CANCER RESEARCH HAS A NEW ADDRESS

Please note that the Cancer Research Editorial Office, along with the American Association for Cancer Research Headquarters Office, has moved its location. Effective September 12, 1988, our new address and phone number are:

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Send all future correspondence, including new submissions, revised manuscripts, page proofs of articles, and letters, to us at the above address.
Our cover features two 18th-century French physicians, Claude Deshais Gendron and Henri F. LeDran, who were concerned with the surgical treatment of cancer. Both men successfully treated cancer by complete surgical removal, indicating the local origin of cancer.

Henri F. LeDran (1685–1771) wrote of his observations in a manual prepared for students, Observations in Surgery: Containing One Hundred and Fifteen Different Cases with Particular Remarks on Each, for the Improvement of Young Adults, Ed. 3. London: S. Crowder, 1758. Translated by J. S. Surgeon. LeDran described operations on several cases of cancer of the lip. One of these was unsuccessful, since, several weeks after the operation, another tumor appeared at a different site, resulting in the death of the patient. LeDran remarked that the "indisposition was not only local, but evidently residing in the juices" (p. 39). He advised young surgeons that for cancer of the lip, or any other tumor, they should extirpate not only the immediate tumor but also some of the surrounding area. LeDran claimed many cures for cancers of various locations.

Claude Deshais Gendron (1663–1750) was more pessimistic than his colleague about the curability of cancer. Gendron's studies, more investigative and detailed than LeDran's advice on surgical procedure to students, are presented in Enquiries into the Nature, Knowledge, and Cure of Cancers, first published in Paris in 1700. Eight years of anatomical observations led him to conclude that cancers were hard, growing masses capable of transmitting cancerous filaments which invaded surrounding tissue and thus extended the cancer. In some cases, surgery was successful, not because the operation dissolved the corrosive acids that formed the tumor, as his contemporaries believed, but because the tumor was fully removed before it ulcerated and spread. Gendron cautioned, however, that extirpating the tumor was usually not sufficient, because "its principal hardness is not the cancer in all the extent thereof, . . . there are diverse filaments of the same nature with the tumour, which . . . tho' never so much dispers'd into the neighbouring parts, reunite again after extirpation, and a new cancer begins to arise . . .". When the tumor was localized, however, it was critical that the physician undertake to remove it, no matter what its location. Gendron cited his ingenious and successful removal of a cancerous growth in the internal surface of the upper eyelid, which he accomplished without destroying the patient's eye, by inserting thin and malleable gold leaves between the eyeball and the eyelid and excising the cancer with a caustic substance.


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