

Selected Articles.

SOME CASES OF CHRONIC TUMOR OF THE BREAST.

GENTLEMEN,—Some of you may perhaps recollect having seen me remove about a fortnight ago a small tumor from the breast of a patient in the Cholmondeley ward, who was about forty years of age. At first sight there appeared to be nothing very interesting about the case. The tumor was a small mass which lay in the substance of the left breast, where it had been discovered quite by accident several months before; no notice had been taken of the matter until a month before the patient's admission, when it had commenced very distinctly to increase in size. The removal of the little lump proved to be rather more difficult than it originally seemed likely to be, because it was closely connected with the breast tissue about it, although before removal it seemed to be perfectly loose, as it rolled about, apparently just beneath the skin. In removing it, not only was it necessary to cut through a thickish layer of breast tissue, but in consequence of a hard process which passed from the tumor into the adjacent part of the breast some of the latter structure had to be taken away with it. The wound was sewn up with horse-hair in the ordinary way, and the patient recovered in a few days. The tumor proved upon examination to be an adeno-fibroma, that is to say, it was partly composed of gland tissue, resembling to some extent the mammary gland itself, and partly of fibrous tissue, the latter being greatly in excess. The tumor possessed, however, one peculiarity—viz., that the most recent part of it, that part, in fact, to which its increase in size had obviously been due, presented characteristics hardly distinguishable from sarcoma: a condition which, had I recognized it at the time of the operation, would certainly have led me to remove the whole breast instead of performing the partial operation.

As a contrast to the above let me mention a case upon which I have recently operated in private practice. As a rule I avoid mentioning in these lectures cases which occur in private practice because I think it is better in a general way to refer only to those occurring in the hospital wards, which some at least of you have seen; but this particular case is such a good contrast to the other that I will briefly describe it.

The patient was a lady about forty years of age. She had a tumor apparently precisely similar to the one already mentioned so far as the external aspect was concerned; the mass was hard, elastic, somewhat irregular in shape and rolled about under the skin. In the removal of this tumor no breast tissue was incised, for upon cutting through the skin nothing lay over the mass but a thin layer of

fibrous tissue, which formed, in point of fact, the capsule in which it was. Upon opening this capsule and making a little pressure the tumor slipped out, as it was not at all connected with the breast itself and indeed was perfectly free save that it was anchored to the bottom of the capsule by a single strand of fibrous tissue. This tumor proved to be an adenoma—that is to say, it was composed almost entirely of glandular tissue, closely resembling the mammary gland itself. The absence of any direct connection between this tumor and the breast and the great preponderance of gland tissue are the two points in which it contrasts so strongly with the mass in the other case. These tumors, the adeno-fibromata and the adenomata, are classed as innocent and harmless growths, and harmless enough they may in themselves be, provided that no evil change comes over them. As a rule they are discovered by the patient quite accidentally, so that the time during which they have been in existence is generally doubtful. They may remain unchanged in size for years, causing no inconvenience, excepting, perhaps, at the menstrual epochs, when they may temporarily swell a little and become sensitive, participating, in fact, at such times in the general condition of the mamma itself. Usually if a patient consults a practitioner about a tumor of this kind she is told that so long as no increase in size or discomfort occur no anxiety need be felt, and she is advised to leave the "lump" to itself unless some change occurs in it. This advice is, I believe, the worst that the patient can be offered, for reasons which I hope I shall be able to make plain presently. It is, I suppose, hardly necessary to remind you that these growths never arrive at a perfect state of natural development. However pure the adenoma may be, you may be absolutely certain that it will never reach the perfect type of development attained by the mammary gland. This fact applies even more forcibly in the case of the adeno-fibromata, which never arrive at anything at all approaching the perfect type. Following upon this comes another fact which is undeniable—viz., that whenever a tissue found in any part of the body (especially if connected with the secreting glands) is foreign to the part in which it lies—as these tumors are, for instance, foreign to the natural breast—and does not arrive at a perfect state of development, this abnormal tissue is more liable to degenerate and tends more to erratic growth than any structure of a perfectly normal type. In other words, these tumors occurring in connection with the normal breast are more liable to degenerate and change their shape and character erratically than the breast itself, mainly because they are imperfectly developed and have an unfortunate inclination, like all products of this kind, to revert to a certain extent to the embryonic type in their growth. Granting these points, as may safely be done, we come to another stage of the