

trated, or for more thorough removal of diseased lymphatic tissues. When advanced cases presented for operation, there was no choice, the operation, if undertaken, was for removal of *all* the disease, not part, and to do this, it might be necessary to remove portions, if not all, of one or both muscles, and going still further, in dissecting out the axilla, often of infiltrated glands, from the very walls of vein and artery, no surgeon could feel that he had removed all the disease, and it was just in these cases that he advocated removal of the upper extremity, certain, at least, of removing all diseased tissues as far as the first rib. The oedema and swelling mentioned by Sir W. Hingston was not, in his opinion, due to the dissection of the axilla, but, coming on as it did later on, was due to new cancerous masses forming in the axilla about the vessels and pressing on the axillary vein. He believed cases of extension to the mediastinal glands were rare in patients presenting themselves for primary operation, and of course could not be cured by any operation. Escharotics, he thought, had no place in the treatment of cancer except in the cases mentioned by Drs. Roddick and Shepherd.

DR. ARMSTRONG thought that the methods of operation had been pretty well worked out, and understood for some time this information could be found in any standard text-book or journal. His idea, however, had been to establish the fact that cancer was a local disease, and he therefore sought to bring out evidence, or new symptoms, which would enable cancer to be recognized at an earlier stage than had been the custom in the past, to secure earlier operation and consequent permanent cure. The discussion had gone a little outside the ground he intended, but the fact had been established that cancer was primarily a local disease; the early symptoms could doubtlessly be gradually wiped out. The time had gone by for successful results in a case presenting for operation for a cancer of the breast conforming to the description of the text-books. The speaker thought Sir William Hingston took a serious responsibility in advising the leaving alone of tumors of the breast in women approaching the climacteric; they were easily enucleated, and, if left alone, might receive an injury, change their characters and become malignant.

---

*Stated Meeting, January 7th, 1896.*

A. D. BLACKADER, M.D., President, in the chair.

CASES:—REMOVAL OF CYST FROM BRAIN FOR RELIEF OF JACKSONIAN EPILEPSY.

Patient shewn by Dr. Armstrong; report will be published later. Dr. Finley gave the clinical history, the boy having been in his ward for some time. Briefly, the boy was admitted suffering from epileptic seizures, of which he had several the first few days after admission; they then intermitted for a month. In the attack witnessed by Dr. Finley, the head and eyes alone were affected: there was no loss of consciousness. Lateral deviation of head and eyes to opposite side, rapid motions of eyelids, more marked in right side. In attacks witnessed by Dr. Byers, the movements spread to right arm and the leg. There was no question of localization, as depression marked the point for trephining. With reference to localization of area, Dr. Finley found that the depression corresponded to the supra-marginal convolutions and angular gyrus. During the