that in a percentage of cases, fortunately a very small percentage, the most expert histological pathologist may mislead one. This was well demonstrated in the case of a woman, æt. 49, with a tumor of the breast which she had noticed three years previously. There were palpable glands in the axilla, and the mammary tumor which lay immediately beneath the nipple appeared to be attached to the skin, although no marked retraction of the nipple existed. I did the usual radical operation with removal of the breast and pectorals and of the axillary glands. The pathologist first reported the breast tumor a chronic mastitis without malignancy, but on subsequent examination of the axillary glands he found they were carcinomatous. Subsequently a careful search over the breast tumor was successful in finding undoubted carcinoma in a small focus surrounded by a large amount of chronic inflammatory tissue. Again one must not jump to the conclusion from the study of such a case that the key to the situation is to be found in the enlarged gland, because it is well known that indurated glands may be purely inflammatory in conjunction with a primary malignant growth. This is notoriously the case in malignant growth of the stomach and should always be considered when determining the limitation of operative interference.

One should bear in mind that in various manifestations of malignant disease the magnitude of the secondary growth may entirely overshadow the primary, and the latter has in many instances been entirely overlooked, as in the case cited above. I might give other instances from my note book illustrating this point. Here then it is one's duty, if a complete eradication of the disease is to be accomplished, to make a thorough search for the primary growth when we find carcinoma in the glandular tumor. If it is essential in such cases to find and remove the primary growth it is equally clear that where we are dealing with a primary cancer growth we should not wait for gross secondary manifestations in the lymphatic glands, but should proceed at once to remove the glands and gland-bearing fascia of the region likely to be involved. The importance of this is evidenced all too frequently in the past as in the case of a man 64 years of age who had a carcinomatous ulcer the size of a twenty-five cent piece removed from the inner side of the cheek and then came to the hospital fifteen months subsequently with a large secondary growth in the submaxillary glands, necessitating an extensive dissection with little hope for radical cure. Or again the necessity for this method of procedure may be demonstrated in another way when after removal of the primary growth and of the glands and fascia, which show no gross signs of secondary