

THE TREATMENT OF FAR-ADVANCED MALIGNANT DISEASE. *

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ONE of the most perplexing and pathetic questions which confronts the surgeon is what to do for patients suffering from far-advanced malignant disease. We realize that the results obtained by early and radical operation are gratifying, and that it is only by such treatment that cures can be promised. It is obvious then that what we want is to have the patients come to us early and not as a last resort. Why do they not come early and why do they so often first consult the cancer quack? (I refer, of course, more particularly to the more ignorant class of patients, though such behavior is by no means rare among patients who consider themselves intelligent.) In order to answer this question I have asked many patients to explain their delay and their obvious dodging of the surgeon, and I have discovered that there is a wide-spread belief among the laity that surgery is of no avail in the face of cancer and that it should only be employed when other means of treatment have failed. Probably in no surgeon's office, and certainly in no surgical dispensary, is the following statement rare, "If it is cancer, I do not want it operated upon, but if it is a simple tumor I am willing to have it removed." On being asked to explain his attitude the patient tells us that he knows of several cases, often one or two in his own family, where recurrence took place promptly after operation. He does not understand that the operation was probably a late one, and draws his conclusions only from the result accomplished by the operation. Unfortunately the patient sometimes gets bad advice from his

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medical attendant, who lacks courage enough to say as soon as the growth is discovered that a surgeon should be consulted and wastes valuable time in applying ointments and giving placebos.

Many general practitioners share the belief I have accredited to the laity that surgery is of no avail in the treatment of malignant growths, and this belief has its origin in the contemplation of early recurrences after late and incomplete operations. These practitioners are often forced by their own consciences or by the importunities of the patient to bring him for operation when the disease has advanced beyond relief. There can be no doubt whatever that this want of faith in surgery is prevalent in the laity and to a small extent in the profession, nor is there any doubt in my mind that it has its origin in the knowledge of the results obtained by operation in far-advanced cases. It seems to me, therefore, that as surgeons it is our duty to correct this false impression and substitute for it the truth, which is that cancer is curable if accessible and if operated upon early and thoroughly.

Many will say that we are certainly preaching this, and I admit it, but our practice very often counteracts the effect of our preaching. A poor patient presents herself, or is brought by her physician, with a far-advanced cancer of the breast with extensive glandular involvement, a condition which we recognize as being beyond operative relief, but out of sympathy for the sufferer, or with the vague hope that operation may relieve suffering or perhaps prolong life, or because the physician has told the patient she must be operated upon and persuaded her to consent, we operate, doing a most extensive removal of the original growth but finding too often that the glandular involvement is beyond removal, or worse, that metastasis to some other inaccessible part has already occurred. What is the result in such a case? The patient recovers from the operation, goes home, thinks she is cured, and she and her friends spread the news that she has been operated upon. In a few months the disease has killed her and all her friends and acquaintances make the natural deduction that surgery

cannot cure cancer. When one of these develops a similar condition operation is postponed until the same hopeless stage is reached and then operation is sought as a last resort. This, I take it, is the wrong way to teach the laity what surgery can do and thwarts our object—namely, that of getting the cases early.

Let us, for example, take this same type of case again and say honestly to the patient or her family and to her physician that the disease has progressed too far for operation. What will be the effect on the physician and on his patient of such an attitude? On the physician, if he is conscientious and honest, it will be that of stimulating him to bring his cases of tumor to us at an earlier date. The patient and her friends spread the news that she applied too late for operation, and she succumbs to the disease possibly a little earlier than if she had been operated upon. But the effect upon her circle of acquaintances is that when one of them develops a similar growth she will hasten to the surgeon lest she, too, may be told that the disease is beyond any hope of surgical relief. The public must be taught and this is one way we can do it.

It will be said that by this plan we are arbitrarily sacrificing the individual for the benefit of the race, because we cannot say how far the disease has advanced until we operate, and that occasionally cures are accomplished when least expected. I believe that with careful physical examination and thorough study of statistics we can pick out the cases which are apt to give us the pleasant surprises. We all realize that there are certain types of malignant tumor which grow slowly and metastasize late, and in such, even if far-advanced, cure or a long period of freedom from disease may be accomplished. But these are not the cases I would reject. On the other hand, we have types of carcinoma, like that of the uterus and the rectum, especially in young people where only early operation can be of avail. An examination of the liver through an abdominal incision has more than once saved me the chagrin of resecting a rectum for cancer when the liver was already extensively involved in the disease. We know that a slow-grow-

ing cancer of the breast in a woman past fifty years of age, even if the skin is extensively involved, gives often a fair operative result, and we know, equally well, that it is useless to operate on a far-advanced rapidly-growing breast cancer in a young woman.

My feeling in regard to this matter is that for extent and thoroughness operations for cancer have reached their limit, and our improvement in the treatment of this disease must come through impressing the public and the profession with the idea that malignant disease must be attacked early and radically if it is to be treated successfully, and that one of the ways of doing this is to avoid operation, except those of absolute necessity, in cases which our experience and judgment tell us are so far advanced that there is only a small hope of temporary relief. By declining operation in the hopeless cases we stimulate those physicians who refer their patients to us to greater effort at early diagnosis, and we impress the laity with the fact that it is an early operation which cures cancer. To operate upon a far-advanced cancer of the rectum, with probable hepatic metastasis, means an early death accredited to futile surgery, while to turn such a case down with the statement that it is too late throws the onus where it may rightly belong, on the patient himself or on the physician who may have been giving him his "favorite pile ointment" without having once examined the interior of the rectum. In how many cases of cancer of the rectum do we find that a recent operation for hemorrhoids has been done? Improvement in the treatment of these cases must come, it seems to me, by early and complete operation and not by carrying our already extensive operative procedures still farther. The following is an illustration of the point I would make and I am sure it can be duplicated in the experience of most surgeons. Last winter I was foolish enough, out of sympathy for the patient and because of the importunities of the husband, to operate on a rapidly-growing adenocarcinoma of the breast, which for six weeks had been daily "rubbed" by an osteopath, who told the patient that although the treatment might not cure her

it would put the parts in better condition for operation later. When I first saw her it looked as if the breast were the seat of an enormous abscess and the axillary and cervical glands were extensively involved. The suffering and distress were so great that I yielded to the hope that an extensive operation followed by X-ray treatments might, at least, bring relief. Recurrence took place in three or four months and the patient died in six or eight months. How many of the acquaintances of this poor woman do you think believe that she died because "surgery cannot cure cancer," how many do you suppose know of the previous treatment, and would not my refusing to operate, because of the previous maltreatment, probably have had a restraining effect in the future on the person administering it?

In checking fire dynamiting and counter-firing may be of avail sometimes, but the surest way is to put out the fire in the beginning and the same applies to the treatment of cancer.