

Scientific Report of the Imperial Cancer Research Fund, shows that the chance that a man over 35 years of age will die of cancer is one in eleven, and the chance of a woman above the same age is one in eight. Bashford has further come to the conclusion that "the number of deaths assigned to cancer increases from one country to another in a manner parallel with the increasing accuracy of the vital statistics of the several countries." Whatever may be the exact figures, it is obvious on the most superficial inspection that cancer is a very prevalent disease, and apparently it is on the increase, although Bashford is inclined to think that the most recent figures do not prove an actual increase in cancer, but that the apparent increase is due to the more accurate methods of reporting cases which at present obtain.

A large amount of work is being expended on the study of cancer in the laboratory, and much has been done to clear the ground for work which we are all optimistic enough to think will eventually prove of material benefit to mankind in the eradication of this wide spread scourge. Clinical experience has, however, offered abundant opportunity for observation as to the course of the disease, and of the results obtained by the treatment of malignant disease on a great variety of lines. To-day we find surgeons practically unanimous in concluding that early and radical operation holds out the best prospect of cure. If we had to choose between the two we might urge that it is more important for the operation to be early than that it should be radical, because statistics have shown that in cancer of the breast at all events more cures are effected by early incomplete operations than by extensive late ones. It is therefore obvious that this doctrine should be taught the laity and that early relief should be insisted upon by the medical attendant in every instance. Formerly patients were sent to hospital for surgical treatment after the medical attendant had watched the growth carefully for weeks or months until he was quite sure it was malignant and demanded surgical interference. Now fortunately things have changed and patients are sent when a growth appears which may or may not be malignant. The surgeon operates and by quick section will determine beyond doubt the character of the growth and will act accordingly. Unfortunately, however, there are some in the profession who have not yet awakened to the importance of these observations, and we must continue to reiterate facts until the victims of cancer will all find relief at an early date and will no longer present themselves when the hope of relief by operation has vanished.

One lesson surgeons are slow to learn, and that is the futility