removed in twenty-four hours, and the stitches were removed in ten days, the wound having healed throughout by first intention.

Duct cancer is an exceedingly rare form of the disease. It consists in the development of malignant papillomatous nodules within the dilated ducts, and usually situated close to the nipple. These nodules are covered with columnar epithelium, and are very vascular, which accounts for the blood-stained discharge from the nipple. They grow slowly, and do not as a rule attain any great size. The nipple is usually not retracted, but in this case it was to a slight extent.

Marmaduke Shield, in his treatise on "Diseases of the Breast," recently published, says that he has examined carefully six specimens of the villous variety of duct carcinoma, and has come to the following conclusions: That the disease commences as the well-known papilloma. Into the ducts, or into cystic dilations of them, simple papillary growths project. These frequently bleed and cause a hemorrhagic discharge from the nipple. They may so increase as to fill the cavity in which they originate. In certain cases the epithelium spreads through and beyond the lining membrane of the duct as an infective growth. The papillary projections are composed of flimsy epithelium loosely held together, and generally attached to a delicate central stalk containing blood vessels.

Beck and Godlee, in reporting on a specimen of Nunn's, mention the rarity of this variety of cancer, which they pronounce to be characterized by (1) a coarse fibrous stroma; (2) large spaces lined with epithelium, and often filled with blood: (3) the projection of villous growths into these spaces; (4) a tendency to infiltrate surrounding tissues.

Thin gives an elaborate account of the histology of a case of breast carcinoma where there was a disposition to form columnar epithelium. Together with Waldeyer he believes that in these cases the morbid change in the epithelium begins in the lactiferous ducts. If very complete extirpation is carried out, permanent freedom is likely to be obtained.

FROM ASYLUM TO HOSPITAL.

BY ERNEST HALL, M.D., VICTORIA, B.C.

Intensely satisfactory as it may be to report convalescence after the removal of physical disease, it is insignificant to that experienced when, in addition to the physical, the mental also partakes of the regenerative process. This restoration of normal psychical action, this ministration to minds diseased is the grandest evolution of modern medicine and the surgeon's highest ideal.