MONTREAL MEDICAL JOURNAL.

Vol. XXXVI.

DECEMBER, 1907.

No. 12

CARCINOMA OF THE BREAST.

BY

GEO. E. ARMSTRONG, M.D.,

Surgeon, Montreal General Hospital; Professor of Surgery and Clinical Surgery, McGill University.

Mr. President, Ladies and Gentlemen,

Some months ago, in response to an invitation from the Secretary of the American Surgical Association to contribute my experience on the end results of primary operations for carcinoma of the breast, I undertook to trace the cases that I had operated upon. As I happened to be in Germany at the time of the meeting at Washington, and unable to contribute my results there, I have thought that they might make an interesting subject for discussion in this Society.

During the period from 1891 to August, 1907. I removed 90 mammary tumours. Of these 26 were benign, mostly fibro-adenomata; 63 were cases of carcinoma, and 1 a large sarcoma. Sixty-four were malignant. Of the 63 carcinomatous tumours, 46 were removed before September, 1904, and are, therefore, available for consideration of what are called final results. Eighteen cannot be traced. Of the remaining 28, three died within three years of other disease without local recurrence or metastases. Seven died within three years of the disease. In one the cause and date of death have not been determined: T have simply learned the fact that she is not at present living. of metastases within a period of three years after operation. were alive three years or more after operation. If we count all of the 18 untraced cases as dead of the disease within three years after operation, we have 13 recoveries out of 46, or 281 per cent.

That is hardly fair to statistics, and presents an unduly gloomy outlook to a patient suffering from cancer of the breast. In Montreal, with its large foreign and floating population, it is difficult to trace cases after they have left the hospital. I think it only fair to assume