuch as it was the only cancer that was absolutely beyond the reach of the surgeon; but he went a step further and added that, no matter what progress surgery would make, it could never hope to deal satisfactorily with lung cancer, as it would always remain impossible to make the diagnosis early enough for any reasonable expectation of a cure by surgical interference. This is a forcible illustration of how unwise it is to attempt to set limits to the progress of science. Within the few years that have elapsed since Benda made this daring assertion, the outlook has completely changed. Until recently the diagnosis of malignant disease of the lungs meant the death warrant of the patient. The interest attaching to an accurate diagnosis was mainly theoretical and scientific, and it is not to be wondered at that physicians took little interest in forms of disease that offered not the slightest hope of therapeutic success. This has all been suddenly and marvelously changed. The new era of thoracic surgery that is just dawning seems, with the help of the Sauerbruch cabinet, to promise some chance for these cases, until now so hopeless. Already a number of cases have been reported, especially by Lenhartz and Kümmel, which have been operated on by the new method with encouraging results. At least one case (past all help according to all experience) has remained well, up to last reports, for a year after the operation. This new branch of surgery is still in its infancy, but there is every reason to expect with confidence that it will do for the thorax much of what abdominal surgery has done for the peritoneal cavity. If that is so, and we sincerely hope it may be,