

cicatrix of the operation done in 1880, but on making examination of the axilla two or three hard glands were found which were very tender on pressure. An early operation was proposed, but for various reasons it was not done until Jan. 15th, 1889. With the exception of the enlarged glands, which could be felt on making pressure outside the skin, no other enlargements could be discovered, although the axillary space was most carefully searched for anything of an abnormal character. The diseased glands have been examined within the last few days, and pronounced to be cancerous.

Whatever the ultimate fate of this patient may be, the practical fact remains, that by submitting to an early operation in the first instance, she was enabled to enjoy eight years of life free from pain and able to attend to all her duties.

A distinguished surgeon of Toronto, speaking on this subject recently, told us, that the testimony of English surgeons of large experience in operations for cancer, was quite in keeping with the results of the case described above. Many of them stated, when spoken to on this question, that, when operations for the removal of cancer have been done soon after the discovery of the disease and before the lymphatics have become contaminated, the disease does not return for eight or ten years.

In this connection, we are also justified in saying that schirrhous of the mamma is frequently neglected until it becomes *painful*. Patients fearing an operation neglect to ask advice, until the disease is well advanced, and sometimes, on the other hand, physicians, when asked for an opinion, hesitate and recommend an expectant method of treatment, for which little of a favorable nature can be said.

Believing in the soundness of the views expressed above, we think that when a physician diagnoses cancer of the breast, while it is yet not far advanced, and no cancer can be found in other parts of the body, he should express himself in such terms, that there can be no doubt in the patient's mind as to the necessity of an early operation.

Patients will thus obtain the most favorable results, that can be expected in such a disease, and operative surgeons will be enabled to point to more enduring triumphs in the mitigation, if not the cure, of the most rebellious of human ills.

#### TYPHO-MALARIAL FEVER.

WE think it would be of interest to our readers, if practitioners, more particularly those living where malaria prevails, would give us the results of their experience in the diagnosis and treatment of typho-malarial fever. That typho-malarial fever is a specific or distinct type of disease is denied by many competent observers, and we can well understand, that city physicians, accustomed to treat cases of pure typhoid fever should be incredulous as to the existence of a fever, in which typhoid and malarial phenomena appear in varying proportions. Practitioners in those parts of Ontario where malaria is known to exist, may throw valuable light on this question. It would be interesting to learn, from their clinical experience, the proportion of cases of this fever, in which symptoms indicative of typhoid fever, viz., epistaxis, rose-rash, tympany, iliac tenderness, diarrhoea, and low muttering delirium, have been associated with the phenomena of malarial fever.

If these distinctive symptoms of typhoid fever have been absent, it would be equally interesting to learn if cases have fallen to the lot of observers which have been characterized by persistent fever, the "typhoid state," bronchitis, the absence of nausea and vomiting, and the presence toward the end of the disease of severe attacks of intermittent fever.

The efficacy of treatment might also be discussed with advantage. Assuming that the diagnosis of typho-malarial fever has been correctly made, has the disease been controlled by quinine and other antipyretics, such as antipyrin, antifebrin, resorcin, and salol, or have those remedies been proved to be of little or no value?

Is there any evidence to prove that it becomes epidemic, or can it be traced to insanitary conditions? Has the blood been examined for melanæmia, or has an autopsy revealed pigmentation of the liver and spleen? What is its rate of mortality, and what seem to be the immediate causes of death in cases in which the fever has terminated fatally?

To some practitioners the solution of these queries will be easy, because they are familiar with the literature of the subject, or, because they have had cases of the kind, which have puzzled their diagnostic skill, and which, after a careful weighing