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SURGERY.

ON CANCER OF THE BREAST.

We select the following from the discussion concerning Cancer of the Breast, at a recent meeting of the Medical Library and Journal Association of New York.

Dr. Fordyce Barker: Mr. President, my apology for departing from my usual rule with regard to surgical questions and operations is, that I may perhaps suggest some new fields for inquiry and observation, and perhaps bring out some new ideas in the discussion by these suggestions. In regard to surgery, I am no expert. I do not pretend even to interfere with it, and it is therefore somewhat embarrassing to speak upon a subject which really belongs to the surgical department. I have, however, had occasion to study the subject of cancer, with great interest, and perhaps with a large experience, and have, therefore, for many years taken every pains to inform myself with regard to the progress of science, and have felt an interest in its bearing upon the question of its manifestation in the form in which it occurs secondarily, which in its most frequent form is that of cancer of the breast.

In alluding to certain points in connection with the general subject, I will refer to one or two cases in connection with my own personal experience. Previous to my coming to this city, I was obliged to practice more or less in general surgery, and in the course of that time I was called upon to amputate the breast thirteen times, for what I supposed to be cancer of that organ. I have listened to the statistics from the gentleman who has already occupied your attention, with great interest and with great pleasure, because, in almost every point, while they have not corresponded with published statistics as we now have them, they have corresponded with my own. In four of these thirteen cases in which I operated for cancer of the breast, I know nothing of the results. Two of the thirteen cases are still living. All of the seven remaining cases died at periods varying from eighteen months to four years after the operation. A curious point in relation to them was, that the one who lived the longest—and this point I have not seen alluded to by any author—was the patient who was the oldest. That patient was 71 years of age when I operated, and had been afflicted with the disease some four or five months when I first saw her.

There was no apparent return of the disease until several months afterwards, and then there was probably a return of the disease to some internal organ. The point is this: whether the progress of pathological changes is not exactly in the same ratio as the metamorphosis of tissue in relation to age; whether in persons of advanced life we may not account in this way for the long

er exemption from a fatal termination of the disease than when the disease occurs in those who are less advanced in age.

In 1858, although I had refused to have anything to do with general surgery, and confined my operations entirely to the obstetrical department, I had one patient who absolutely refused to permit any one else to operate upon her except myself. I accordingly removed her breast. The axillary glands were not involved, but the disease returned within a very few months, and the patient died eleven months after the operation.

The second case which I will refer to is a rather curious and rather exceptional one. It occurred in the year 1860, in a lady 43 years of age, and she had the disease for several months when I first saw her, and in what I regarded as a very malignant form. That person, again, utterly refused to have an operation performed unless I would perform it myself, and I accordingly performed the operation, assisted by Dr. Foster Swift and Dr. Charles Phelps. In that case acupressure was employed, as I believe, for the first time in this city, and I was very much interested and pleased with the effect of acupressure in diminishing the amount of suppuration, which in that case was very slight indeed. The patient was operated upon in April, 1860. In my own belief, and in the belief of the microscopist, it was one of the most malignant forms of this disease of the breast, and yet the woman was alive in 1871. I simply mention this case as a small contribution to the number of successful operations in the sense of curative, in cases of carcinoma of the breast. That specimen was afterwards presented at the New York Pathological Society, and the minutes of the meeting, which were published in the *Medical Record*, represented it as being presented by Dr. Swift and that the operation had been performed by Dr. Parker, which is a fair illustration of the uncertainty of surgical glory. With regard to statistics in determining whether a surgical operation shall be performed or not, most modern writers agree that operations do, in a certain proportion of cases which are judiciously selected, absolutely and positively prolong life, relieve suffering, and in some cases actually save life. The diametrical opposition which the statistics of some surgeons have to those of other surgeons who are equally well situated for making observations, may perhaps be explained in this way. One surgeon may be of the opinion that the disease is, primarily, always a local disease, and that its constitutional character is secondary to the local disease, which manifests itself differently in different cases. If this theory be correct, the proper method of treatment is the early extirpation of all suspicious-looking growths. On the other hand, other surgeons are of the opinion that the disease is a constitutional disease; that operations are deleterious in their effects, and should

not be resorted to until all other means have failed to arrest its progress.

Again, some surgeons who have a greater fondness for operations than others, will remove a suspicious-looking growth much earlier than those surgeons who are less fond of operations, so that in some cases it may be that the delay in the performance of the operation has permitted the disease to make such extensive ravages upon the general system, that the operation, if performed at all, can be performed with the expectation of giving some relief from distressing symptoms.

I began in early life as a most enthusiastic believer in the numerical system, regarding it as a most efficient means for advancing our knowledge of disease. But my experience has proven to me that statistics which ordinarily receive publication are extremely unreliable, and that they form a most unstable foundation upon which to predict future action, whether it shall be for the formation of an opinion or made the basis of an operation. The statistics which the author of the paper has given us relative to the comparative frequency of cancer of the breast singularly accord with the statistics from the cancer hospitals in the city of London. Out of 7,800 cases which were under treatment in that city between the years 1851 and 1861, 4,388 were cancer of the breast. This is from an entirely different sphere of observation, and yet the result of the observation shows that the female breast is one of the most favourite places in the human body for the development of this disease. It seems to have an elective affinity for the female breast, and perhaps in the progress of etiology and the science of physiology the reason for this elective affinity will be discovered.

The next point which I will notice in connection with the paper, is with regard to hereditary predisposition to the disease. I feel quite confident that I should never have read a paper which I did read, and which was published by the Academy of Medicine, upon "The Clinical Study of Cancer of the Uterus," had I not been thoroughly convinced upon this point. When I came to study my own observations, I found that some of them were so different from the published statements in published works that I felt doubtful about reading them without consultation with some of my personal friends. My own statistics with regard to hereditary predisposition to cancer of the uterus almost exactly correspond to the observations of the author of this paper with regard to hereditary predisposition to cancer of the female breast.

Another very interesting point to me was, that the author of the paper has found so much larger proportion of cases of cancer of the breast where hereditary predisposition to cancer was entirely absent, but where hereditary predisposition to tubercles was present. The results of his ob-