

of the patient, and in the same connection let us remember that operations for Mammary cancer permanently cure but 11.83 per cent. in properly selected cases, while one in 7, or 14.24 per cent. die of the operation itself. From a surgical standpoint, and in view of the deadliness of the disease, these results to some may appear favorable enough. From the patients' standpoint, however, the results are not encouraging. In cases of cancer of the tongue, Baker's estimation is 10 per cent. of permanent cures. Butlin puts them down at 13 per cent. Cases not operated on die within 18 months, many in 12 months. In selected cases successful operation prolongs life for from 6 to 8 months. Whitehead on the other hand, states that of 104 cases of total excision, the mortality was 20 or 19.21 per cent, the remaining 82 cases recovering from the operation, but he does not tell us how many of these were permanently cured. Wilson traced 61 cases which had been operated on—15 survived one year, 4 for two years, 2 for three years, 4 for five years, and 1 for six years. In cancer of the cervix uteri, Schauta of Sprague claims 47.3 per cent. of definite cures in his cases of hysterectomy for cancer, and Hofmeier "gives 40.5 per cent. of recurrence two years after amputation of the cervix."

In cancer of the rectum, Cripps tells us "that in only about 15 to 20 per cent. of all cases, will excision be practicable," and out of Keeley's collection of 144 cases, no less than 22 died as the *direct result* of operation. From the above facts we may perhaps draw a few useful practical lessons.

The chief and most practical is, that the indiscriminate cutting for cancer so prevalent at the present day, does little good to the patient and brings no credit to sound surgery. As we have seen, in mammary cases about 11 per cent. ; in cancer of the tongue from 10 to 13 per cent. ; in cancer of the cervix uteri from 40 to 47 per cent. of cases operated on are permanently cured ; but to get this result, operations must be in the earliest

stage of the disease, the patient must be otherwise in good health, and the operation itself must be a very thorough one, clearing away not only the diseased part, but a considerable amount of the surrounding healthy tissue.

In cases of longer standing, where the probability of a return of the disease is almost certain, the patient should be informed that *at best* successful operation adds but *10 months* to life : that, in view of the risks of the operation itself, the inadequate results, the dread, mental anxiety and actual suffering, it should be our duty seriously to consider whether, in the large majority of cases, it is not more judicious and helpful to advise against operation, and trust to methods known to all, for the purpose of relieving pain and keeping the parts clean. With reference to the second point, Is Cancer increasing in Canada ? little need be said. You, I know, would not thank me for a lot of statistics, and I feel quite sure your readers will be duly thankful to be spared. I add to this article the mortuary statistics of Cancer in several cities and towns in various parts of this Dominion. Were the total Cancer statistics of the whole Dominion taken, the result would be much the same. Making due allowance for the natural increase of population, it will be seen that the per centage of deaths from Cancer per thousand of population is very little larger in 1891 than in 1884 :—

	1884	1885	1887	1891		
	No. of Deaths.	"	"	No. of Cases.	Popul.	Rate per 1000 of Pop.
Montreal ..	69	77	83	86	216,650	.39
Toronto	39	49	44	67	181,220	.36
Quebec	38	24	28	27	63,090	.42
Hamilton ...	23	36	17	26	48,980	.53
St John, N.B.	5	10	14	6	39,179	.15
Halifax	24	26	30	21	38,556	.54
Kingston	11	14	8	19,264	.41

A physician loses nothing by letting it be seen that he expects pay for his services.