

thus removed *en masse*. The fact that our best surgeons were now doing the wide operation without a protest from the pathologist was a sufficient guarantee that the latter had nothing specially to offer against the aims of those who look upon cancer as a local disease to a very great extent. For the method of doing the "wide" operation as performed by Halsted and Meyer he referred the hearers to their respective articles in the *Annals of Surgery* and *Medical Record*. In one of his (the reader's) cases, one of the glands was so adherent to the axillary vein that, in cleaning it off, a small branch was torn off at its junction with the vein. A small silk ligature around the hole was sufficient. In the second case the whole of the axillary vein for a distance of two inches was involved in the mass. This was removed and the vein tied above and below, collateral circulation was established and there was no subsequent œdema. His experience was that it was difficult to clean out the axilla without removing the pectorals or laying open the anterior wall, whether the glands were enlarged or not. The essayist then discussed, comparatively, the features of the operation, as done by modern operators.

Dr. A. B. WELFORD called attention to the disproportion in comparing the successful operations for mammary carcinoma with the percentage of cures. This low percentage he attributed to the lateness of operation owing to the backwardness of the patient, and, secondly, to the lack of thoroughness of the operation. His best successes had followed a very thorough removal of all breast tissue, the pectorals, the anterior intercostals, the axillary glands and fat. Of twelve cases, he had to report six recoveries and six deaths from recurrence. The speaker referred to several of these cases, pointing out some of the more important features of them.

Dr. G. T. McKEOUGH, of Chatham, said the old plan of partial removal had done a great deal to produce a want of confidence in surgical skill. While pain was relieved and the anxiety of the patient quieted with false hopes for a short time, a cure was rarely ever hoped for by the surgeon. Billroth's eight cures in 143 cases, published in 1878, were the best given up to that time. How vastly different now! Surgeons, in giving their statistics, have unanimously adopted the three year limit—they record as cures those cases which after the expiration of three years show perfect health and no sign of any local recurrence. The speaker then quoted the statistics of Bull, Cheyne and Halsted, all of which went to prove that cancer of the breast was curable if operated on in time and the wide method employed. He detailed the method of preparing the patient, making incisions and dissections, dressing and subsequent treatment.