voice—that cancer is at first a local disease and spreads by infiltration of surrounding tissues, by extension along the lymphatics and only later by metastasis; then the treatment is clearly indicated; when we have metastatic cancer in other organs of the body, of course operation in the hope of effecting a cure is useless. If we accept these statements as facts, the logical inference is, early and wide and complete removal, quite regardless of the deformity resulting or the inability to close the wound over. If the cancer recurs in the scar it shows that it was not removed sufficiently widely at the outset. So far as my experience goes I am surprised at Sir Wm. Hingston's statement that recurrence is generally in the scar and rarely in the axilla,—my experience is, that it is generally in the tissues of the axilla!

It is, I think, utterly impossible to determine before operation for cancer of the breast that the axillary glands are not involved,—hence the rule that the axillary tissues, especially the lymphatic tissues, should always be removed. Of course I would not sacrifice the breast, nor dissect the axilla if I were sure that the tumour was a benign one, but in case of serious doubt, I think it is much better to sacrifice the breast and dissect the axillary space than to run the risk of early recurrence.

The explanation of recurrence in the scar is to be found in the fact that when the disease is advanced, infiltration takes place down to the bony chest wall and it may be impossible to remove the tissues deeply enough to remove the whole of the disease. I think therefore that all the tissues down to the chest wall,—below the lower border of the pectoralis major muscle, and the fascia covering the muscle should always be removed. I do not recommend the removal of the pectoral muscles unless they are actually infiltrated or for the purpose of effecting a more thorough removal of the diseased lymphatic tissues. Many of the cases which present themselves for operation are seen only when the disease is far advanced. In them we have no choice. If we operate it is to remove the whole of the disease,—not a part of it,—and in order to do so it may be necessary to remove portions, if not all, of one or both muscles. And going still further,—when we dissect out the axilla,—often dissecting infiltrated glands from the very walls of the vein and artery, I am sure no surgeon can feel that in such cases he has removed the whole disease, and it is in those cases that I say I believe the upper extremity should be removed, in the hope,—or rather with the certainty of removing all diseased tissue as far along the vessels as the border of the first rib. From a purely anatomical standpoint I am sure that in many cases the operation will remove every particle of diseased tissue and that there are very many cases in which no lesser sacrifice will do so.