

size or shape of your breasts or dimpling of the skin. Early diagnosis and proper treatment could save 81 per cent of breast cancer cases instead of the present 46 per cent.

DIGESTIVE TRACT

About one-fourth of all cancers occur somewhere along this pathway of food through the body—the esophagus, the stomach, the intestines, and the rectum. Because the digestive tract is more difficult to examine than are the external parts of the body, these cancers are less easily detected in their early stages. These facts, and the vital importance of early detection, were underscored in a recent study of stomach cancer treatment: 59 per cent of the patients were saved when the cancer was discovered before it had gone beyond the wall of the stomach.

Today, the possibility for early detection of stomach cancers has been increased by use of the Papanicolaou method of recovering and studying cells from the stomach lining. This technique, first applied to the detection of uterine cancer by its discoverer, Dr. George N. Papanicolaou, follows a simple parallel in nature—the fact that the body sheds cells much as a tree sheds its leaves. Microscopic examination of these cells, commonly called the “Pap” test, can detect the presence of cancer in the part of the body they come from before other signs of the disease appear. Thousands of lives have already been saved by this recent advance in techniques of cancer detection.

But you, after all, should be the first to notice any slight early symptoms: persistent indigestion, difficulty in swallowing, rectal bleeding, or a change in bowel habits. Of course, none of these signs automatically means cancer, but if any of them lasts for more than two weeks, be sure to tell your physician about it.

MEANWHILE . . .

Your part in cancer control is still—

- ▶ To get a thorough checkup every year, no matter how well you feel.
- ▶ To learn cancer's seven danger signals,* and to see your doctor if any of them lasts more than two weeks.

1. Unusual bleeding or discharge.
2. A lump or thickening in the breast or elsewhere.
3. A sore that does not heal.
4. A change in bowel or bladder habits.
5. Hoarseness or persistent cough.
6. Indigestion or difficulty in swallowing.
7. Change in a wart or mole.

*Compiled by the American Cancer Society.



THE HEALTH EXAMINATION

The health examination is a personal affair, and a first-hand report is the best introduction to its details. This one, written by Dorothy Patterson and published in the Paterson Evening News (New Jersey), won an award for the best editorial treatment by a daily newspaper on the subject of cancer. It should be remembered, however, that each examination may differ from this specific example. Other doctors may use different methods.

It was a gray February morning. A raw wind swept in from the East River, whipping up the trash in the gutters and bringing tears to my eyes.

I was happy to step inside the warm interior of the [cancer clinic].

I'd been duly prepared—had followed my instructions carefully, right down to the castor oil cocktail.

Now I was about to undergo a complete “head to toe” inside-and-out cancer prevention examination . . .

My first stop was the weighing-in station. . . . Next, the main examining room, lined with curtained cubicles along one wall, dressing rooms along the other.

To one of these I was shown by an aide, handed a white surgical gown and told to remove all clothing except shoes and stockings.

In the curtained cubicle, I met Dr. G (all clinic personnel must be nameless) a pleasant, assured young woman who spoke with an interesting trace of an accent .

“Just sit on the table, please. Your first visit, isn't it?” she asked looking over the record form before her.

I nodded.

“I will have to ask you some questions,” she said in precise English. The questions were the usual aimed at getting a complete medical history.

“Any lumps, swelling, persistent hoarseness, unnatural bleeding?” I could say “no” to all of these and I was thankful.

Now Dr. G was about to begin the actual examination.