

and which, with other symptoms, clearly pronounced the disease to be scirrhus. It commenced to ulcerate only 3 months ago, and on examining the breast at the present time, no discoloration is visible, nor is there any retraction of the nipple; on the contrary, it and the breast appear prominent. The induration of the gland, which is not very great, extends to the axillary glands. She was brought into the operating theatre of Bartholomew's Hospital on the 1st July, and was put under the influence of chloroform until complete anæsthesia was induced, when Mr. Paget, with a scalpel, made a large semilunar incision along the lower and outer margin of the mammary gland; he then isolated the greater part of the tumor by careful dissection, not, however, without unavoidably wounding several small vessels. Another semilunar incision was then made through the skin above the gland, corresponding to its lower one, and meeting at the two ends, thus making the two of an elliptical form. The gland was then removed, and several of the small vessels were tied. As many of the affected glands in the axilla were removed as could be conveniently got at, those remaining, and which extended as far as the latissimus dorsi muscle, having ligatures passing around their bases. This occupied much time, and rendered the entire operation one of twenty-two minutes' duration, although the removal of the cancerous mass did not exceed three or four minutes. The deep wound caused by the operation was well sponged out, the gaping edges were well and firmly brought together, by numerous broad bands of adhesive plaster, from above downward and in a vertical direction, overlying one another, thus acting as if the parts were firmly bandaged, and compressing them together, and the patient removed. Mr. Paget, in his remarks upon the case, stated that its rapidity might be accounted for, from the gland's having been in a previously diseased condition 16 years before, thus converting the present disease into one of an acute form. He drew attention to the absence of retraction of the nipple, the puckering being slight and no discoloration, and that the hardness was not great. He considered it prudent to remove it, but could not say whether the disease would or would not return. He had removed the greater number of the affected axillary glands, but he believed some remained. He was not certain whether the induration of these was owing to scirrhus or scrofula, as there were evidences of the latter in other parts of the body, (he pointed to cicatrices under the chin,) but at any rate he placed ligatures around those left behind, so that they might slough and fall out. The chances of their being scrofulous were favorable towards ultimate cure, and he partly believed them so, from feeling gritty substances in two or three, which he said were common to them. At any rate, even in the event of the return of the disease in a year or a year and a half, the poor woman