

valuable aid in the treatment of anæmia, and also of oligæmia due to loss of blood from causes such as placenta prævia, hæmorrhoids, and wounds.—Dr. Mann in *The Lancet*.

**THE CHANGE OF A BENIGNANT TUMOR INTO A SCIRRHUS CANCER IN THE BREAST.**—The patient was a lady fifty-four years of age, who had had more or less trouble in her breast for over twenty years, this having first appeared at the time that she was nursing her first child, now twenty-six years of age. For ten years she had noticed a lump in the outer segment of the right breast which during that time had not materially altered in size.

She was seen by Dr. Cabot in February, 1893. This little mass then was about the size of a large English walnut. It was movable, and seemingly not attached, either below or to the skin. She had noticed that this lump sometimes increased and became painful at the times of her monthly sickness, but then resumed its usual condition.

Dr. Cabot saw it again in July, when it seemed possibly a little larger than at the previous examination. The skin over it showed a little irregularity of surface, the irregularity seeming to be caused by a network of fluid spaces close under the outer layer of the skin. At no time could anything be felt in the axilla.

The patient was seen again in December, she having in the meantime had some electrical treatment, in the hope of dissipating the lump. The condition of the skin was unchanged, and it was deemed wise to remove the mass, not because it seemed like a cancer, but in order to leave no chance of neglecting a serious thing. The growth was removed, with considerable tissue on both sides of it, and on section, it was found to present the characteristic appearance of a scirrhus cancer. At once the rest of the breast and the skin lying over it, and all of the axillary contents, together with the loose, connective tissue lying between the breast and the axilla, were thoroughly removed. Dr. Whitney, who made the microscopical examination of the specimen, reported the nodule to be scirrhus cancer, and after a careful search through the glands in the axilla, could find none in which any cancerous change had commenced. The dimpling of the skin seemed to be due to the drawing of little fibres, running from the growth to the under surface of the skin at one or two points.

The case was interesting, as showing how a benignant tumor may insidiously take on a malignant character, and illustrated the importance of keeping such a tumor under observation and of removing it early, if any appearance about it suggested a suspicion of its character. The wound healed by first intention. Care was taken to make the section of the growth with a knife

which was not used further in the operation; and the hands were carefully washed after this examination was made, before proceeding with the operation, in order to obviate the danger of any of the cancerous cells being transferred to the healthy parts. It seemed like a remarkably favorable case for a cure.—Dr. Cabot, in *Boston Med. and Surg. Jour.*

**SOME DANGERS OF THE SCHOOL-ROOM.**—Under the title of "Some Derangements of the Heart and Stomach Produced by the Usual Position Assumed by Children in School," Dr. Motais read an interesting and important paper before the Académie de Médecine of Paris. This subject received a considerable amount of attention at the International Hygienic Congress held in London in 1891. By "the usual position assumed in school" Dr. Motais means that attitude in which the pupil seats himself on the ischial tuberosity, supporting himself by leaning on the left elbow and stooping forwards, so that the trunk of the body then develops an antero-lateral curvature. The result is, firstly, that by the lateral inclination the border of the false ribs on the left side descends until it is in contact with the iliac crest. The larger curvature of the stomach is thus pressed upon the spleen and general mass of the intestines; secondly, by bending the body so much anteriorly a fold is formed at the upper part of the abdominal wall, and the anterior surface of the stomach follows the curve. The conditions produce a mechanical hindrance to the movements of the cardiac stomach. The function of the thoracic viscera is equally interfered with by means of the anterior curvature owing to the drawing together of the ribs, and also by the descent of the left half of the diaphragm towards the upper border of the stomach. The difficulty thus afforded to respiration reacts on the heart, the contractions of which are, moreover, mechanically hindered by the distortion of the thoracic cavity. The neck is necessarily somewhat twisted, and the large vessels at the root, therefore, are submitted to a certain amount of torsion. The effect of the attitude described above is especially marked when an organic affection of the heart exists. Dr. Motais is also of opinion that this position is a strong pathogenic element protracting the duration of dyspepsia. He has found that if children who suffer from this complaint are made to assume a correct posture whilst in school, the symptoms subside more rapidly than when such a precaution is not taken. The same observations are applicable to adults engaged in sedentary occupations, and Dr. Motais laid great stress on the point that the medical man, when treating cases of chronic heart or gastric disease, should give his patients directions as to the posture to be assumed when much sitting is necessary.—*Lancet*.