

the lumen in most cases finally becomes obliterated, but so slowly that the collateral circulation has time to become established before the blood stream, through the main vessel, is stopped. It is not likely that the surgeon will often find it necessary to resort to suture, but such instances do arise, as in Halstead's case. In removing a current malignant nodule, the axillary artery was wounded. At the previous operation the vessels which should carry on the collateral circulation had been divided. He therefore sutured the wound in the artery and two months afterwards "there was still a radial pulse on the left side of a volume equal to that on the right." Any increased power to control hæmorrhage and to conserve important vessels is welcome—and there may arise contingencies in which this last resource may prove of value.

Most interesting is the work on the pancreas accomplished recently. The surgical advances have been most clearly put before the profession by Mayo Robson, of Leeds.

I think one may say that progress has been made in the treatment of malignant disease. The mortality rate is being lowered year by year. Two important principles now unanimously conceded give us a grasp of the subject and courage as well. That cancer is primarily a local disease, and that, in many cases at any rate, there is a precancerous stage, are now two well established facts, which it would seem at first sight should enable us to completely subjugate this terrible disease. We also know by what channels it spreads. Unfortunately the onset of carcinoma is often very insidious. It gives rise to so little pain or discomfort and increases so slowly that often, before the victim is aware, the conditions permitting complete eradication have passed. Not only is this true of the rectum, stomach and uterus, but it is astonishing how great advance may be made in the breast or even the tongue before suspicions of its existence are aroused. Nevertheless by a greater watchfulness on the part of the patient and of the family physician and our improved methods of diagnosis, we can say that in cancer of the breast over 50 per cent. are cured.

Butlin in a carefully worded paragraph says, "If patients suffering from cancer of the breast and their medical men can be educated to hope for good results from early operations, and if the latter can be trained to detect cancer of the breast before it is adherent to the skin and associated with enlargement of the lymphatic glands, there is every reason to believe that a higher percentage than fifty would be reached by the routine employment of extensive operations properly adapted to the conditions and course of the disease."

With our present knowledge we may say that no one should die of cancer of the breast, or tongue, or stomach, or rectum. But this