

in brokerages and commissions, interest on loans, the necessity sometimes of realizing in unfavourable markets, and then the unforeseen which sooner or later comes to spoil the plans of every speculator—all these elements united will eventually ruin the most experienced speculator if he does not withdraw; and this he never does.

It is a great error on the part of the public to believe that large fortunes are made by speculation; not one in a hundred is made, although many are lost by this means. Take the twenty or thirty large fortunes in any country, and see if even one of them owes its existence to speculation. It will be found that bona fide industrial, commercial, or financial dealings well and economically conducted, and wise and far-seeing investments, the profits of which were not realized in one or two Stock Exchange settlements, but after five, eight, or even ten years of waiting, formed the base of most of these fortunes.

It is an utterly unsound basis to proceed upon to look to a special providence to perform miracles for you, and give you what is called "luck." By all means seize the opportunities that come your way, and use them to the best advantage, and, should you meet with what we are all pleased to term "bad luck," make sure that it is not the result of incorrect premisses, or a judgement founded upon imperfect or insufficient knowledge. Search diligently where you miscalculated, or how you came to be betrayed into mismanagement. If you would avoid much that passes for bad luck, leave nothing to chance, always calculate from afar.

If there is one thing that you may certainly rest assured about, it is this—that you will never get big results without expenditure in some form or other. Everything must be bought. Success is the completion, the coping stone of a carefully planned, laboriously executed, deliberate campaign against failure. Even when it is attained it sometimes brings disappointments, but remember that the reward is in the doing. If your judgement has been sound, if you have moulded yourself to your environment, and, as far as may be, moulded your environment to yourself, if you have shown an energetic individualism, and if you have realized the full significance of your own potentiality in your relationships to your surroundings, success must follow.

Success may take the form of financial gain, social aggrandisement, or self-satisfaction. Now, apart from the proper provision for old age and your dependants, financial success is not desirable in the medical profession, for it cannot be attained (except by the few) without making sacrifices which are inimical to the growth of those qualities which ennoble our work. Of social success I have nothing to say, except that it is Dead Sea fruit. The success which brings true self-satisfaction is the Mecca to which I would endeavour to point you, for unlike those ephemeral successes to which I have referred, but like the heaven and hell of the new theology, she is with you now; if you woo her successfully she is your abiding portion.

To be successful you should know how to depute work to others—work of which they are capable, but which if performed by yourself would interfere with the proper development of your career. The hard-worked general practitioner who wastes precious time (which could be more profitably or enjoyably spent) doing his own dispensing or his own book-keeping, has much to learn; but he is probably one who never will.

It is impossible to carry on the affairs of life without causing loss and inconvenience to others, and this cannot be avoided if we are to be successful. It cannot be that to exercise your ordinary rights is to do wrong, otherwise competition of all forms is ethically unsound.

Courage is a *sine qua non* of success. No one who deliberately schools himself to take the line of least resistance in conduct will ever hold his head high. Dr. Claye Shaw points out that—

Whatever way success is achieved, there are four mental necessities—namely, a clear view of the end, a judicious indifference to the sentiments aroused by the sweeping away of obstacles, an indomitable energy, a power to resist the temptation to rest on the soporific plains of mediocrity.

As a concise statement this is excellent, and so far as social and commercial or political success is concerned, it is capable of absolute application. It does not require much modification to adapt it to success in our own profession. The much good we do would become more if the essentials enunciated by Shaw were kept well in view.

I have addressed you upon the business side of your profession, and I have not said a word, I am convinced,

which is incompatible with the highest aims and ideals we ever entertain. I hold the view that it is essential we should have made the most of opportunities that have presented themselves, and have placed our affairs on a sound business basis before we can incur risks, and display the attributes which our service demands.

In the routine of your work, in the seclusion of the sick chamber, you are almost daily called upon to exercise qualities which show evidence of unostentatious courage, whole-hearted devotion, and a self-abnegation which calls forth qualities of the highest order—greater, I venture to say, than those applauded and honoured in our sister professions. In the unromantic monotony of the commonplace of your daily life, deeds of self-sacrifice have to be performed which are not prompted by the glamour of fame or the desire for profit, but simply because duty calls. Your reward is in the doing.

An Address

ON

MEDICAL ETIQUETTE, ETHICS, AND POLITICS.

DELIVERED TO THE MEDICAL SOCIETY OF UNIVERSITY
COLLEGE, DUNDEE.

BY R. C. BUIST, M.A., M.D.,

DUNDEE.

To our friend the man in the street medical etiquette is like the metaphysics of the pulpit to the bewildered listener, one of those things which he does not understand and which he has a strong presumption is at bottom nothing more intelligible than a means of evading awkward questions. But in ordinary society the knowledge of certain conventional observances is the badge of membership, and in medicine from time to time and place to place varied conventions have been established for those who would exercise the freedom of the craft. The conventions of etiquette are, in their simplest form, attempts to guard against the foolish some essential conditions of common intercourse, but systems of etiquette may develop into an elaborate ritual which becomes the end and aim of its own devotions. One of Molière's doctors would rather not cure a patient than treat him with remedies other than those which the faculty had sanctioned, and under his care the apothecary's children died in four days, where another might have kept them dragging on for more than three months. Let us take a middle course, and while recognizing that

Regulations and rules
Are fences for fools;
The wise don't need them;
The wicked won't heed them,

admit that we are ourselves partly each, so that rules may be at times useful if only as mnemonics.

To the diffident etiquette is a protection, as you may find at the outset of practice in the imperative rule which commands a call on your professional neighbours. This should be obeyed without delay. You are colleagues, and no one can tell how soon some patient's life may depend upon your mutual understanding. The rule is to be interpreted reasonably where the profession is numerous and the area large. Under such conditions you are not expected to make your nights burdensome by marching the confines of a large city, but you will find the difficulty greatly reduced if you have had the wisdom to join the British Medical Association where you qualify, and as soon as you qualify, since you will then be transferred automatically to the list of any Division to which you may go, and be summoned to the meetings, which I counsel you to attend.

The second occasion for etiquette is where a patient comes who has previously been under the care of another. Here the rules vary somewhat from place to place, and you should as soon as may be find out the local variety. You will avoid many occasions of misunderstanding if when you are requested to accept the transfer of a patient during an illness you make it an invariable rule to com-

municate first with the doctor who has been in attendance, but in any case let there be no mystery or secrecy in the matter. It is an event of every day for patients to change their doctor, and, whether they come or go, you should treat the matter as you would an occurrence of the non-medical world. No matter how great a share of your work one patient may be, you will never be aught but a slave until you can see him come and go as if this were a natural event as impersonal as the tide. There is no property in patients, though even yet some seem to hold opinions like those expressed by Molière's doctor, whom we have already consulted, when he says: "Your prospective son-in-law has been constituted my patient. His illness, which has been given me to cure, is a property which belongs to me, and which I reckon among my assets."

The third occasion for etiquette is when you have to see a patient who is still under the care of a colleague. In whatever capacity you may have so to do, unless an emergency admits of no delay, the first step is to communicate with the colleague in attendance, and if in emergency this be impossible, the communication should be made at the earliest practicable moment afterwards. For the more detailed ceremonial of consultation you should refer to the careful reports issued by the British Medical Association on the ethics of consultation. This affords an excellent transition from mere etiquette or customs that have been settled in one form, and might equally well have been settled in another, to the wider principles which are more aptly described as ethics. These principles are themselves conventions, but they involve the application to medical instances of principles which lie deep at the roots of that greatest of conventions, our civilization itself.

The principles of medical ethics are those according to which you are expected to regulate your actions as a medical practitioner. Some have asserted that they involve nothing but the application of the golden rule. A glance at the history and present condition of Christendom shows that this is a more difficult matter than would appear from the simple statement. We may, therefore, look at some of the relations created for us by entry into the medical profession and the duties which present themselves in each of them. First of all, the medical practitioner has duties to himself as human being. It is becoming more and more the lot of the profession to have to make official record of its daily doings. Let me counsel you to protect yourself against yourself by developing the habit of making such records at once. Done, the trouble becomes subconscious; undone, it is cumulatively heavier, a weariness to the flesh and a burden to the spirit. As in the personal relation the due performance of routine is a protection, so in a familial relation is the due observance of domestic routine. For emergencies no rule is dominant, but urgency is relatively rare, and I commend to you the sacred duty of eating your dinner in due season. To speak of familial relations raises almost at once the question of marriage, with regard to which, in the folklore of medical prudence, you will find the maxim that "it is profitable for a doctor to be married." The negative form would have been truer and would have left logical room for the equally true statement that it is not unprofitable for a doctor to be unmarried. You should have better reasons for marriage than the fact that some folks prefer a married doctor; others have other tastes. The matter of dress is weighty in inverse proportion to the worth of the man and the intelligence of his *clientèle*. It is important, even though to the maxim "dress makes the doctor" the cynic adds that "some doctors make a living by their heads and others by their tails."

The relation to the patient is the primary reason for the doctor's being, and the cardinal principle of your duties is to furnish the best that the medical profession can supply for his needs. Not only must the best within your own knowledge be brought forth, but the limits of this knowledge must be honestly recognized, and inside them must be found a knowledge of the way to the best that is available. This is true in whatever circumstances the patient comes into our hands. Be he parochial, insurance, hospital, or private patient, he is entitled to the best that the profession can do for him. Some of the profession have not yet realized the actual raising of the level of medical performance which the Insurance Acts have placed within

their power. Unfortunately the measure of our failure is likely to influence the immediate future of the profession fully more than the extent of our own achievement.

If our first duty is to give honestly of our knowledge, the second duty is to give fully. You leave college now with an extent of clinical practice at your finger-ends of which five-and-twenty years ago we barely dreamed. The danger that I see before you is that of failing to realize the opportunities you have of using it. So far as my observation of the finished product of our medical schools goes, I seem to note the absence of signs both of personal initiative and also of consciousness of the fact that each case lays before you unsolved physiological problems. Though you may satisfy your patient by your treatment without applying the methods which the school has placed in your hands, you must not flatter yourselves that medicine thus applied is scientific. Till you have answered the physiological and pathological questions raised you do not understand your patient, nor have you quitted yourself of your responsibilities towards him. The scientific practice of medicine is a matter of your mental attitude, not of laboratories. Never guess a thing you can measure, or as Clouston put it: "Never be opinionative when you can be scientific."

Dr. J. Marion Sims, the American gynaecologist, was one day, when the guest of Professor A. R. Simpson, introduced by him to the class. He was of course greeted by cries of "Speech! speech!" In reply he told the following story: "Well, gentlemen, I did not reckon to address you, but I think it might be useful to you if I tell you how I started practice. I had been two years at college, and had got my M.D. degree, and my father was very proud of me, and he said to me, 'Marion, I'm going to take an office for you.' Well, he took an office, and he put up a brass plate as long as your arm, 'J. Marion Sims, Physician, Surgeon, and Accoucheur.' I was very proud of that brass plate, and I used to go out three times a day to look at it. But no one else seemed to look at it, and I had sat in that office for three weeks when one day the mayor's coachman came in and said to me, 'Marion, I've known your father as a citizen of this city for many years, and I'd like to do what I can for you. My little girl's sick, and I'd like you to come along and see what's wrong with my little girl.' I went along with him and saw the little girl, and she was sick. I didn't know what was wrong with her, but I knew that I had in my office a book about diseases of children, so I said, 'If you come along to my office in an hour I'll give you something that'll do your little girl some good.' And I went back to my office, and got down the book on diseases of children. I couldn't make out what was wrong with the little girl. But it was a good book, and very conveniently arranged, and at the end there was a list of prescriptions suitable for children, so I took the first prescription in the list and made it up, and when the father came I said to him, 'Give your little girl a teaspoonful of this medicine every four hours, and I'll come along to-morrow and see how she is getting along.' Well, next day the little girl wasn't any better, so I said, 'If you send along to my office in an hour, I'll give you something that'll suit her better, and I'll look in again to-morrow.' This time I gave her the second prescription. Next day she wasn't any better, so I made up the third prescription; and next day the little girl was dead. It was two weeks more before any person came into my office, and then the mayor himself came in, and he said, 'Marion, I've known your father as a respected citizen of this city for a long time, and I'd like you to come along and see my little girl; she's sick.' So I went along and saw the mayor's little girl. And she was just like the other little girl, and again I didn't know what was wrong with her. But I thought that as the prescriptions at the beginning of the list had done so little for the coachman's girl, I'd try the prescription at the end of the list. Well, next day the little girl wasn't any better, so I tried the second last prescription, and next day the mayor's little girl was dead. Gentlemen, I went back to my office, and I unscrewed that brass plate, and put it down a well in the backyard of that office, and then I went back to college for two years."

The other aspect of medical ethics which arises in relation to the patient is that of professional secrecy. This duty is absolute until it is overridden by some higher duty, if there be any. In Britain the interests of justice may

absolve you once you are called as witness in a court of law, where, with the consent of the patient or without it, you are bound to give such evidence as the judge may hold relevant. Apart from this, the duty is absolute. Without the consent of the patient, no facts, medical or other, which you have learnt in the course of attendance on him may be communicated. In some cases where the law requires notification the consent is implied, but it is no part of your duty to act as detective. This sometimes raises questions of great difficulty, especially in relation to the presence of communicable disease. Here, however, your duty ends, when you have fully and clearly impressed upon the patient his own responsibilities towards those with whom he may come into contact. In family circles and in small communities it is often difficult to parry indiscreet questions, but the sooner you cultivate the habit the easier it will become, for the sooner will be established your reputation as to the uselessness of asking you questions. Questions by an employer should only be answered when the employee has given instructions to this effect, and when mistress and maid are concerned it is usually best to have both present. It may be convenient for the mistress to know that her maid is pregnant, but the information is the maid's, not yours.

Entry into the medical profession brings on you also personal responsibilities to your individual colleagues. In the matter of professional consultation I have referred you already to the report on the ethics of consultation, but there is another matter less formal but no less important—the estimates you make and the opinions you may express of your colleagues. You may have read the lines:

Within my earthly temple there's a crowd;
There's one of us that's humble, one that's proud;
There's one that's broken-hearted for his sins,
And one that unrepentant sits and grins;
There's one who loves his neighbour as himself,
And one who cares for naught but fame and pelf.
From such corroding care I should be free,
If once I could determine which is Me.

Looking into the witches' cauldron of the soul may be no easy task, but I have long ago come to the conclusion that there is no act with which one will credit another that he is not himself capable of being tempted to do. You may recall the anecdote of Lord Inglis, who one day, in the robing room at the Court of Session, said to his colleagues: "It has sometimes occurred to me that there is no crime in the calendar which I have not been at one time or other tempted to commit." The fact expressed is by no means set aside by Lord Young's query: "When was your lordship last tempted to commit concealment of pregnancy?"

One day a patient called on the late Dr. James Murphy of Sunderland, and said that he had already been to one of his rivals. Dr. Murphy replied, "I have no rivals; which of my friends was it?" The curse of medical life is the jealousy which keeps men looking on each other as rivals. Get rid of it, and you and your neighbour will be happier and not poorer men. The principle which must pervade all the mutual exchange of service which makes the medical collegueship helpful is that you must never use to his disadvantage an opportunity which a neighbour has given you. There can be no mutual trust if you are ready to use his introduction to any patient for the purpose of supplanting him. A patient has the right to change his doctor, and a patient to whom you have been introduced by a colleague has the choice of the whole medical profession, except yourself.

The duties of medical life extend not only to the personal relations, but involve you in responsibilities to knowledge. Early in the *Harzreise* Heine says: "In the university town there is a continual come and go, and every three years there is a new generation of students. In this everlasting human tide the wave of each term drives forth the other, and only the old professors remain standing amid the universal movement; immovable, like the pyramids of Egypt, only that in these university pyramids there is no wisdom hidden." I would not have you take Heine too literally, but it is true in the main that it is the wisdom of the past that you find in the universities as at present organized. There is so much to do and so little time to do it in that we must keep you on the main lines and help to train your hands and eyes, and we can do little to create that forward-looking spirit which is the mainspring of human progress. Except in so far as we are

ourselves engaged in research, we have little opportunity of infecting you with the wholesome virus. But there is a great possibility in your hands, and you are furnished with the clinical armamentarium for attacking it. In hospital and in the school you have seen grave forms of illness when they were already developed, but the task of tracing the origin of these grave conditions in the slighter complaints which meet the general practitioner, and of tracing their etiology back to individual and social habit or tradition, and so into problems of education and economics, is still before us, and it can only be tackled by those who go into ordinary practice. You will each, it is to be hoped, have time on your hands in the early years of practice, and in insured patients you create no bills by much attendance. Devote yourselves to the careful study of how your patients come to be ill, and you will do your share in solving the greatest of our problems, the prevention of disease. If you need encouragement, read Dr. James Mackenzie's article in the *BRITISH MEDICAL JOURNAL* a few weeks back.

From your profession as a whole and from the nation you belong to you have many privileges which require some recognition in the form of service to the interests of both. So we come into medical politics. You cannot fulfil your ethical duties if you neglect politics. In the truism that the interests of the public and those of the medical profession coincide we find another of those simple sayings which admit of much casuistry in their application. So much depends on the measure you apply to interest, and I advise you to re-examine any standard by which the two faces give discordant readings. The present position of medical politics is one of transition. In the past the profession supplied in a disorderly way the demands of the individual for medical attendance, and was on the whole remunerated by fees. Though some will probably not agree with the statement, this system had broken down. Owing to the economic conditions under which it had to be exercised, large numbers of the population could not secure medical attendance as soon as they needed and as much as they needed, and partial relief had been given by large organized medical charities and by much unrecognized medical charity in the form of unpaid bills. A section of the profession contends that the association of remuneration with the individual medical attendance, fee per attendance, is the only healthy stimulus to satisfactory relations between doctor and patient. Others, who stigmatize this a trade rather than a professional view, advocate a salaried medical service. At the moment we are in a state between the two, and you may have your share in deciding how long this stage is to last, and in what direction we are to move from it. There is no doubt whatever that the system of individual employment is on its trial, and if it is not able to justify itself by results in the health of the worker and in the fair administration of his sickness benefit, the profession will soon be subjected to another form of organization. You will certainly have to consider the questions of a salaried medical service and of the one-portal system of admission to the *Medical Register*.

It is not my purpose to state for you the points at issue. You will find them keenly debated in the medical journals. I wish, however, to say some things with regard to your own attitude on professional questions and the points of view from which they are to be regarded. First of all, let me commend to you a modest optimism. You will soon meet prophets of evil, but among the few things that are left to us for matters of belief hold fast an unswerving faith in the law of inertia and in its biological embodiment the law of heredity. Fashions vary and conventions are in constant flux, but the qualities which have led to the great achievements in medicine are rooted deep in the human character, which has been passed on to us almost unchanged through the few thousands of years for which we have a continuous record. Look as we may upon the present modern worship of the golden calf, the medical profession can meet any conditions of organization that may be in store for it with the confident expectation that honesty of purpose, fearless love of truth, and unreserved devotion will be the characters it will display, as they have been displayed by those whose torch we must some day hand on.

In dealing with questions of medical politics you have to meet forces coming from outside the profession. During

the very keen debates which took place two years ago, when the attitude of the profession was one of conflict with the Government, one often heard opinions expressed that seemed to imply wilful perverseness in those with whom we were dealing. Should you be involved in any similar controversy, I advise you to regard the Chancellor of the Exchequer of your time as one of the cosmic forces. The Minister merely expresses social tendencies, and though you may not be able to see their origins, you have to take them into account as certainly as you must regard the law of gravitation when you go down a stair. If you remember this you may be able to do good business and to direct the current of events which, on any other plan, will sweep you away in spite of your impotent sputterings. You cannot solve the problems of medical politics if you confine your view to professional conditions alone, and you must credit others with an honesty of purpose equal to your own. You may take it for certain that while medical considerations and the wish of the medical profession may have determining weight if other things are equal, a system of medical organization will be stable only in so far as it can justify itself by the results it produces for the community.

If it is important to take a detached view of the forces at work outside, it is equally important to take a sane view of the powers available within the profession. I have already, and from another point, advised you to join the British Medical Association, and I do so here again since it offers the readiest way in which you may discharge part of your responsibility to the profession. It is, of course, true that the organization of the profession will go on whether you join or not, but its momentum is proportional to the mass, and you can add yourself. Organization will secure advantages for the profession, and of these the outsider cannot divest himself, though he may avoid sharing in their cost. The Association is the agent of our collective bargaining. It has not the organization of a trade union, and some would fain have it formally enrolled in this category. The Association and a trade union each in its place can take very efficient action, but only so long as the opinion of the members consents to the course taken. When this support is absent, trade union and Association are likewise impotent. You will find those most ready for vigorous action who have a definite opinion, and the more narrow its basis the more ready are they to demand the assent of others. Vigorous action is not necessarily effective. If the Association is usefully to intervene in public affairs, the members must find leaders whose ability they recognize and must give them a free hand to carry out as they best can a policy which commands general assent. No democratic organization can usefully interfere in the details of business. Settle your policy; seek your leaders and trust them.

CANCER, PUBLIC AUTHORITIES, AND THE PUBLIC.

BY CHARLES P. CHILDE, B.A., F.R.C.S.,

VICE-CHAIRMAN, HEALTH COMMITTEE, PORTSMOUTH TOWN COUNCIL.

THE following communication is published in the hope that it may catch the eye and merit the attention of medical officers of health, and that through them the subject of it may come up for the consideration of Public Health Committees.

The Health Committee of the Portsmouth Town Council has for several months had the subject matter of this communication under its consideration, and has submitted certain resolutions which have been adopted by the Council, and will shortly take effect in this neighbourhood. The Portsmouth Town Council, at all times progressive in matters of public health, is, I believe, the first, in this country at all events, to have taken action on these lines. The reference to the Health Committee from the Council was as follows:

To consider in conjunction with the medical officer of health any possible means of securing the earlier treatment of people suffering from cancer, and to report to the Council at an early date.

A subcommittee was formed which gave the matter earnest consideration, with the result that certain recom-

mendations approved by the Health Committee were sent forward to the Council, and were adopted by an overwhelming majority.

To medical men, and especially to surgeons who are called upon to deal with cancer by the only known method of cure—name'y, operative removal—the necessity of endeavouring to secure its earlier adoption is one of the most pressing medical problems of to-day. This is quite evident on reading any discussion during recent years on cancer and its treatment; for whatever different views may be expressed as to the best operative measures for its cure or relief, the point on which there is an absolute consensus of opinion is that until cases can be submitted to treatment earlier than at present it is impossible to expect any sensible measure of success. Though the cause of cancer remains undiscovered, its local origin has during the present generation been universally accepted by the profession. It would be beside the point to enter here into the evidence—clinical, microscopical, experimental, and, most convincing of all, surgical (for during this period it has been proved over and over again to have been cured)—of the fact that cancer in the first instance is a local disease confined at first to the part it attacks, and that it destroys life by its continued growth locally and by its centrifugal spread from its local site of origin. Such being the case, it follows that for every case of cancer which occurs in a situation accessible to surgical removal a time exists, be it short or be it long, during which it is capable of cure, and the measure of success in its treatment depends directly on the ability of its victim to avail himself of this time. Now cancer in far the majority of instances does occur in situations in which it is surgically removable. In women cancer of the breast and generative tract, according to a statistical study based on the cancer records of the Middlesex Hospital by Lazarus-Barlow, accounts for 80 per cent. of the disease. In men 80 per cent. of all cancers affect the alimentary tract, the whole of which, with the possible exception of the pharynx and oesophagus, is readily accessible to the surgeon. Roughly speaking, it may be said that four-fifths of all cancers in both sexes are accessible to surgical removal, and are therefore potentially curable. Yet how few are cured! The reason is not far to seek, and is perfectly well recognized by the profession. It is that early cancer gives rise to no symptoms calculated to warn the patient, unless he is alert, of the abyss on which he stands, and that the person attacked with cancer, though the danger signal is usually hoisted early enough and clearly enough, is in most instances totally unaware that there is anything serious the matter with him. This is literally true of the hospital class of patient. I have gone carefully into the matter myself, and any medical man who has the opportunity can test the truth of it. If a woman of the hospital class with advanced cancer of the breast or uterus is asked how long she has known that she had a tumour of the breast or irregular bleeding, the common answer is anything between six and eighteen months. If she is next asked why, knowing this, she did not apply earlier, the almost invariable answer is to the effect: "I felt well; it caused me no pain; I did not think it was anything serious." A similar reply will almost invariably be elicited from a man with advanced cancer of the lip or mouth.

If these people have any knowledge at all of cancer, owing to friends or relatives having died of it, it is that of a person wasted to a shadow, suffering all the tortures of hell, and eventually dying a miserable death. It never enters their head that the painless little tumour in the breast, or the slight irregular bleeding, or the small sore on the tongue is the same disease. Among the educated classes ignorance too accounts more than anything else for delay in seeking advice. This also I have tested. Fear has some share in it; the dread that they may be told that they have cancer, which they regard as tantamount to a death sentence. This fear, it will be noted, is due to ignorance of what it is possible to do for early cancer; and it is not to be supposed that the majority of educated men and women, provided they knew that cancer was curable if they sought advice at once, and knew equally well that it was inevitably fatal if they delayed, would hesitate between the two alternatives. It is the unwarranted ignorant conviction that if they have cancer it is a fatal disease, which causes them to put off. Dread, too, of operation weighs with some, but I do not think