

MEDICAL ASPECTS OF CANCER OF THE BREAST.*

BY WILLIAM OSLER, M. D., BALTIMORE, MD.,

Professor of medicine in Johns Hopkins University, and Physician-in-Chief to the Johns Hopkins Hospital, etc.

Surgery has become largely the practice of medicine, and medicine, in part, at least, the preliminary practice of surgery, in so far as making the diagnosis for surgeons and handing them our cases for operation. We consulting physicians see a cancer of the breast in two stages, because the patients come to us as the lesser of two evils; they prefer the opinion of the physician who may possibly tell them that an operation is not necessary, to that of the surgeon, whom they fear will surely tell them that an operation is necessary. I see every year three or four cases of cancer of the breast in its early stage, or cases of suspected breast tumor. But the cases to which I wish to call attention this evening form a more important group for the physician to recognize—namely, the *late manifestation of cancer of the breast*.

Now, they may be grouped according to the metastases, for it is through these that we are brought into relations with them, into *cerebro-spinal, thoracic and abdominal groups*,

We will first consider the *cerebro-spinal group*. Owing to the fact that the metastases are almost as frequent in the bones as in any other part of the body, we see a proportionately large number of cases with symptoms pointing either to disease in the cranium, the spinal canal or the vertebræ. That point has not been sufficiently brought out, certainly not by medical writers. Statistics are available now from several of the large German clinics, and the percentage is considerable.

The first case that called my attention to the matter was a remarkable one that illustrates the *cerebral form of metastasis* following breast cancer. Many years ago I was asked to see a case with Dr. Agnew, in Philadelphia. The woman suffered with headache, vomiting, and progressive coma. She had a double optic neuritis, and it was quite evident that she had a brain tumor. It was not until I saw her the second time that Dr. Agnew remarked: "Why, I forgot altogether that Mrs. R. had cancer of the breast eighteen years ago." On examination, there was a hard, firm, scirrhus nodule in the breast. That case is paralleled by many in the literature, and illustrates, too, the fact that often years after a malignant disease has apparently atrophied a secondary growth may occur. It is the only case, however, out of quite a long series I have had, showing pronounced cerebral symptoms.

The *spinal group* is very much more important, and really forms a very considerable number of all the cases of late metastases in carcinoma of the breast. They are important, in the first place, because they are very apt, indeed, to be mistaken for something else. The metastases may occur in the body of the spine or within the spinal membranes; and a very small new growth, as in a case recently seen in the Hopkins, may cause very serious symptoms. I saw a very remarkable case a few years ago with Dr. Pole which interested me extremely, as we had made an error in the diagnosis. The patient had a marked neuralgia of the neck

* From *The Virginia Medical Semi-Monthly*.