ADDRESS IN GYNÆCOLOGY

BY

THOMAS S. CULLEN, M.B.

Associate Professor of Gynæcology, Johns Hopkins University; and Associate in Gynæcology, Johns Hopkins Hospital

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To visit London is always a pleasure, to come as an invited guest to the Canadian Medical Association in the Forest City an honour which I deeply appreciate.

This evening I want to briefly outline the various methods adopted to educate the public as to the early recognition of cancer, and to impress upon them the fact that in the early stages of the disease many patients can be permanently cured.

For several years the medical profession has been fully cognizant of the fact that the laity has a false idea about cancer, namely the widespread feeling that it is a blood disease and that consequently it cannot be cured. It is our duty to impress upon them the fact that in the beginning it is a strictly local process, a process that is amenable to surgical treatment.

Several earnest campaigns have been waged during the last few years. The various committees have devoted their attention mainly to pointing out to the family physicians what might be accomplished by early operation and urging the physician to send his patient at the earliest possible moment to the surgeon. Notwithstanding the splendid efforts in this direction little has been accomplished, not because the physicians were necessarily negligent, but because the patients did not present themselves until the disease was far advanced It was finally realized that if satisfactory results were to be accomplished the message must be carried directly to the people. It was pointed out that fifteen or twenty years ago it was exceedingly difficult to prevail upon persons with appendicitis to be operated upon; now with the knowledge they have, after appendicitis has been diagnosed, operation is at once sought, and the only question asked by the patient or his relatives is—to what hospital shall I go? When the laity are made fully aware of the cancer situation they will on the first sign of the disease present themselves for examination and will gladly avail themselves of surgical aid.

Delivered at the Annual Meeting of the Canadian Medical Association, London, Ontario, June 1913.

At the meeting of the Clinical Congress of Surgeons of North America, held in New York City in November, 1912, a cancer campaign committee was appointed mainly through the efforts of Dr. Franklin H. Martin of Chicago. The committee was instructed to write, or have written, articles on the subject of cancer and was further instructed to have these published in the daily press, the weekly or monthly magazines, as might be deemed most expedient. The committee has gone cautiously, and through the aid of that master organizer and medical editor, George H. Simmons, was able to enlist the coöperation and support of some of the most representative magazines in the country. Mr. Bok, editor of the *Ladies' Home Journal* and Mr. Harriman, managing editor of the same journal, manifested the deepest interest in the campaign. After much thought they came to the conclusion that a lay writer could better reach the public ear, and they naturally selected Mr. Samuel Hopkins Adams, who was such a dominant factor in the campaign against patent medicines, and who was last week made an associate member of the American Medical Association in recognition of his splendid crusade. Mr. Adams visited various surgical clinics throughout the country and then wrote a most comprehensive article on the subject. His first article was published in the *Ladies' Home Journal* for May, 1913. It is well worth a thorough perusal not only by every layman, but also by each member of the medical profession. *Collier's Weekly* for April 26th, 1913, and the May number of *McClure's Magazine* also contain admirable articles on the same subject from Mr. Adams' pen. The medical profession is under a deep debt of gratitude to Mr. Bok, Mr. Harriman, Mr. Collier and Mr. McClure for so freely opening their pages for the enlightenment of the public on this very important subject.

It has been estimated that these three articles reached a reading public of between eight and ten millions. *Harper's Weekly* for March 29th, also contained a timely article urging cancer patients to be operated upon without delay. Abstracts from the magazine articles appeared in many of the daily papers throughout the country. The Baltimore *Sun* contained a full column, the Baltimore *News* and the Baltimore *American* each devoted ample space to the subject. The New Orleans *News-Item* gave a full abstract of Mr. Adams' article from *McClure's* and the Detroit *News-Tribune* for Sunday, April 27th, 1913, with the permission of the *Ladies' Home Journal*, copied Mr. Adams' article in full. I have just mentioned a few of the daily papers that have given this matter

wide publicity. The entire press of the country has been most liberal in its dissemination of our knowledge of cancer. This support was not confined to the papers of the United States. The Canadian papers have also strongly emphasized the necessity of patients suffering with cancer having their ailment attended to promptly. I have spendid clippings from the daily press of London, Toronto, Montreal, St. John, N.B., Winnipeg and Vancouver. Our committee wishes to express our deep sense of appreciation of the hearty support given us by the press of Canada and of that of the United States in the dissemination of this knowledge, and we feel confident that they will gladly continue to publish any new data on the subject, until every one on the continent has a clear idea of just what cancer is, what its early symptoms are, and how they can best be treated.

An advertiser is naturally looking for results, and in like manner the cancer campaign committee was anxious to find out what influence Mr. Adams' article had had on the community at large. It was not long before they were forthcoming. I will relate just a few of them to you. Within a week after the appearance of Mr. Adams' publication a colleague of mine told me that he had just operated upon a patient with cancer of the breast. The nodule was not larger than a pea. When asked why she came so early, she said that she had just read the article in the *Ladies' Home Journal* and felt that it was unwise for her to delay,—the outlook in this case is excellent. Another colleague had for weeks been urging a patient with cancer to be operated on, but to no purpose. Within three days after the appearance of the article which she had carefully read she entered the hospital and was operated upon. Dr. C. Jeff Miller, of New Orleans, wrote me that, as a result of the *Ladies' Home Journal* article, a lady soon came to him with an early cancer. Dr. T. C. Kennedy, of Indianapolis, under date of May 13th, 1913, writes: "A lady out in the state noticed a lump in the left breast. Seeing the article in the *Ladies' Home Journal* she immediately consulted her family physician who referred the case to me. I operated on her at St. Vincent's Hospital last Thursday, doing a Halsted. Here is a case that has a good chance of getting entirely well, as it was taken early."

Dr. Franklin H. Martin, of Chicago, early in May of this year saw a beginning carcinoma of the breast. The husband had just read the article in the *Ladies' Home Journal*, and insisted on his wife consulting a surgeon. Dr. Martin removed the entire breast and the axillary glands, and feels sure that the outlook for a permanent cure is an excellent one.

My experience as to the strong impression made by Mr. Adams' article has been similar to those already related. In one morning I saw three patients from widely different points, one from New Orleans with some bleeding due to slight pelvic inflammation, another from Alabama with some bleeding due to a prolapsus, and a third from Maryland, with a small, but benign tumor of the breast. Each had read Mr. Adams' article, and each hastened her visit as a result of this article. All were afraid of cancer and in each case I was able to relieve the patient's mind, telling her that no malignancy existed. Two of these three patients required minor operations.

From what you have heard, the knowledge of cancer has already been widely disseminated and it is bound to bear fruit. The more the subject is investigated the clearer it becomes that if the women of the country are made aware of what can be done if cancer patients apply early for treatment, it will be unnecessary to pay much attention to the men. If men are sick, unless very ill they pay no attention to it, and only after they are urged by their mothers, wives, sisters or daughters, do they seek medical aid. As a matter of fact the woman is the health guardian of the household.

Skin cancer. Cancer of the skin is easily and promptly recognized and is usually soon brought to the attention of the physician.

Cancer of the lip is also soon discovered by the patient and as a rule the physician's advice is sought early. While in many instances wide excision of the growth is at once advised, yet it is appalling to find the number of patients that are still treated in a palliative manner. Only a few months ago a friend drew my attention to an ulcerated area on his lower lip. His associates had not noticed it because of his long moustache. On questioning him I was surprised and distressed to learn that a supposedly competent physician had been burning the "ulcer" every few days for fully two months. Very valuable time was lost. Within a few days the growth and the glands of the neck were removed. These glands were on microscopical examination found markedly involved by cancer, and the patient's ultimate outlook is a very gloomy one.

Cancer of the tongue. Any growth of the tongue naturally calls for immediate intervention. My colleague, Bloodgood, has frequently 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 cancer that require expert pathological knowledge are cancer of the breast and cancer of the uterus.

Cancer of the breast. All surgeons meet with many nodules

in the breast. Some of these are definitely fibrous in character, others are definitely cancer, while not a few are on the borderline and can only be positively diagnosed on microscopic examination. It is wise to remove all breast nodules, but where malignancy exists it is imperative to do a most thorough and complete removal of the breast, pectoral muscles, axillary glands and fat. Bloodgood, after the most careful and painstaking study of the cases at the Johns Hopkins Hospital, has found that to remove a piece of cancerous breast for microscopical examination and then delay several days or a week for the pathologist's report is a most dangerous procedure, as nearly all of these patients have a recurrence. The cutting into the growth allows such a widespread dissemination of the cancer that the subsequent operation is of no avail. Consequently, in case of doubt a piece should be cut out and examined immediately, the area of the excision in the meantime being treated as a contaminated area, and if cancer is reported the breast is removed at once, the delay occasioned by the microscopic examination not having taken over ten to fifteen minutes at the outside.

There are many good surgeons through the country, but few good surgical pathologists, except in the teaching centres. The time is speedily coming when every hospital will have a trained and expert surgical pathologist on its staff, a man whose advice can be had at every operation. He will prove to be one of the hospital's most valuable assets. Some may ask why we have not more such men. The truth is that the young physician must make a livelihood, and as the pathologist receives as a rule a mere pittance for his work, few have the scientific perseverance to enter this field. This field must be made sufficiently remunerative to induce plenty of capable men to enter it. When once they embark upon it, learn what a fascination there is in following an individual case to its very rock bottom, obtain here and there a clue enabling them to forecast with a degree of definiteness and precision whether this or that patient will recover, and even every now and then discover something that has never been known to medical men before, then you will find men that will never give up the study of surgical pathology.

When I started medicine a quarter of a century ago, asepsis was slowly creeping into Ontario, and Lister's carbolic spray was still in vogue. We examined very little operative material microscopically in those days. The time is rapidly drawing near when every surgeon, before he becomes a real surgeon, must have as thorough a grounding in surgical pathology as he now has in the

principles of bacteriology. Many conditions that are now obscure to him, after months of study of their finer structure in the laboratory are readily recognized with the naked eye. On opening the abdomen, whether in the clinic or in a small country house, he is always thoroughly familiar with whatever panorama the abdomen in the individual case may unfold. In one case he will find a small nodule not larger than a pin-head; this will give him a clue as to some pathological condition tucked off in a remote corner of the abdomen. In another operation he will at first glance think the case inoperable but will notice some small familar nodule partially buried in adhesions. He knows from past laboratory experiences that this is benign, and will go ahead and finish his operation. A high building requires deep foundations. Few surgeons of the future will attain marked renown unless these foundations consist in a thorough knowledge of surgical pathology, the material that they are daily confronted with.

Cancer of the uterus. Bleeding from the uterus that cannot be satisfactorily accounted for should always excite suspicion. On vaginal examination it is frequently possible to make out a uterine tumour. When the uterus is fairly normal in size and not nodular, and the cervix is normal, then of course the organ should be dilated and curetted. Before undertaking to make a diagnosis from scrapings one should have a thorough knowledge of the appearance of the normal endometrium at or between the periods, during pregnancy, and in old age; each is different and yet perfectly normal.

Hyperplasia of the Endometrium. I want to draw your attention to a common, and yet little mentioned, pathological condition of the endometrium causing exceedingly free bleeding at the period, and often reducing the patient's hæmoglobin to a very low point. The first cases of this kind that were brought to my attention came independently from Dr. F. R. Eccles and Dr. H. Meek, of this city, in 1895. These cases were reported in "Cancer of the Uterus," page 479, published in 1900. These patients are usually from thirty-five to forty-five years of age, but I have noted the condition in girls in their teens. The flow is excessive and the menstrual periods may be almost continuous, there is usually no intermenstrual discharge, however. The mucosa is much thicker than usual. On microscopic examination the surface epithelium is found intact. Some of the glands are very small, others much enlarged. The large glands may be either circular or tortuous. All are lined by thickened epithelium and the stroma is excessively cellular. Often the nuclei of the stroma cells contain nuclear figures. Scattered

throughout the stroma are frequently found large venous sinuses some of which are thrombosed. Cancer of the body of the uterus is diagnosed from its pattern and, secondly, from the changes in the individual cells. Gland hyperplasia histologically bears absolutely no resemblance to it.

Where carcinoma of the cervix exists the small cauliflower outgrowths from the cervix or the area of ulceration leave little doubt as to the diagnosis. If one is not certain, then a small wedge of cervix is removed and examined, preferably at once.

While speaking of carcinoma of the cervix I wish to draw your attention to a pelvic tumor that has thus far in the main escaped notice. Dr. D. S. D. Jessup, of New York, recently sent me a specimen of two tumours each of which had the same characteristics. In each case the tumour was attached to the cervix and grew into the rectal wall. Both growths were so firmly fixed that while the surgeon was doing a complete abdominal hysterectomy he had to remove at the same time a piece of rectal wall with the cervical growth. In both cases the tumour consisted of myomatous tissue with uterine mucosa scattered throughout it. In the February number of the *Proceedings of the Royal Society* is a report of two similar cases by Dr. Cuthbert Lockyer, of London.

I have had two cases which belong in this category. In the first case the myoma had not as yet become firmly grafted on to the rectum. In the second case the adenomyoma filled the left broad ligament, and on account of the patient's extreme weakness it could only be removed in part. I feel confident that, when all rectal growths are carefully examined histologically, some supposedly carcinomatous growths will prove to be adenomyomata. These cases are of so much interest that I will give them somewhat in detail.

CASE 1. *Myomata of the Uterus; Adenomyoma between the Cervix and Rectum and associated with Rectal Adhesions.*

Mrs. G. P., seen in consulation with Dr. Samuel T. Earle, March 17th, 1911. This patient had several small polypi in the rectum. The uterus lay back on the bowel and was apparently adherent. On March 22nd, of the same year, Dr. Earle burned off the rectal polypi. These were five or six in number and situated directly behind the cervix. Microscopic examination of these showed that they had been undergoing definite inflammatory changes, as evidenced by the quantities of polymorphonuclear leucocytes on the surface, and by the fact that the underlying stroma contained great numbers of small round cells.

After Dr. Earle had finished his operation I opened the abdomen. The rectum was found adherent to the posterior surface of the uterus low down. On the left side was a corpus luteum cyst. This had evidently ruptured at some previous time, as the surrounding tissues were stained a dark brown. We did a complete hysterectomy removing the uterus and appendages. I then shelled out a small myoma 1 cm. in diameter from the left side of the pelvic floor and another 3 cm. in diameter with a secondary nodule 1 cm. in diameter lying on its surface. This combined nodule was situated between the rectum and vagina on the left. The patient made a perfectly satisfactory recovery. At a later date, however, she had definite renal trouble as evidenced by pus from both kidneys. *X*-ray examination showed a calculus in the pelvis of each kidney. As the left kidney had apparently given more trouble than the right we removed the stone from that kidney. The stone in the right kidney the patient still has, as it has given her very little trouble.

Pathological report, No. 16079. The uterus itself is little enlarged. Scattered over the outer surface of the organ are several small fibroids. On microscopic examination the endometrium shows definite endometritis. The larger nodule lying between the cervix and rectum is 4 × 3 × 2 cm. and the smaller one 1 cm. in diameter. The larger nodule on histological examination consists in the main of typical myomatous tissue, but at one point in a cleft are islands of typical uterine mucosa and at another point is a miniature uterine cavity. The smaller nodule only contains one or two gland-like spaces. From the history it will be noted that in this case the cervix was adherent to the rectum. We have here a connecting link between the ordinary adenomyoma of the uterus and an adenomyoma involving the rectum. It is the only case that I have ever seen showing this stage.

Case 2. *Adenomyoma in the left broad ligament and intimately blended with the rectum.*

Mrs. G. S., admitted to the Johns Hopkins Hospital, June 4th, 1913. This patient is thirty-seven years of age, and two years ago was operated upon in San Francisco, a myomatous uterus and enlarged ovaries being removed. At that time it was necessary to also remove a small portion of the rectum on account of dense adhesions.

Since operation she had had a great deal of pain in the lower abdomen and has for months had almost continual bleeding from the cervix. On her admission to the hospital I found thickening

posterior to the cervix, also induration in both broad ligaments. Although she was in a very weakened condition from the continuous loss of blood we felt that something must be done. The cervix was dilated, and on curetting we brought away what on microscopic examination proved to be perfectly normal uterine mucosa. The supravaginal hysterectomy had evidently been a high one. The right broad ligament was indurated and board-like, and on the left side there was also thickening.

A few days later we explored the abdomen. When the operation was commenced her pulse was 145. We found the rectum densely adherent to the bladder, and the left broad ligament was filled out by a rather cystic growth. Those assisting at the operation thought that we were dealing with a malignant growth which had spread into the broad ligament. In order to determine definitely I cut the round ligament and separated the folds of the broad ligament, and found we were dealing with a cystic mass 6 cm. in diameter. This was gradually shelled out from its attachment to the rectum, but by this time the patient's pulse had become almost imperceptible and was between 180 and 190, although she had lost practically no blood. We removed the greater part of the growth but left a portion still attached to the rectum and did not dare explore the right broad ligament. A drain was introduced into the pelvis and brought out into the lower angle of the incision. When the cystic mass that was attached to the rectum and had occupied the left broad ligament was cut across, it was found to contain one large irregular cavity about 2.5 cm. in diameter. This contained chocolate-coloured fluid and was lined by a rather smooth-looking membrane which was brownish tinged. The outer coat looked like ordinary muscle.

On microscopic examination it was found that the wall of the blood-stained cyst was lined by one layer of cylindrical epithelium, and that this rested on a definite stroma consisting of cells having oval vesicular nuclei. The more solid portions of the growth were made up of non-striated muscle fibres arranged in whorls, and of quantities of uterine glands embedded in their characteristic stroma. In some places only two or three glands with the surrounding stroma were visible but at other points miniature uterine cavities were found.

We are here dealing with an adenomyoma which has formed a cystic mass in the left broad ligament and which has become densely adherent to the rectum. If the patient at a later date is in fair condition we will then attempt to shell out the thickening in

the right broad ligament, remove the cervix and then a portion of the rectum to which the growth is intimately blended.

Since this note was made the patient had gradually become weaker. She died June 19th. These growths when once removed do not return.

To do the maximum amount of good for the increased numbers that will come for operation as a result of our labours, our surgeons must be thoroughly conversant with the anatomy of the given part and must have a full knowledge of the paths along which the cancer travels from its point of origin. In cancer of the lip the operator must consider the removal of the glands of the neck. In cancer of the breast he must be familiar with the lymph glands that are first involved, and in cancer of the rectum must remember that the liver is frequently secondarily invaded and that if such be the case, an extensive rectal operation is contra-indicated.

I shall never forget meeting one of my Baltimore colleagues abroad one morning and saying, "Why, I thought you were going to Dr. ——'s clinic this morning." The reply was, "I did. He was to do a breast operation at 8.45, I arrived at 9, and the operation was over." This was not long ago, and the surgeon has a world-wide reputation. If our work were to be as superficial and incomplete as in this case, then it were better not to undertake any campaign against cancer. But such is not the case, and admirable work is being done in many clinics, not in all, however, I am sorry to say.

Some surgeons fearing they will not be able to close the wound after an extensive breast operation are loath to remove as much tissue as is necessary. They accordingly make their flaps alarmingly near the cancer area. A recent method devised by my friend, Dr. Curtis F. Burnam, obviates this. The surgeon makes as wide a removal as he deems necessary giving no thought to the raw area left. After removal of the breast the raw area is measured and a skin area of sufficient size is removed from the abdomial wall. It does seem remarkable that this method has not been employed before as a routine proceedure, as the abdominal wall is so lax that a flap of practically any size can be removed and the resultant space easily approximated.

Every wide-awake business man has his hands on the reins continually, has careful records of his purchases and of his sales, and at regular intervals takes stock. Recently I was dining with the general manager of one of the greatest trunk railroads in the

United States. He was a keen-eyed business man. After dinner the conversation drifted to methods of keeping track of various data. On my asking him a question he took me back to the dining room in his private car and opened the buffet which in former years was usually stocked with viands, and showed me his card catalogue dealing with all phases of the road. In other compartments he had complete data of every piece of work being done on the entire road, also up-to-date statistics relating to the number and character of the employees of the road. This was a working office of the entire road where he could transact business no matter whether his car was lying on a siding or in a city distant to the home office, where a duplicate set of papers and files were kept. This railroad manager, no matter where he happened to be, was always ready at a moment's notice to satisfactorily transact his company's business.

Hospital management in years past was notoriously lax, but in recent times business methods have been introduced into many of the newer institutions. It would do all medical men good to visit up-to-date business houses and see the card index systems and the various short-cut methods employed in every day business. It would also be admirable for the trustees of the various hospitals to see to it that the same systematic and business-like methods are used in the registration of data in the hospitals with which they are connected, as they employ in their individual business. I cannot help thinking of the Episcopal clergyman in New York, who had as his board of trustees several wide-awake business men. On one occasion it took them several hours to discuss the expenditure of a few hundred dollars. Finally the clergyman in despair leaned over and whispered to one of the trustees, "How would you handle such a proposition in your business?" This trustee replied that such small matters never came to his attention. The ludicrous side of the situation suddenly dawned upon him. Here he and his brother trustees, all millionaires, were spending hours worrying over trivial matters—that would in their business offices be attended to by junior clerks. The trustee immediately moved that the rector be given authority once and for all to order what was necessary for the church, and to send in the bills to them. The trustees of the hospital and the various members of the medical staff are in some measure in a similar position to that board of trustees. Their time is too valuable to be continually taken up in routine, but it is their duty to see to it that competent clerks are employed to keep careful records of all patients entering the

hospital or dispensary. The findings at operation must be recorded with precision and the microscopical examinations of the specimens added to the history.

This is an age of time-saving devices and all business men are keen to see what results have accrued from their endeavours. What applies to business applies equally well to the subject of cancer. What is the use of operating year after year in a routine manner, having but a hazy idea of what has finally become of the patient. At least one tactful clerk in every hospital should be assigned to the task of keeping in constant contact with those who have been operated on. In this manner one can at a glance tell how many patients have been relieved by operation. The results of one operator are compared with those of another—of course in a most friendly way, and there is no doubt that a runner can always make better progress with a pacemaker. The careful analysis of a large number of cases always demonstrates wherein future improvements can be made. This continually keeping track of the patients will in itself strongly impress the former patients with the hospital's interest in their welfare, and will stimulate them to urge their fellow companions to undergo the same treatment if they be taken ill.

These data to be of use must from time to time be thoroughly analyzed and published. You and I are continually gleaning knowledge from the publications of other men both on this and the other side of the water, but how many of us are doing our share in the dissemination of knowledge? In fact we manifest a remarkable tendency to become sponges instead of springs for the pouring forth of our medical experiences—experiences that other surgeons should know of and profit by. Follow up all your cancer patients, see what has become of them. Many of them will be dead, but some that you have lost track of are still living and well. You will soon become so interested in the return letters that you can hardly wait for the postman to arrive, and when now and then a reply says that the patient is alive and well at the end of ten or thirteen years it will warm the cockles of your heart, it will more than outweigh many of the disappointing results you have had and will make you feel that after all the fight is well worth the undertaking.

A year ago I was asked to write the surgeons of the Southern States to find out what their final results were after operation in cancer of the cervix. The results of my inquires are given in *Surgery, Gynecology and Obstetrics* for March, 1913. The vast majority had kept but scant histories, and had finally lost track

of their patients, so that at the present moment few surgeons in the country have any adequate idea of what their labours have accomplished. Do let me urge upon you the systematic recording of every cancer case, the employment of the most thorough operation in these cases, and the tabulation at yearly intervals of the results. You will thus continually improve your methods, will grow more enthusiastic in your campaign against this dread malady, and will at the same time give valuable data to your colleagues in the profession.

The aim of our cancer campaign committee was to stimulate a widé-spread interest in the subject among the laity. Its labours have already borne fruit. Within the last few weeks a most representative body of New York laity, both men and women, have joined forces with the medical profession in the formation of the American Society for the Control of Cancer. This committee is assured of excellent financial backing, and is bound to be a great factor for the dissemination of knowledge concerning cancer.

We must not overlook the pioneers in publicity. Dr. J. H. Carsten, of Detroit, Michigan, has for years been doing yeoman work in his state, Dr. John G. Clark, Dr. F. F. Simpson and Dr. J. M. Wainwright, in Pennsylvania, Dr. S. Leigh in Virginia, Dr. F. H. Jackson in Maine, and there are a host of others whose names I would like to mention. I would also mention the splendid work of the Council of the American Medical Association in publishing instructions under the chairmanship of Dr. H. B. Favill.

I would strongly urge upon the Canadian Medical Association, the most representative body of Canadian physicians, the advisability of at once appointing a cancer campaign committee for Canada. This could work independently or in close co-operation with one of the cancer campaign committees of the United States.

Much money has been given by philanthropic people for the study of the cause of cancer. Whether the ætiology of cancer will soon be discovered or not is problematical, but in any event the people of the country should be made thoroughly cognizant of the early symptoms of cancer and of the fact that many may be cured by early operation. I can imagine no gift that would yield the philanthropist a greater return than the satisfaction of knowing that as a result of his munificence thousands of lives of cancer patients had been saved by prompt operation.

You in the Dominion have the wealth, the broad-spirited men, and the thoroughly competent surgeons, see to it that in the near future the cancer results of Canada are equal to if not better than those of any other country.