

that some of these untraced cases may have lived three years or more without recurrence. Four died after a period of three years; one of metastases; one of perforation of the stomach seven years and four months after operation; one of some pulmonary condition without evidence of local recurrence or internal metastases, and one seven years after operation without any recurrence locally or any evidence of internal metastases.

Then again, in estimating the cures at 28½ per cent., 3 cases dying within three years of other diseases without local recurrence or metastases have been excluded. It is quite possible that one of these three might not have suffered from recurrence had she lived three years or more afterwards. If we reckon our percentage on those that are traced we have 13 cures out of 28 cases, or 46½ per cent. This is obviously too high. Naturally the mortality among the untraced would be higher than among the traced. Cases should be classified; those operated upon before the glands are involved should give excellent results as compared with those in which the glands are already infiltrated. The patient should have the benefit of the doubt; as Halsted puts it, "Little notion of the value of an operative procedure can be gained unless some attempt be made to exclude or consider apart cancer so far advanced that however radical the operation only a portion of the disease can be removed." Available statistics are of little value in answering the patient's query, "What are my chances of non-recurrence?" They are for the most part made from a run of cases. It is obvious that the early cases should receive more encouragement and a better prognosis than the long standing and advanced. There was no operation mortality in the 90 cases of breast tumour here reported.

All cases that applied during this period were operated upon with the exception of one whose condition did not warrant any major operation. In some of these the disease was of long-standing—seven years in three cases, with an average of forty-seven months. The axillary glands were palpable in 18 cases. The fact that they are not palpable, however, must not be regarded as conclusive evidence that they are not affected. In three cases the supraclavicular glands were palpable, and in one case were palpable on both sides of the neck. In 14 cases in which the enlarged glands were reported upon by the pathologist after removal, the form of disease was scirrhus in 5; medullary in 1, and carcinoma in 2, and in 6 cases they were reported as enlarged, but not infiltrated with cancer cells.

The most frequent age was between forty-six and fifty-five years. The youngest was twenty-seven, and the oldest sixty-nine, with an aver-