

Mr. Watson Cheyne says that, allowing for accidents, intercurrent diseases, etc., he does not think that the mortality in complete removal should be more than from 2 to 4 per cent. The highest per cent. of cures—calling those cases cured in which there has been no recurrence up to three years after operation, is twenty to twenty-five. This is the result of American statistics, collected by Dr. Wm. T. Bull, of New York. The same author says, "That in comparison with this per cent. of cures may be placed in striking contrast with the fact that in his ten cases, where the operation had only been partial, all died of recurrence at an average period of thirty-four and a half months."

The above facts show us at a glance that there is a great disproportion in the reduction of the mortalities between operative procedure and that resulting from recurrence of the disease. In the former, the reduced mortality is easily accounted for through antisepticism, asepticism, and greater perfection in the surgical art. But what is the cause of the high mortality from recurrences? Is it because the disease is so insidious in its nature? That it is so hard to recognize early? Is it because we delay too long in advising removal, even after diagnosis has been established? Do we not too often leave it to the will of our patients to decide, who cannot understand the dangers as well as professional men? Or, is it due to a faulty operation? Perhaps it is a combination of these. When we consider that nearly 90 per cent. of all mammary tumors are carcinomatous, the benefit of the doubt should be given to the procedure of early removal.

If the theory of Jonathan Hutchinson be accepted, that cancer is not due to any special material introduced from without, but that it is simply a modification of the tissues which occurs in chronic inflammatory action; then may it not reasonably be possible that in tissues which are in a favorable condition of degeneracy, the ordinary process of healing and its necessary irritation should be productive of the same state of affairs as that for which the operation was performed? May this not be a cause of recurrence in the wound scar, as well as a piece of gland or affected tissue that had been overlooked in removal?

It is true that in former days, when the growth was near the axillary border, and it was not the custom to remove the axillary glands or the entire breast gland, that the greater number of recurrences were in the axillary glands, and not in the breast tissue; but in those cases where the disease was situated towards the sternal margin of the gland the recurrences were generally in the residuary breast gland,