

ward Island physicians at the meeting, and we would urge a full attendance from the other Maritime Provinces as well. The island is very beautiful in July, the short sea-trip which forms part of the journey for those who live on the mainland is most pleasant, and the Island profession is noted for hospitality, so that those who attend will be assured an extremely enjoyable as well as a profitable excursion.



CANCER OF THE BREAST.

AT the meeting of the British Medical Association held at Sheffield last year, an interesting discussion on Cancer of the Breast took place, led by Sir Watson Cheyne and Mr. Harold J. Stiles. The first point insisted upon by all speakers was the great importance of early diagnosis. The following were some of the points named to assist an early diagnosis:

1. Inspection may show a difference of level in the nipples, the nipple on the diseased side being at a higher level than on the healthy side. This sign Sir Watson Cheyne considers almost pathognomonic.

2. The presence of puckers and dimples in the skin.

3. The extent of the mobility of the skin over the tumour, and in examining for this only the most gentle manipulation is allowable; by pushing the breast gently in various directions with the finger, one can see whether the skin tends to be drawn in as the tumour moves, or whether the latter moves freely under the skin.

4. Adhesion of the tumour to the pectoral fascia is a matter of great importance and can be ascertained by putting the muscle on the stretch and seeing whether the tumour moves as freely as the corresponding part of the other breast in the direction of the muscular fibres.

5. The character of the lump itself. The important point in many cases is the indefinite character of the swelling; where the cancer is quite small, one may simply feel what appears to be a bunched-up piece of fairly normal breast, and it may not be easy to detect a tumour at all. Even where a distinct lump is to be felt, the margin of the lump is usually ill-defined; in such a case, also, the hard and knobby character of the mass, especially when pressed against the chest wall, is very characteristic.

6. One should always be suspicious of a lump in the breast which appears in a patient over forty.

7. Diagnosis by operation. In any exploratory operation it is extremely important not to cut into the tumour *in situ*. Wide excision of the suspicious mass, and the examination of this mass after its removal from the body is to be recommended in these cases.

In these doubtful cases it was further insisted upon, that if the medical attendant is in doubt as to whether a given lump in the breast is benign or malignant, the worst treatment of all is to temporize and advise the patient to apply some local remedy. "Belladonna plasters and iodine on mercury ointments have been responsible for assisting many a poor woman into her grave."

In the discussion on treatment of Cancer of the breast there was a great unanimity of opinion that the only course was early operation and complete removal of skin, mammary gland with contained tumour, fascia, both pectoral muscles excepting the clavicular fibres of the great pectoral, and the whole contents of the axilla dissecting from the apex downwards. Mr. Stiles, in addition to this, continues his incision downwards to the epigastrium and dissects off the fat and deep fascia from the epigastric triangle and the upper part of the corresponding rectus, while Dr. Handley