

## THE PROBLEM OF CANCER.\*

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(Concluded from page 457.)

Now to recapitulate our knowledge of cancer. It is apparent that we do not know the cause of it, that, although surgery is successful in a large number of early cases, we know no universal cure, and that every year in Great Britain alone 35,000 people die from its effects.

What is to be done? For something must be done. For ten years or more, in every centre of civilization, there has been great expenditure of time and energy in the search for the cause of cancer. So far the search has not proved successful; it is conceivable that yet another ten years' labour will be equally unsuccessful, or supposing the cause of cancer to be found, it may not necessarily point the way at once to cure. What, then, are we to do in the meantime? Shall we sit down and wait for a dividend upon the labour and money spent in research, or shall we not endeavour to find some way in which the cancer mortality can be reduced. Only one way seems open to us, and that is by bringing home to the general public the advantages to be gained by surgical treatment carried out in the early stages of the disease. As I have already said, one reason why patients do not come for treatment in the early stages is because to some extent they mistrust surgery, but there is another and a much more important reason, because it affects far greater numbers—and that is, that they do not know that they have got cancer. They do not even suspect it, for they are ignorant of its early symptoms. It is almost universally believed that cancer is a painful disease; and so it is, but the pain comes at the end, and not at the beginning. By the time that pain is come, the opportunity for successful treatment has only too often passed away.

If any immediate reduction in the present mortality of cancer is to be made, we have got to teach the public that early cancer is not painful, and we have got to teach them what the early symptoms really are.

And this brings me to the crux of my remarks and my chief reason for addressing you to-night. You who, as nurses and midwives, come into such intimate personal contact with the public, have a great opportunity and a great field of usefulness in educating the public in the early recognition of cancer.

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This is the means by which you can take your share in reducing the cancer mortality. Operative surgery does its share, but not more than 50 per cent. of the cases that come to us are suitable for operation, and if we are to improve upon our results, we must have our patients in an earlier stage of the disease. You must help to send them to us before it is too late.

Let me tell you something about the first signs of two of the commonest kinds of cancer, cancer of the breast and cancer of the uterus. In the breast, cancer begins as a tiny lump, so small, so painless, so insignificant in fact, that the patient, who has discovered it by accident, gives it no attention.

In a week or two, perhaps, she has forgotten its existence. A little later she notices it again, but now finds it of larger size, and from time to time, as it steadily increases, she is reminded of its presence.

But, misled by the absence of pain and tenderness, she finds it impossible to imagine that anything serious can be the matter, and postpones seeking advice until the tumour has attained a considerable size. The result is that surgeons rarely see cancers of the breast, particularly in hospital practice, until they have become as large as walnuts, and already infected the glands in the axilla.

The onset of uterine cancer is still more insidious. No pain is felt, no discharge is noticed, obviously no swelling is apparent, and the only symptom is slight loss of blood. As the majority of uterine cancers arise somewhere about the age of 40—50, still less attention is paid to this symptom than would otherwise be the case, owing to the fact that the menopause is held to be responsible for it.

Every year hundreds of women lose their lives as the result of a popular superstition that any and every abnormal condition arising about middle life is to be attributed to the menopause.

The most alarming symptoms are quietly accepted as natural to this change of function, with the result that many patients with uterine cancer do not even seek advice until they are profoundly anæmic and weak from loss of blood.

Any unnatural hæmorrhage, particularly after the age of 30, calls for prompt and thorough examination.

If the medical man consulted does not suggest, nay, insist upon a complete examination, I would advise the patient to change her doctor and call in someone more fully alive to the dangerous possibilities such symptoms indicate.

The question of careful examination is a very important one. Many patients dislike the

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