

Medical Matters.

THE TREATMENT OF CANCER.



Mr. A. W. Mayo Robson, D.Sc., F.R.C.S., Vice-President of the Royal College of Surgeons, in delivering the Bradshaw lecture before the College, gave an able and interesting address on the "Treatment of Cancer." The lecturer said that of the true cause of cancer nothing at present was known, and present knowledge did not warrant such a positive statement as that of the able Superintendent of the Imperial Cancer Research Fund, that from the histological character, method of growth, and absence of specific symptomatology it is not permissible to seek for the causative factor of cancer outside the life processes of the cells. The lecturer deprecated the hasty assumption that the cause was non-parasitic. That no parasite had so far been discovered was no proof that the quest was hopeless. There were years of fruitless search before the discovery of the tubercle bacillus, and no one doubted that several other diseases were caused by organisms which had not yet been discovered.

We knew next to nothing even of the predisposing causes of cancer, though theories were many. There was scarcely one form of diet or luxury which had not at one time or another been condemned. One exciting cause only was, however, a certainty—viz., irritation in a variety of forms. Another fact, capable of absolute proof, was that cancer is at first a local disease, and only later a constitutional malady. As to infection, although cancer is not infectious in the ordinary acceptation of the term, there was a considerable amount of evidence that it is probably locally infective, and capable of distribution by contact and inoculation.

The fact that cancer was often only submitted to the surgeon when it had ceased to be a local disease had not only misled the public, but had even biassed members of the profession as to what surgery can do for this disease. "Too late" had to be said in one-half or two-thirds of the cancer cases when seen by the operating surgeon. Even intelligent persons abandoned hope from surgical treatment and threw themselves into the arms of so-called cancer specialists, who fattened on the credulity and ignorance of their victims. One and all of their methods had been found wanting, except

in the case of rodent ulcer, and, so far as present knowledge was concerned, the only hope of cure in malignant disease lay in early diagnosis and immediate, complete, and wide removal.

The surgical treatment of cancer was divided into three classes—(1) preventive, (2) curative, and (3) palliative operations.

In connection with the first class, the lecturer laid great stress on the existence of pre-cancerous conditions, and on the need for their recognition. Probably every cancer had a pre-cancerous stage, readily recognisable, especially in relation to the tongue, lips, larynx, uterus and skin. Operation at this stage would be the means of saving many useful lives. Patients were to blame in ignoring what seemed to them a trifling ailment, and medical practitioners to avoid frightening clients sometimes made light of the condition. It was far better to alarm and cure than to lull into a false sense of security, and then to have to advise operation later when the conditions were less favourable. In the case of radical treatment, the lecturer said he could personally point to a very large number of radical mammary operations, and he had been astonished to find how many had survived beyond the three years' limit, and how many were still living and well many years after operation.

His colleague, Mr. Watson Cheyne, said: "Taking the average of all cases operated on, favourable or otherwise, something like 50 per cent. would remain well for a number of years." Statistics proved beyond a doubt that cancer of the breast, if operated on early and with thoroughness, was by no means the incurable disease that observers used to think. The same might be said of other forms of cancer.

Palliative operations were at best a melancholy affair; still surgery even here could do much not only to prolong life, but to prolong it in greater comfort.

Was it too much to hope that some of the views he enunciated might filter through the profession to the public, and serve to convince them (1) that there is no salvation for cancer in quackery; and (2) that until a true prophylactic to cancer is discovered they will be consulting their own interests best by seeking medical advice as early as possible, as to defer so doing is to lose the favourable moment, and, perhaps, ultimately to hear the verdict pronounced, alas too often, "Too late!"

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