

age of forty-eight. Three were single and twenty-four married. Two were nullipara. In 11 cases children had been borne, but two of them had not nursed.

The family history was stated in 13 cases and was negative in all but two; in one of these the mother had suffered from carcinoma of the breast, and in the second a sister had carcinoma of the rectum. In one there was a previous history of mammary abscess, and in one mastitis. In four cases there was a history of injury shortly antedating the discovery of the lump.

The site of the disease was stated in 23 cases, 26 per cent. occurring on the right side, and 74 per cent. on the left side. The most common situation being the upper outer quadrant.

The first symptom noted in 12 of these was the lump; in 9 of them pain was the first symptom; in one the pain was in the shoulder, and down the arm in another. Pain was altogether absent in 24 per cent. When present it was described as slight, lancinating or a dull aching pain. Oedema of the arm was noted in one case, and a discharge from the nipple in one.

Considering the class of cases and the late date at which many of them came to operation, these results are encouraging. I believe, however, that it is possible to improve them wonderfully. Improved surgical technique has made it feasible and comparatively safe to remove these growths with a wide margin of healthy tissue together with the lymphatics in the axilla and cervical regions.

The great improvement in the future is to be made by the general diffusion of knowledge among the laity, and the earlier diagnosis of the case by the family physician, who sees nearly all of them in the first instance. The ordinary text-book diagnosis is that of a well-developed tumour associated with lymphatic gland enlargement. The best results are to be obtained in early cases discovered before the glands along the lower border of the pectoralis major, in the axilla, or in the triangles of the neck are involved.

When consulted by a patient as to the presence and nature of a mammary tumour, the physician should not rest satisfied until he has definitely determined whether it is benign or malignant, or that it is impossible for him to say which. Two symptoms well worked out should, in the majority of instances, establish the condition with a very considerable degree of certainty. First, is there a tumour? If so, it should be easily palpable between the fingers and the chest wall. I may be pardoned for alluding to so elementary a method of physical diagnosis, but failure to adopt this practice has led to unpleasantness