

I cannot agree with Sir Wm. Hingston that the swelling and œdema of the arm is due to the dissection of the axilla. It does not follow immediately upon the operation but it follows later on, in such cases as I have been describing, and is due to a cancerous mass forming about the vessels and pressing upon the axillary vein.

When we come to the still further advanced extensions along the lymphatics such as those described by Dr. Shepherd, in which the mediastinal glands were involved,—I believe them to be infinitely rare among cases presenting themselves for primary operation and of course under any circumstances such cases could not be cured by removal of the upper extremity or any other operation.

Dr. Proudfoot has spoken of "keeping cancer in check by escharotics!" Now I do not see why we should aim at keeping cancer in check. It is bound to extend and endanger the patient's life and should therefore be removed. With regard to the use of escharotics I do not think they have any place in the treatment of carcinoma, except for palliative purposes or when it is impossible to remove the whole of the disease with the knife, as about the eyelid, extending to the base of the skull, or when it would be injudicious on account of the great deformity produced by the operation.

Dr. ARMSTRONG said:—One point has not been mentioned which was worked out in Germany, that is, that the lymphatics from the breast pass to the pectoral fascia and the lymphatics of the pectoral muscle run forward to the same fascia and therefore it is necessary only to remove the pectoral fascia unless there is some special reason for removing the muscle.

But I think these methods of operating have been pretty well worked out and understood for some time; any one can find information upon them in the standard text-books and journals. My idea was to specially establish the fact that cancer is a local disease and, consequently I thought to bring out evidence or new symptoms which would enable us to recognize cancer in an earlier stage than we have been in the habit of doing. We can operate all right when the diagnosis is made, but we want to be able to recognize malignancy in a mammary tumour at the very beginning, and the same with stomach cancer; to get good results, we should interfere as soon as the disease is initiated, to secure a permanent cure; and that is why I feel that the discussion has gone in a different direction from what I intended it to take. However, we have established the fact that cancer is primarily a local disease, and the early symptoms will be gradually worked out.

When cancer of the breast is diagnosed according to the standard text-books of to-day it is too late to obtain perfect results. When