

results. It does most to prevent early local recurrence. In a table contained in Jacobson's "Operative Surgery," Banks has 29 per cent., Cheyne 18 per cent., Halstead 9 per cent. Out of eleven cases I have records of, ranging from 11 years to 1 year (11, 7, 5, 5, 4, 2, 1) four of my patients died, living on an average between nine and sixteen months.

The Halstead operation was not carried out in the first two cases, but the pectoral fascia was carefully dissected away and the surface of the pectoralis major muscle freely removed. By retracting the muscles I was able to remove the fascia glands and fat from the axillary space and between the muscles.

In cases where the glands in the posterior triangle of the neck are affected, a cure is hopeless, and an operation is rightly considered unjustifiable. Such was one of the fatal cases I have included in my list. An operation had been performed by the attending practitioner, in which no attempt had been made to either clean the fascia over the muscles, or the fat and glands out of the axilla. He remarked to the patient's husband that the glands were unaffected and the chances of a cure good.

The extensive nature of the incision and the free removal of the skin frequently make it difficult to bring the edges of the wound together. This I have been able to overcome by undermining the skin for several inches away from the incision and in addition to this making relaxing incisions parallel to the original one. When the operation has been aseptically performed it is astonishing what an amount of tension the skin will stand without the sutures tearing through.

In cases where it is impossible to bring the edges of the skin together, Thiersch's skin-grafting soon covers over the wound.

Amputation at the shoulder-joint—Berger's—is scarcely to be recommended and rarely practised except by some very enthusiastic, and reckless young surgeons.

Oophorectomy and thyroid extract in inoperable cases have been abandoned as unsatisfactory. From recent reports, the X-rays have undoubtedly exerted a beneficial effect on the growth when situated immediately under the skin. Sanguine supporters of this method have suggested the application of X-rays to every case immediately following excision, with the idea of sterilizing or destroying any fractions or minute particles of the growth that may be overlooked by the surgeon.

When the cancer is quite small, some operators are content with a small or imperfect operation, thinking that a more thorough operation can be done if it recurs. This sort of surgery deprives the patient of her only and real chance of cure.