

FRANCIS J. SHEPHERD

CASE II.—Mrs. F., aged forty-five, in June, 1903, came to see me to get an opinion on her case, as a surgeon whom she had consulted told her she had cancer of the breast and it must be removed. She had a hard lump on the inner side of the left breast which she had noticed for some months; she thought it was growing. Never had an injury to the breast, or sore breast, when nursing. The lump on the inner side of the breast was of apparently stony hardness. As is my custom, I put in a needle and immediately evacuated two drachms of clear fluid. She had a little soreness and some inflammation after the puncture, but this soon subsided and the cyst never reappeared. The next year she came back to me with a similar tumor of the right breast, which was quite evidently a cyst. Some time later this was tapped and nearly an ounce of clear fluid evacuated. A rather hard base could be felt after the tapping. This patient lived until 1915 and died of some disease unconnected with the breast.

CASE III.—Miss K., nurse, aged forty, in July, 1907, came for my opinion, as the surgeon for whom she worked told her she had malignant disease and wanted to remove the breast. She had noticed the growth some time, but did not think it had grown lately. Had some time before been struck in the breast by a delirious patient. On examination, found a hard tumor apparently the size of a pigeon's egg on the inner side of the left breast. No enlargement of axillary glands. I put a needle in and evacuated about half an ounce of clear fluid. There was no further trouble and she is still well, 1916.

CASE IV.—Mrs. B., aged forty-four; married; three children, the youngest, fifteen. She was sent to me February, 1910, by Dr. H., for the purpose of having the breast removed for supposed malignant tumor. The patient never had any trouble while nursing, but a few months ago received a severe blow on the right breast. She noticed the tumor three weeks before coming to me. The examination showed a lump the size of a pigeon's egg, very hard, non-fluctuating, on the right lower quadrant of the breast. There was a small hard nodule above the nipple. A needle was put in and two or three drachms of a rather thick, milky fluid withdrawn. The tumor immediately disappeared. On March 25, 1915, she returned with the tumor above the nipple, seen on the first occasion, as a very small nodule, much enlarged. This was tapped and clear yellow serum escaped. I had not seen her after the first tapping, five years before, and had told her to come back should the nodule above the nipple enlarge. There was no trace of the first cyst tapped.