

involvement, we find on microscopic section that cancer cells are already present in the glands. A single instance of this latter possibility is sufficient argument to show conclusively that the removal of the glands, whether involved or not, should form a part of our routine practice in dealing with malignant disease.

The results obtained by the modern method of performing a radical operation for cancer of the breast fully justify the routine removal of the whole breast, the pectorals and the axillary glands and fascia, but the earlier a radical operation is undertaken the more the prospect of cure is enhanced. Yet this fact is not appreciated to the extent it should be, thus quite recently I operated on a woman 77 years of age, who had had a small tumor removed from the breast six years previously, local recurrence was first noted some five years after operation with secondary axillary growths. Had a radical operation been done in this woman's case at the outset, one believes that recurrence would have been most unlikely, particularly at her age. Too often these small growths are excised and not even submitted to microscopic examination. We too frequently see the pernicious results of such practice, and one feels it one's duty to protest as strongly as one can against it. The fact is a practitioner may have only one or two such cases in a long period of years, and he is perhaps not to be blamed if he fails to realize the gravity of such a case and the responsibility he assumes in treating it. It is the duty of the surgeon, therefore, to use every opportunity to teach the lesson of the necessity for early and radical measures in such cases.

Reference has been made in this paper to malignant disease in the neck. Crile has urged with force that cancer in the head and neck is primarily a local disease, and that "the collar of lymphatics of the neck forms an extraordinary barrier through which cancer rarely penetrates." On those grounds he has urged that the technique, if mapped out on the basis of logical argument, must be a "block" dissection of the regional lymphatic system as well as the primary focus, applying the same principles here as those which are now universally adopted in the excision of the breast with the pectorals and lymph glands for cancer. We concur most heartily with these conclusions, experience teaches us the wisdom of such a course, and the absolute folly of incomplete operation. Important nerves, blood vessels and muscles must be sacrificed if need be to secure our end, the only limitation being the danger to life or the degree of disability ensuing from our interference with important structures, the length to which we must go in the individual case being determined by consideration of the extent of