

quently drawn attention to the small white patches on the lip or tongue of smokers. He looks upon these as precancerous lesions, and if, after a week or two, they still persist, then he advocates their immediate removal.

*Cancer of the stomach* is one of the very frequent varieties of cancer. In the late stages, to be sure, it can be diagnosed from blood in the stomach contents, the reaction of the stomach juices, and by the co-existent nodule that can in some cases be detected. In the early stages of the disease, however, most of these signs are wanting, and it is only in the early stages that a reasonable hope of a permanent cure can be thought of. In the right upper abdominal quadrant we most frequently find gall-stones, duodenal ulcer, or cancer of the stomach. Any marked disturbance in this region calls for prompt operative interference. A delay in a case of cancer of the stomach until definite signs are present usually means a delay until the case is advanced too far for operation.

*Cancer of the intestine* may be detected early if the growth partially or almost completely blocks the lumen of the bowel, or if it be associated with a great deal of bleeding. Sometimes when the patient is thin the nodule can be palpated. In stout individuals, however, the cancer may have extended far before symptoms sufficiently definite to enable one to make a diagnosis are present. If there be any obscure abdominal condition present, and if this does not yield promptly to treatment, then an exploratory operation should be promptly undertaken, as many valuable lives may in this manner be saved, lives that would be absolutely doomed if delay were advised.

*Cancer of the rectum* usually gives its tell-tale warning in the form of blood or of pain on defecation, and its recognition is not difficult.

I have referred only to the more common varieties of cancer; time will not permit me to discuss the subject in detail.

If we are successful in our cancer campaign, and of this there is not the shadow of a doubt, then we must be prepared to give these patients the best possible service. We must be able to diagnose accurately the borderline cases, and then when cancer does exist we must do such an extensive and thorough operation that the patient is given the maximum chance for a permanent cure.

In cancer of the skin, lip, tongue and rectum, a diagnosis can usually be readily made by the surgeon in his regular examination. Cancer of the stomach can in the early stages be detected, as a rule, only with the possible assistance of the Roentgenologist, and mainly by an exploratory abdominal operation. The two chief classes of