

of operating in advanced cases when the possibility of eradicating the disease no longer exists. The advice of Hippocrates is still sound for advanced cases, when he says: "It is better not to apply any treatment: for if treated the patients die quickly; but if not treated they will hold out for a long time." Let me illustrate my point by citing the case of a woman, æt. 48, who developed a tumor in the breast and was treated by Christian Scientists until the tumor assumed large proportions. When first seen by the writer the entire breast was a hard cancerous mass, adherent to the chest wall, and about to ulcerate on the surface, several secondary nodules existed in the skin near by, axillary and subclavicular glands were enlarged and the woman was markedly cachectic. I considered the case inoperable and refused to interfere surgically. She, however, was taken by her friends to consult a prominent surgeon in the United States, a man for whom I have the greatest respect for the important contributions he has made to surgery. To my surprise he attempted a radical operation, but desisted after resecting a rib and finding the pleura involved. The patient died a few days afterwards in the hospital. Now I believe such operations do harm; the case undoubtedly was absolutely inoperable. If there is the least possible chance of benefiting a patient by operation nothing should dissuade us from doing so, as our patient's welfare is the only desideratum, but operation where no possibility of success exists does harm in two ways, first, the public, who are uninitiated in the clinical course of cancer, think that if surgery has failed to relieve in such a case it is therefore valueless in any case, early or late; and again it deprives one of the opportunity of teaching the laity that it is possible to seek surgical aid too late for radical relief, and I believe much good will be accomplished if we refuse to operate in hopeless cases, and if by this means we teach a lesson which may have the effect of saving other victims from such a sad fate. This point was emphasized very strongly by C. H. Mayo in his address as Chairman of the Surgical Section of the American Medical Association recently.

In order that a radical operation should be done early, the diagnosis must be made early. This is by no means an easy matter in the majority of instances. Take for example breast tumors in which we suspect malignancy by noting the age of the patient, the connection with the skin, the consistency of the tumor, the existence of palpable axillary glands, etc., yet the most astute diagnostician will fail at times to establish a correct diagnosis. Surely under these circumstances it is justifiable to remove a benign growth where the possibility of malignancy exists, rather than run the