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HOW NURSES CAN AID IN THE FIGHT AGAINST CANCER,¹

BY REUBEN PETERSON, M.D.

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The other day a middle aged woman consulted me for some trouble with her breast. Two years ago she noticed a lump which had gradually grown larger but it had never pained her and she had consulted a physician only one week ago. Examination revealed a large tumor of the left breast in places ulcerated and bleeding. Asked why she had not sought advice sooner she said again it had never pained her. Had she suspected cancer? Yes, that was another reason why she had kept it to herself. She had known of a number of friends and acquaintances operated on for cancer of the breast and not one of them had been cured; they had all died. Tomorrow she will be operated upon and be added to the list of those never cured by operation, for the cancer is no longer confined to the breast. It has been carried by the lymphatics beyond that organ to the glands in the axilla and beyond to other parts of the body. Why then operate? To remove an offensive mass and make her remaining days more comfortable.

We speak of the return of such a cancer. This is incorrect. The disease will not return, it cannot, because it will not be removed. A part will be removed by the knife, the unremoved portion beyond the reach of surgery will continue to spread and in a comparatively short time will cause the death of the patient.

How foolish, what could she have been thinking of? you say, surely she is the exception, most women know that a lump in the breast may mean cancer and consult a physician early. If such were the case there would be no need of this paper which carries with it an appeal to the trained nurses of Michigan, because of their better knowledge of such matters, to help in the distribution of that knowledge to women who do not know, who do not see. That is why the American Society for the Control of Cancer has secured the coöperation of the three great national nurses' organizations: the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing. And that is why I have chosen this subject for my address and why I am asking the coöperation of the Michigan State Nurses' Association in the fight against cancer.

¹ Read at the eleventh annual meeting of the Michigan State Nurses' Association and second annual meeting of the Michigan State League of Nursing Education.

There is something reassuring in the term "fight against cancer." We do not use the word fight except qualifiedly, unless there be some chance of winning, and in this case we are not qualifying the phrase. Not for an instant would I think of consuming your valuable time in discussing how you are to care for the helpless victims of cancer. That is an entirely different question and only incidentally interesting to the members of this Association. The trend of the times is to prevent disease or, by detecting it early, to save the patient by appropriate treatment. That such fields of work appeal to nurses is evidenced by the eagerness with which they are fitting themselves for and taking up everything which has to do with the prevention of disease. It is unnecessary for me to dwell upon the part played by the trained nurse in carrying on the anti-tuberculosis campaign. I am free to confess that organized effort against the great white plague would have proved a dismal failure but for her efforts. That is why you are appealed to by those interested in a similar national movement to reduce the mortality of cancer.

Now if you are to engage in this fight you want to mobilize your facts about cancer, to make use of the popular expression of these war times, for facts about this terrible disease and a knowledge of how to make use of these facts will be to you what ammunition is to an army. We want everything relating to this fight thought out carefully in advance, for unless you are thoroughly equipped you will be at a disadvantage in overcoming ignorance, indifference and prejudice in so far as they relate to cancer. That is my apology for passing in review many things about cancer which are undoubtedly well known to you.

Cancer at first a local disease. Let us begin with this fact since it is the most important. The cells of which the tissues of our bodies are composed usually behave themselves. They perform their work, reproduce themselves and die in such a way as will best safeguard the interest of the organs of the body of which they are units. But occasionally, for reasons we do not understand at present, although we may sometime, these cells become lawless. They refuse to do their duty and push out into the surrounding tissues and crowd until they have become a growth, a cancer. Now this lawlessness of the cells, this mutiny the causes of which are unknown, is at first distinctly a local affair. Not only is it local but it is microscopically local which means that we cannot see it without the aid of the microscope. But even when it has grown so that it can be seen and would be called a lump or a tumor, it is still in the large majority of cases a local disease, and because it is local it can be removed by the knife, unless it be situated in a place where the latter cannot be safely employed, which

in only rarely the case. Cancer, then, at first is a purely local affair. It is not a blood disease, as is syphilis. This last disease is general and not local, hence in no stage can it be removed by the knife. Therefore, if one could always diagnose cancer in its early stage it would be an easier disease to treat than syphilis, since it is much less difficult to remove a portion of an organ or the entire organ than it is to cure a disease like syphilis where the germs causing the disease have been carried over the body and can only be reached by the blood stream.

Here then is your first argument. Here is something you want to preach to patients, day in and day out. Cancer is not a blood disease. At first it is a purely local affair and can be removed in almost every instance without great danger, if taken early. Later on it invades the neighboring tissues, it is carried over the body by way of the lymph stream. It no longer is a local affair; it is general and cannot be cured by any form of treatment. The only hope lies in the patient's consulting a physician early, as soon as the first symptom appears.

Now here is where the trained nurse and especially the visiting nurse will prove invaluable. You come closer to the people than does even the physician. The people trust you for they see you doing things they are familiar with. The doctor often knows too much or too little. He is too busy. He does not get down to details and sometimes has very little influence because of the distrust in the patient's mind arising from failure to cure, in no way the physician's fault.

Remember you are dealing with minds unaccustomed to thinking along scientific lines. Give details without disclosing names or betraying professional secrets. When the patient or members of the family say that cancer cannot be cured, reply that you can prove that such is not true, for you know a man or woman living and well so many years after the removal of cancer. In answer to the doubt of whether it was cancer, you can say you know it was cancer because the microscope revealed its true nature. If cases are cited where apparently the operations were early yet the disease returned, stick to your guns. You may not know of the case personally, but you do know that either the disease was not local at the time of the operation or the operation was not radical enough, else the cancer would have been removed and would not have returned.

Danger signals pointing to cancer. What are the first signs of cancer? What symptoms will make you suspicious that the patient either is likely to have a cancer or actually is a victim of the disease? Obviously it will depend upon the portion of the body affected, since the symptoms will vary in accordance with the organ involved. In deep-seated structures, like the intestines, stomach and liver, the diagnosis

will be much more difficult than where the lesions are external like cancer of the lip or breast. But fortunately you are not called upon to make diagnoses. Your duty is to act as scouts, to watch out for suspicious symptoms and send the patients to their family physicians who will either make the diagnosis or refer them to specialists. Do not be at all concerned about sending possible cancer patients needlessly to physicians. If it proves not to be cancer so much the better. The patient is more than thankful for the information and is so relieved at not having the disease that you will not be blamed.

Cancer of the breast. It has been estimated that of the 75,000 persons of both sexes dying annually in this country of cancer, over 7000 had cancer of the breast. A large percentage of these women could have been saved had they been operated upon as soon as a lump appeared in the breast. Operated upon early, at least 80 per cent of these women or between five and six thousand could have been saved. Not every lump in the breast will prove to be a cancer but every such lump is suspicious and should be subjected to careful examination by a competent physician.

The time was when the medical profession thought it good treatment to keep watch over a tumor of the breast until it showed signs of malignancy, such as retraction of the nipple. This is considered bad practice now since it has been proved how much can be accomplished by surgery in the very early stages of the disease. Operated upon early, cancer of the breast will result in from 80 to 90 per cent of cures. Later cases, but where no lumps can be felt under the arm, yield 50 per cent of cures. You must insist that pain is a late, not an early sign of cancer of the breast. This is true of cancers elsewhere in the body. The greatest mistake a woman can make is to think she is free from cancer because she has no pain, and unfortunately when pain develops it may be too late for a radical cure. Warn your patients of the danger of massage, ointments, salves, etc., for these lumps in the breast. Such applications do no good and their use means the loss of much valuable time. Perhaps some day the true cause of cancer will be ascertained. But until that time arrives the only known cure is radical removal of the cancer.

Cancer of the skin and mucous membranes. There is no excuse for failure to diagnose or at least to suspect the possibility of cancer where the growth can be seen and inspected. You should suspect cancer of the lip or tongue for instance when the lesion does not rapidly heal and disappear. Beginning cancer of the lip resembles oftentimes the common cold sore. This latter lesion rapidly clears up while the cancer persists. Cancer of the lip is more common in men than in women

and is supposed to be due to irritation such as that produced by a clay pipe, a neglected crack in the lip, etc. Cancer of the tongue often is caused by injury from defective teeth. The sore mouth, supposed at first to be due to canker, persists and will often be found to be cancer. Cancer of the tongue and other portions of the inside of the mouth develop much more rapidly than do cancers of the skin proper, hence it is most important that persons over forty with sores in the mouth persisting longer than a week or ten days seek medical advice, since only through early operation is there hope of a cure of cancerous growths in this locality.

You have noticed on the faces of middle aged and especially old people crusts, slightly raised above the surface and often slightly yellowish in color. These may persist for years and then suddenly take on a cancerous form, penetrating the deeper layers of the skin and finally ulcerate. Such lesions are the slowest growing of all forms of cancer but they should not be neglected. While superficial and before they have become cancers they can be easily removed.

In this connection it is necessary to mention a precancerous lesion, the colored mole so commonly seen on the face and neck and other portions of the body. Usually these moles are congenital and benign and are given no consideration by patients or physicians. Unfortunately such pigmented moles in the later years of life may become malignant and unlike other forms of cancers, there is little hope for the patient even should the mole be removed radically soon after the appearance of the malignant change. In this particular form of cancer the cells are carried early to the liver and other parts of the body and the patient dies soon after the operation from these metastases. So fatal is this malignant pigmented mole that surgeons refuse to operate since such a procedure means a hastening of the end. However, and here is the point for you to remember, these pigmented moles can be removed without danger *before* they become malignant. For some years I have advised removal of these growths from patients during operations for other complaints; by so doing I feel that my patients may have been saved from a grave danger.

But all cancers may not be so easily seen and inspected as the external cancers we have been considering. Cancers of the internal organs, like the stomach, liver, intestines and uterus, if we may consider this latter organ in this category, are most frequently the seat of cancer and because they cannot be seen we must be dependent upon symptoms for a diagnosis, at least in the early stages of the cancer before a tumor can be detected. However, the function of the organ which is the seat of beginning cancer may be, and usually is, interfered with early so

as to arouse suspicion as to the presence of malignant disease. Now, as I have said before, the nurse should not attempt to make the diagnosis in a suspicious case. No one has the right to ask this of you and you should not take upon yourselves the responsibility. But you are in duty bound to warn patients with certain symptoms that they may have cancer and you should urge them to seek competent medical advice. Especially is this true of patients over thirty-five or forty years of age whose symptoms point to the disturbance of the function of some organ.

Indigestion is a very common complaint and while annoying usually is classed among the minor maladies. The majority of people after a while know what articles of food disagree with them and can avoid indigestion or cure it by a more careful diet. But indigestion in a person of forty or over who has always had a good stomach, especially if accompanied by slight loss of flesh, is a suspicious symptom. Such a patient may not have cancer of the stomach but it is well to be on the safe side and be carefully examined, for early operation in cancer of the stomach is the only possible cure.

Cancer of the uterus. Cancer of the uterus is a very common disease, Many thousands of women so afflicted could be saved if the surgeons were consulted earlier, but unfortunately women have very erroneous ideas on this subject. One of the commonest errors is the belief that excessive flowing at the change of life is normal and not pathological. Many, many times does the doctor secure this history from patients too far advanced with cancer of the uterus to permit of the radical operation. You should warn women that excessive flowing at any period of life is abnormal and should be investigated. At the time of menopause it is very suspicious. It may be due to a benign tumor of the uterus or to other non-cancerous conditions, but it is absolutely essential to know positively just what is the cause. Fortunately the uterus is so situated that this can be easily done by inspection and microscopical examination of curettings from the interior of the uterus. Tell your patients that if cancer of the womb be recognized early, it can be cured by radical operation. Insist upon their consulting their physician at once at the first sign of anything abnormal. Tell them pelvic pain and foul discharge are late symptoms of the disease and that when they appear it is usually too late for a radical cure, although they may be benefited by treatment surgically or otherwise. Especially urge upon woman past the change of life the necessity of seeking advice when there is a return of the flow. This is a most suspicious sign of cancer and the case should be investigated at once.

Obviously an address of this kind is merely suggestive. You must fill in the outline I have drawn. You must familiarize yourselves with the symptoms of cancer in different parts of the body so that you may have a knowledge of suspicious symptoms. It is a harder task than is the case with tuberculosis for cancer is wider spread over the body, but it can be done and your reward will be the saving, by your timely advice, of many hundreds of otherwise hopeless victims of cancer, during your professional careers. That surely is reward enough. Do not become discouraged because some people will not heed your advice and proceed on their way with contemptuous glances until it is too late. You know and I know that such is the way of the world until it has learned. Let your motto be, for this most horrible of diseases, what the students of this University use when their football team is getting a little the worst of it,—fight—fight—fight.

HOW DRESSINGS ARE DONE AT THE FRONT

By IRENE K. SUMNER

Guildford, England

“How do you do dressings at the front?” Well, in the same way that you do them at home, but . . . yes, there are limitations, a good many limitations sometimes, and perhaps variations also, as one has to work under foreign doctors whose methods vary somewhat from ours, but the principles are the same.

I wish to say here what a blessing an adaptable nurse is at the front where everything is more or less higgledy-piggledy, at any rate at first. She doesn't begin by saying “We never do that in our hospital,” or “I was taught to do it in this way.” She does not demand sterile cloths when there are none to be had. She does her best with what she has to use and she fits in wherever you put her. She does straight away what she is wanted to do, and work goes like lightning. More-over blessings follow her. I am thankful I have met many such.

Shall I begin with the limitations? Dressings are probably limited and you will have to economize. Cotton, gauze and bandages don't always come with the asking. Drugs and lotions must be used sparingly. Treatment will be controlled by the drugs at your disposal, so let nothing be wasted. Surgical requisites and appliances such as dressing bowls, syringes and splints may be conspicuous by their absence. A sterilizer may be forthcoming, sometimes you have nothing but a saucepan. Your help may be limited, sometimes you may have none. Don't forget that your time and your strength are limited, so economize and you will have more of everything to work with.