whether you have entirely removed all gland and diseased tissue. Thoroughly wash away all the blood from the removed parts, immerse in a 5 per cent. solution of nitric acid for five minutes, and then wash in clean water for five minutes. If there be any gland tissue or epithelial masses at the cut surfaces, they will appear as dull white patches or spots, whereas the fat becomes quite yellow in comparison, and the connective tissue a semi-transparent, waxy appearance. By this means you will see at once if you have left any diseased or normal gland structures behind. I have tried this method several times, and found it most useful and satisfactory. Nevertheless, with all the improvements in surgical technique, a better understanding of the pathological conditions and physical features of this dread disease, a greater willingness on the part of patients to submit to operation, I am sorry to say I am not able to show a better result than 50 per cent. of fatal recurrences in the twelve cases upon which I have operated: Cases, twelve; six recoveries, six deaths. Out of twelve operations, six died from recurrence of the disease. Of the six who died, the shortest interval between operation and death was one month; the longest, five years. The average lease of life in these cases was one year six and a half months. Of the remaining six, who are still alive, the shortest time since operation is three years, the longest is sixteen years, with no signs of recurrence in any one of them.

It is, perhaps, too tedious to refer to individual cases at length, but the rarity of the following is my excuse for the digression: In speaking of the possibility of secondary deposits in the brain from primary breast carcinoma, a patient of mine, and the last one operated upon, presented very interesting and rare symptoms, and in all probability adds another proof to the series in the production of diabetes insipidus by pressure or irritation of a definite course lesion in the floor of the fourth ventricle.

Miss B., age 81, had a small scirrhus nodule a little above and to the right of the left nipple, of two and a-half years' duration, which was giving her great pain. The axillary glands did not seem to be affected. There was great thirst, and large quantities of urine being passed, from seventeen to twenty pints daily; temperature, normal; and other symptoms generally found with polyuria. The tumor, breast and axillary glands were removed, the latter being distinctly infiltrated. The wound healed nicely after operation, the urine gradually began to diminish, until before death took place it was down to four pints in twenty-four hours. Considerable nausea and some vomiting continued every day, and at the end of two