

the size of beans. The axillary artery and vein were left bare, but were not injured. The patient was exceedingly weak and anæmic before the operation, and the necessary loss of blood, which, however, was not excessive, caused her pulse to become very attenuated, so that the operation had to be completed with her head inverted and her feet in the air, and several hypodermics of ether were also given. An opening was made in the lowest point of the back of the axilla and a drainage tube inserted and fastened with a safety pin. The skin surfaces could not be drawn closer together than two inches, the sutures being of silk-worm gut; gutta percha tissue was placed over the raw surface. It was dressed on the third, eighth and tenth day, after which the discharge diminished very much. The highest temperature recorded was  $99\frac{1}{2}^{\circ}\text{F}$ . on the evening of the third day after the operation. The stitches and drainage tube were removed on the 18th day, and on the 29th day it has almost healed.

I would like to take myself to task for not having made greater efforts to induce this poor woman to submit to operation when I first saw the tumour. Winkel, *Diseases of Women*, Parvin's second edition, Philadelphia, page 657: "If a tumor of the breast has a uniformly continuous growth, it must be extirpated no matter whether benign or malignant. When the tumor is malignant the sound tissues should be excised at least an inch beyond its margin. When the skin is not movable over the tumor, but adherent, or is already diseased, it must be excised far beyond the limits of the involved tissue. When the pectoral muscle is involved, the diseased tissue must be removed, and it may even be necessary to excise a rib. Indurations found in any portions of the adipose tissue or at the base of the wound must be carefully removed with the scissors." This is sound advice, and was followed with, so far, satisfactory results.

As Gerster (*Aseptic and Antiseptic Sur-*

*gery*, New York, 1888, page 109) points out that this operation in preantiseptic times was as fatal as the major amputation of a limb, while now the risk is almost *nil*. But the death rate from recurrence of the disease has not fallen, because we wait too long before resorting to operative treatment. In the case whose liver has just been exhibited, there was a large sloughing and stinking mass in the breast and the pectoral muscle was completely invaded. No operation could have been of any ultimate avail. In view of the fact that over 90 per cent. of all mammary tumors are carcinomatous, the benefit of the doubt should be given to operating. There were three points of interest in this case, two of which rendered me less vigilant than I would otherwise have been—namely, the absence of the slightest retraction of the nipple and the age of the patient. The third was the presence on the arms of three black eschars—two on one arm and one on the other, resembling burns. On telling the nurse that they were probably burns from contact with too hot bottles, she maintained that they were, on the contrary, due to hypodermics of ether which were given when the patient's pulse began to fail; and such, it seems, is really the case.

### Society Proceedings

#### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, February 5th, 1892.*

JAMES STEWART, M.D., VICE-PRESIDENT, IN THE CHAIR.

*Thrombotic Softening of the Pons Varolii.*—Dr. Lalleur exhibited a specimen of this condition. There was nothing abnormal found in the dura. At the base of the brain there was extensive sclerosis of all the vessels, the left posterior cerebral artery being plugged. In passing below the level of the corpora quadrigemina, the substance of the pons varolii is seen to be softened; the softening affects the left half, leaving only a rim of sound tissue, the line of demarcation being very sharp at the