

## SURGERY

IN CHARGE OF

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## THE OBJECTS AND LIMITS OF OPERATION FOR CANCER.

In the Lettsomian Lectures for 1896, W. Watson Cheyne, of London, discusses operations in cancer, by which term he understands the carcinomata, the essential feature of which is continuous and excessive growth of epithelium. The primary object of operation in cancer is, of course, the prolongation of the patient's life and the alleviation of his local trouble, and Mr. Cheyne asserts that these results are in most cases best attained by aiming, wherever it is possible, at the cure of the disease. Until quite recently, and even now, many surgeons approach operation in these cases impressed with the view that real cure is practically hopeless, and that with few rare exceptions the most that can be expected is prolongation of life for a variable length of time. They, therefore, oppose elaborate and extensive operations which in themselves must involve considerable risk to life, and are content with fairly free removal of noticeable disease; in some cases, indeed, they do not even go so far. Mr. Cheyne, however, strongly urges the view that the first question to be kept before us in investigating a case of cancer, is, whether there is any possibility of curing the disease or not. Such a point of view makes a great difference in the operation, for it is not then sufficient to remove only noticeable disease, but it is necessary to take away as far as possible the parts in which disease may have become disseminated, although still unrecognizable,—in other words, possibly infected lymphatic areas. Thus, if the skin is affected, a considerable portion around must be taken away, and this is the more necessary where the infection of the skin has come from beneath,—as, for example, where cancers of the breast reach the surface,—for the dissemination in the cutaneous lymphatic plexus is often under these circumstances very rapid and extensive, and this is probably due in part to the larger size of the deep cutaneous plexus, which will, in the latter case, be first involved. Again, where muscle is infected, the cancer-cells are very rapidly and early driven along the lymphatic vessels of the muscle, and, even though there only may be one visible nodule in the muscle, the whole or the greater part of it

must be looked on as suspicious and must be removed if there is to be anything like certainty in attaining the object of the operation,—namely, the patient's cure. Again, as regards the lymphatic glands, we know that from a very early period they become affected, and that, of course, without any visible enlargement in the first instance, and, in addition to this infection of the glands without enlargement, plugs of cancer-cells very often stick in the lymphatic vessels on their way to the glands. Hence it is necessary in all cases where the disease has lasted any time, or extended at all deeply, not only to remove the primary mass freely, but also to take away the whole lymphatic area up to and including the nearest lymphatic glands. Thus, the operation performed with the object of curing the disease becomes a much more extensive one, and consequently much more serious than that which simply aims at getting rid of the main trouble for a time and prolonging the patient's life.

The limits of the radical operation are where there is no reasonable prospect of removing the whole disease, or where, together with a very poor prospect of success, there is a very high mortality from the attempt. In such cases operation should not be considered at all.

But, even in cases where hope of cure or marked prolongation of life by a radical operation is out of the question, operation may sometimes be advisable with the object of removing symptoms which are immediately threatening to life,—such operations, for example, as tracheotomy, colotomy, etc.; or, in the second place, with the object of taking away the primary disease from a part, such as the mouth or throat, where its continued development means intense pain and trouble, and thus of substituting for these troubles an easier death from exhaustion. A *sine qua non* of such operations must, however, be that they are reasonably free from immediate risk; and, with regard to the second class, that there is a prospect of attaining the object of the operation,—namely, the entire removal of the disease from the part operated on. Mr. Cheyne does not think that a dangerous operation is allowable for simple relief of symptoms, however proper it may be, if a cure may be hoped for.

There are thus two different objects to be held