

hope. Their surroundings should be of a character that will give them the greatest possible amount of comfort and happiness. Keep them in the sunlight of enjoyment, for darkness is the soil in which cancer flourishes.

THE QUESTION OF OPERATION.

Now we come to consider an important question: Do we accomplish any good by operations?

There are some who say, never operate. I think this opinion comes from the older members of the profession, who are inclined to look beyond the simple performance of the operation. The younger men, many of them, say operate. Upon this question I perhaps can do no better than to refer you to the opinions of two men who are among the most experienced of the profession, and who have had abundant facilities for making observations. I refer to Paget and Sibley, both of London.

Mr. Paget has shown, from his statistics, that the average length of life after an operation is 43 months, and that the average length of life without an operation is 55 months. Mr. Sibley has shown from his statistics that the average length of life after an operation is 53 months, and that the average length of life without an operation is 32½ months. Here are the results of observations made by two distinguished authorities. I think all that I am justified in saying upon this point is, that every case must be taken by itself, looked at with all its surroundings, before a decision is given either for or against an operation.

The dangers in an operation are not great, if it is decided to perform it.

The following may be regarded as the indications, when attempting to decide upon any given case.

The older the patient, other things being equal, the more favorable for operation. If the cancer has extended so that we have secondary cancer, it is not surgical to operate. Therefore, when the axillary glands are involved, or when the skin is involved, and we have the local and constitutional disease both existing, I regard it as unfavorable for an operation. When the tumor is isolated, and there are no secondary manifestations, the conditions are favorable for an operation, and the sooner it is performed the better is the chance of preserving the life of the patient.

If a patient comes complaining of an irritable tumor of the breast, apparently connected with some disorder of menstruation, I should recommend, first, careful attention to the general health; and second, if found increasing in size, to remove it at once. There is another condition in which I would operate, and that is in the sloughing cases. Then it is done simply to make the patient more comfortable. Practically speaking, these cases do not belong to secondary cancer, and the operations are not unfavorable. But with all these cases we must use our own discretion. Select the cases, and give them the benefits and advantages of an operation.

Now a few words with regard to the hereditary character of cancer. In the cases which are found in my tables, the cancer taint was present in only 28 of the whole number, 236, whose history upon this point was obtained.

Within the last year I have been examining the Registrar's Bureau of Statistics in this city, and I find, in a period of time extending over about 70 weeks, there were only 532 deaths from cancer of all kinds and in all organs, while from pulmonary consumption alone there were 6,219 deaths, or as 1 to 11½. When compared with Bright's disease it is found that about three times as many die from that disease as from cancer. From the statistics of the Registrar's office for the last five years, the following proportion of Americans and foreigners who died of cancer are found:—

Americans, 68; foreigners, 154; negroes, 5. Savages rarely have the disease.

It would seem as if this disease of the breast is found in certain conditions of life, and that in these conditions it is upon the increase.

Without pursuing the discussion of this subject farther, I will close by saying, that the conclusions to which I have arrived are chiefly as follows:—

1. That the disease is not hereditary, or if so, in a very limited degree.

2. That the disease begins as a local disease positively and purely. It becomes constitutional, just as syphilis begins a local disease and becomes constitutional.

3. That the disease occurs in those of vigorous health, instead of being connected with those conditions in which consumption occurs.

4. That cancerous parents may beget tuberculous offspring. That is, feeble constitutions arising from the effects of cancer will not beget cancer, but the diseases which follow in their line are tuberculous.

5. That the moral condition has a powerful influence on the development or the prevention of the development of cancer.

6. I am very forcibly struck by the parallelism and analogy existing between cancer and syphilis. Both begin by local irritation. Syphilis is inoculable, but cancer has not been proven so to be. In this respect they differ from each other. We have secondary syphilis, and we have secondary cancer. We have tertiary syphilis, but perhaps it cannot be said that we have tertiary cancer, unless it can be said that cancer is tertiary when it affects the bones, as it sometimes does.

In conclusion, I have to say, that we must not give this subject over as an unprofitable one for study and observation. Many diseases have run rampant which finally have been made to yield to treatment, and we may hope that the same thing may yet be accomplished with reference to cancer. The work of the histologist and pathologist may yet bring us into the light, and the day may come when we can say of cancer, as we now can say of syphilis. It can be cured.—*Medical Record.*