

excellent results will not be universally obtained. It is worthy of note that the mortality in thyroidectomy, mainly from croupous pneumonia, embolism of the sylvian artery, heart failure, and thyroid intoxication, is considerable, while that of the latter operation is practically nil.

Carcinoma is the most formidable and common surgical disease in the mammary region of the body. Let our radical operations for its extirpation be ever so extensive, we are never certain that it is entirely removed, nor can we positively tell whether lymphatic extension is near or far, even by the most careful microscopic examination of the gland and structures removed. Another grave uncertainty confronts us, that is an early dissemination of cancer to the internal organs sometimes occurs. This has always been a perplexing clinical problem, but the discovery of the haemolymph vessels has solved it satisfactorily, as they establish a free communication between the lymphatics and blood vessels. Through them, small particles of the carcinoma are taken up into the general circulation and then distributed to internal organs. In the face of evidence, from the most reliable sources, to the effect that cancer is rapidly on the increase, and in view of our sad clinical experience in dealing with it, except at a very early stage, it is high time that a cure be discovered, that will knock it out as the serum does with diphtheria. It is a misnomer to speak of cancer as returning after an operation. The fact is that its extirpation was not complete. The *en masse* removal of the breast, axillary fat, and lymphatics below the clavicle, with the sacrifice of a part, or the whole of both pectoral muscles, have been slowly but surely accepted by surgeons as the proper thing to do in all cases of cancer of the breast. In order to obtain better results, we must go still farther, and remove the supra-clavicular and mediastinal glands in at least some of the cases, as is now carried out by only a few men. In comparatively young and otherwise healthy women, the practice of first attacking the mediastinal and cervical glands, whether palpable or not, and at a second operation remove the infra-clavicular and axillary lymphatics, along with the breast, is commendable, safe and successful. Inoperable cases of breast cancer present themselves before, and also after, operations have been performed. For the treatment of these, the much abused x-ray is a favorite remedy, but assuredly most disappointing except in skin involvement alone. Oophorectomy is on trial for these same inoperable subjects. Interescapulo-thoracic amputation, and amputation through the shoulder joint have been performed to relieve the patient of the swollen, useless, and painful arm, which may follow a radical operation for mammary carcinoma.