

cancer that require expert pathological knowledge are cancer of the breast and cancer of the uterus.

*Cancer of the breast.* All surgeons meet with many nodules in the breast. Some of these are definitely fibrous in character, others are definitely cancer, while not a few are on the borderline and can only be positively diagnosed on microscopic examination. It is wise to remove all breast nodules, but where malignancy exists it is imperative to do a most thorough and complete removal of the breast, pectoral muscles, axillary glands and fat. Bloodgood, after the most careful and painstaking study of the cases at the Johns Hopkins Hospital, has found that to remove a piece of cancerous breast for microscopical examination, and then delay several days or a week for the pathologist's report is a most dangerous procedure, as nearly all of these patients have a recurrence. The cutting into the growth allows such a widespread dissemination of the cancer that the subsequent operation is of no avail. Consequently, in case of doubt a piece should be cut out and examined immediately, the area of the excision in the meantime being treated as a contaminated area, and if cancer is reported the breast is removed at once, the delay occasioned by the microscopic examination not having taken over ten to fifteen minutes at the outside.

There are many good surgeons through the country, but few good surgical pathologists, except in the teaching centres. The time is speedily coming when every hospital will have a trained and expert surgical pathologist on its staff, a man whose advice can be had at every operation. He will prove to be one of the hospital's most valuable assets. Some may ask why we have not more such men. The truth is that the young physician must make a livelihood, and as the pathologist receives as a rule a mere pittance for his work, few have the scientific perseverance to enter this field. This field must be made sufficiently remunerative to induce plenty of capable men to enter it. When once they embark upon it, learn what a fascination there is in following an individual case to its very rock bottom, obtain here and there a clue enabling them to forecast with a degree of definiteness and precision whether this or that patient will recover, and even every now and then discover something that has never been known to medical men before, then you will find men that will never give up the study of surgical pathology.

When I started medicine a quarter of a century ago, asepsis was slowly creeping into Ontario, and Lister's carbolic spray was still in vogue. We examined very little operative material microscopically in those days. The time is rapidly drawing near when every