DUCT CARCINOMA OF THE BREAST: SCHLEICH'S SOLUTION OF COCAINE USED AT OPERATION.

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The patient, from whom breast* was removed, has briefly the following story:

E. T., aged 61. No relative known to have had cancer. The affection of the breast was first noticed a year ago. Her attention was called to it by a dull aching pain, felt in the left nipple, for an hour or so one night after retiring. This pain was felt a few days later for a very short time. With the exception of these two occasions, the patient has never suffered pain. She then noticed a small lump beneath the nipple. This has gradually increased in size until the present. She has had slight discharges of a bloody character at irregular intervals during the past year. The breast gives her a stiff feeling and a sensation of weight, but no pain.

Condition on Examination.—Nipple slightly retracted. A dark scab, evidently formed chiefly of blood, covers part of the nipple. The skin immediately surrounding the nipple is adherent to the ma. beneath. The diseased breast is smaller than the other one. The tumor is hard and resistent to the touch, rounded in form, with a fairly well circumscribed margin. It is about four inches in diameter, and surrounds the nipple equally in all directions. On putting the pectoralis major muscle on the stretch, the growth can be moved to a slight extent in the direction of its fibres. High up in the axilla three enlarged lymphatic glands could be felt. It was diagnosed as a duct cancer. As the patient had a weak heart, and it was feared she could not stand a general anesthetic, the operation was performed with Schleich's solution of cocaine. About an ounce and one-half of the solution was injected along the line of the intended incision, and half an ounce beneath the breast. The entire breast was removed with the pectoral fascia and the costo-sternal origin of the pectoralis major muscle (as the growth was found to extend into the superficial part of the pectoralis muscle). The fat and lymphatics leading to the axilla and the glands and fat in the axilla were entirely removed. The incision was closed in the usual way with silkworm gut sutures, and a drainage tube placed in the axillary end of the incision. The patient was given an ounce of brandy in addition to the cocaine injection, and although she complained at the time, she afterwards stated that she felt no pain, but was simply frightened from the knowledge of what was going on. The drainage tube was

* Specimen shown at the Toronto Clinical Society.