

ated in the tumor. I also believe that had the tumor been removed when it was first discovered—that is to say, before the existence of any tendency to change in it—the patient would not have suffered from sarcoma at all. There is a tradition which is still fostered by the teaching of some of the text-books that these chronic mammary tumors (adenoma and adeno-fibroma) tend to shrink and sometimes entirely disappear during lactation. I do not know upon what evidence this teaching is based; I have seen a great deal of this class of mammary tumor before, during and after lactation, and I can with all truth say that I have never seen a tumor which I had good reasons for believing to be an adenoma or adeno-fibroma show the least inclination to shrink, to say nothing of disappearing altogether. I have, however, seen such tumors increase rapidly during the suckling period, and I have seen without doubt, a simple adenoma-fibroma become malignant under similar circumstances. Chronic mammary *indurations* sometimes shrink and disappear during lactation, especially after the first parturition, but I do not believe that the true chronic mammary tumor ever disappears in this way, nor can I regard it as pathologically likely that it would do so, as the tendency after irritation would surely be towards growth rather than shrinkage.

I have mentioned in the description of one of the cases, to which I have just called your attention, that there was a hard, oval, enlarged gland in the axilla. This gland was not merely enlarged in consequence of irritation, but was affected by sarcoma of the same kind as the disease in the breast. Not long ago I saw another instance of the same kind. Incidentally the existence of these secondary sarcomatous glands is of some interest; for it will show you that you must not rely too implicitly upon the occurrence of secondary enlargement of the glands in tumors of the breast as a symptom of carcinoma as distinguished from sarcoma, although it is, I believe, pretty generally taught that secondary disease of the glands is pathognomonic of carcinoma.

If you have followed by remarks upon the subject of these chronic mammary tumors generally, you can easily anticipate my recommendations as to their treatment. I have no doubt whatever that the proper course to follow upon the discovery of one of these tumors is to urge its immediate removal. The operation is in itself trifling, the patient need hardly be confined to bed at all, and the resulting scar is so small that it is almost imperceptible. Thus by a trifling proceeding which is entirely without risk you can rid your patient of a structure which is abnormal and which by reason of its imperfect development is prone to become the seat of a malignant disease. To advise patients, as is so commonly done, to leave these tumors alone until they show signs of growth is in

my opinion wrong from every point of view unless some special or unfavorable reason exists for such advice, for by so doing you will, I believe, condemn a certain number of women to be afflicted with malignant disease who would, if the removal of these tumors were undertaken immediately upon their discovery, escape the more serious affection altogether. Should the treatment of the tumor in any case be postponed until increase in size has commenced it is clear that an operation for its removal should be performed at once. The question then arises as to whether mere removal of the tumor only, the breast being left undisturbed, is sufficient, or whether the whole breast itself should be taken away. If there are no enlarged glands in the axilla this point can only be decided after the tumor has been laid open, when, if it appears that the increase of size has been due, as in one of the cases I have related to you, to the accession of new growth in or about the original tumor, the whole breast should undoubtedly be taken away. If, on the other hand, the increase seems to be due merely to a uniform growth of the primary tumor, the consistence and appearance of which remain the same throughout, then the operator may be content with the removal of the tumor only, at all events until the excised tissue has been submitted to microscopical examination. When enlarged glands exist in the axilla on the affected side—the opposite axilla being free—the whole breast should at once be extirpated.

In conclusion, let me warn you against the use, in these cases of *chronic mammary tumors* properly so called (I do not mean *chronic mammary indurations*), of the many liniments so much beloved by some practitioners, for I assure you they stimulate growth more than they promote absorption. If, for reasons which seem sufficient, it is decided in any given case to defer operation or to set it aside altogether, let me beg of you not to worry a structure, which is already inclined to grow, by irritating medicaments into unnatural activity, but to leave it entirely alone, in the true sense of the word, and—a thing which is most difficult—endeavor as far as possible to make the patient do the same.—Clinical lecture by W. H. Bennet, F. R.C.S., in *Lancet*.

## THE PREVENTION OF HEART-FAILURE IN ACUTE FEBRILE DISEASES.

There is a lack of good remedies to meet the indications furnished by the weak heart in pneumonia and in febrile diseases generally.

Take, for instance, the case of simple fibrinous pneumonia occurring in an elderly man of not average robustness, or in a delicate, feeble woman. No prudent physician would think of prescribing depleting medicines here; *veratrum viride* would