

Me
T
Shepherd, F. J.

A METHOD OF TREATING CYSTS OF THE BREAST

By FRANCIS J. SHEPHERD, M.D.

OF MONTREAL

CONSULTING SURGEON TO THE MONTREAL GENERAL AND ROYAL VICTORIA HOSPITALS

REPRINTED FROM ANNALS OF SURGERY FOR AUGUST, 1916
227 SOUTH SIXTH STREET, PHILADELPHIA, PENNA.

Vol. XXVII. MAY, 1917 No. 5

ANNALS OF SURGERY

A Monthly Review of Surgical Science and Practice.

Edited by LEWIS STEPPER FLEISHER, M.D., LL.D., of New York.
With the Collaboration of
J. WILLIAM WHITE, M.D., M.D., SIR WILLIAM MACLEOD, M.D., LL.D.,
of Philadelphia. of Edinburgh.
W. B. JACKSON, M.D.,
of Chicago.

TABLE OF CONTENTS

1. The Progress of the Science of Surgery	101
2. The Progress of the Science of Surgery	101
3. The Progress of the Science of Surgery	101
4. The Progress of the Science of Surgery	101
5. The Progress of the Science of Surgery	101
6. The Progress of the Science of Surgery	101
7. The Progress of the Science of Surgery	101
8. The Progress of the Science of Surgery	101
9. The Progress of the Science of Surgery	101
10. The Progress of the Science of Surgery	101
11. The Progress of the Science of Surgery	101
12. The Progress of the Science of Surgery	101
13. The Progress of the Science of Surgery	101
14. The Progress of the Science of Surgery	101
15. The Progress of the Science of Surgery	101
16. The Progress of the Science of Surgery	101
17. The Progress of the Science of Surgery	101
18. The Progress of the Science of Surgery	101
19. The Progress of the Science of Surgery	101
20. The Progress of the Science of Surgery	101
21. The Progress of the Science of Surgery	101
22. The Progress of the Science of Surgery	101
23. The Progress of the Science of Surgery	101
24. The Progress of the Science of Surgery	101
25. The Progress of the Science of Surgery	101
26. The Progress of the Science of Surgery	101
27. The Progress of the Science of Surgery	101
28. The Progress of the Science of Surgery	101
29. The Progress of the Science of Surgery	101
30. The Progress of the Science of Surgery	101
31. The Progress of the Science of Surgery	101
32. The Progress of the Science of Surgery	101
33. The Progress of the Science of Surgery	101
34. The Progress of the Science of Surgery	101
35. The Progress of the Science of Surgery	101
36. The Progress of the Science of Surgery	101
37. The Progress of the Science of Surgery	101
38. The Progress of the Science of Surgery	101
39. The Progress of the Science of Surgery	101
40. The Progress of the Science of Surgery	101
41. The Progress of the Science of Surgery	101
42. The Progress of the Science of Surgery	101
43. The Progress of the Science of Surgery	101
44. The Progress of the Science of Surgery	101
45. The Progress of the Science of Surgery	101
46. The Progress of the Science of Surgery	101
47. The Progress of the Science of Surgery	101
48. The Progress of the Science of Surgery	101
49. The Progress of the Science of Surgery	101
50. The Progress of the Science of Surgery	101
51. The Progress of the Science of Surgery	101
52. The Progress of the Science of Surgery	101
53. The Progress of the Science of Surgery	101
54. The Progress of the Science of Surgery	101
55. The Progress of the Science of Surgery	101
56. The Progress of the Science of Surgery	101
57. The Progress of the Science of Surgery	101
58. The Progress of the Science of Surgery	101
59. The Progress of the Science of Surgery	101
60. The Progress of the Science of Surgery	101
61. The Progress of the Science of Surgery	101
62. The Progress of the Science of Surgery	101
63. The Progress of the Science of Surgery	101
64. The Progress of the Science of Surgery	101
65. The Progress of the Science of Surgery	101
66. The Progress of the Science of Surgery	101
67. The Progress of the Science of Surgery	101
68. The Progress of the Science of Surgery	101
69. The Progress of the Science of Surgery	101
70. The Progress of the Science of Surgery	101
71. The Progress of the Science of Surgery	101
72. The Progress of the Science of Surgery	101
73. The Progress of the Science of Surgery	101
74. The Progress of the Science of Surgery	101
75. The Progress of the Science of Surgery	101
76. The Progress of the Science of Surgery	101
77. The Progress of the Science of Surgery	101
78. The Progress of the Science of Surgery	101
79. The Progress of the Science of Surgery	101
80. The Progress of the Science of Surgery	101
81. The Progress of the Science of Surgery	101
82. The Progress of the Science of Surgery	101
83. The Progress of the Science of Surgery	101
84. The Progress of the Science of Surgery	101
85. The Progress of the Science of Surgery	101
86. The Progress of the Science of Surgery	101
87. The Progress of the Science of Surgery	101
88. The Progress of the Science of Surgery	101
89. The Progress of the Science of Surgery	101
90. The Progress of the Science of Surgery	101
91. The Progress of the Science of Surgery	101
92. The Progress of the Science of Surgery	101
93. The Progress of the Science of Surgery	101
94. The Progress of the Science of Surgery	101
95. The Progress of the Science of Surgery	101
96. The Progress of the Science of Surgery	101
97. The Progress of the Science of Surgery	101
98. The Progress of the Science of Surgery	101
99. The Progress of the Science of Surgery	101
100. The Progress of the Science of Surgery	101

Published Monthly by J. B. LIPPINCOTT COMPANY, Philadelphia, Pa.
Editor: LEWIS STEPPER FLEISHER, M.D., LL.D., of New York.
Assistant Editor: SIR WILLIAM MACLEOD, M.D., LL.D., of Edinburgh.
© 1917 by J. B. Lippincott Company, Philadelphia, Pa.
Printed in Great Britain and Germany.
This Volume is Part of a Series.

ANNALS OF SURGERY is published monthly, and is published for the members of the American Surgical Association, and is published for the members of the American Surgical Association, and is published for the members of the American Surgical Association.

A METHOD OF TREATING CYSTS OF THE BREAST*

BY FRANCIS J. SHEPHERD, M.D.

OF MONTREAL

CONSULTING SURGEON TO THE MONTREAL GENERAL AND ROYAL VICTORIA HOSPITALS

A NUMBER of years ago I was asked to assist a surgeon in an operation for the removal of the breast from the wife of a colleague. The case was supposed to be malignant, without any involvement of the axillary glands; the tumor was hard, nodulated, had been noticed for some weeks and appeared to be increasing in size; it was situated in the lower zone of the right breast. The breast was removed and on examination the tumor proved to be a simple cyst containing clear fluid; it was so full of fluid that there was no sensation of fluctuation. This case impressed me much and I then suggested to my colleagues that if the cyst had been tapped it would have collapsed and there would have been no necessity of removing the breast.

After this in any doubtful case I always put a needle into the growth; if it was cystic the fluid was evacuated and the tumor instantly disappeared, and if it was a solid growth it was easy to tell. In some cases of scirrhous the resistance and peculiar sensation conveyed enabled me to make a diagnosis. As long as the fluid evacuated from the cyst was clear I had no doubt of its non-malignancy, but if it was bloody fluid, then the case was operated upon. The following cases taken at random from my notebook will do for illustration:

CASE I.—Miss D., aged forty-eight, came to me in May, 1900, complaining of a swelling in the left breast; it was painless but she felt some discomfort from it. She had only noticed it for a couple of weeks. On examination I felt a smooth, round, hard tumor in the left lower quadrant; the glands in the axilla could not be felt. I did not think it malignant, but as a matter of procedure put in a needle and immediately evacuated nearly two ounces of clear fluid. I did not see her for some time, then she told me the fluid had partially re-collected, but gave her no discomfort. I saw her a few days ago (February, 1916), she was quite well and no tumor could be detected in the breast.

* Read before the American Surgical Association, May, 1916.

FRANCIS J. SHEPHERD

CASE II.—Mrs. F., aged forty-five, in June, 1903, came to see me to get an opinion on her case, as a surgeon whom she had consulted told her she had cancer of the breast and it must be removed. She had a hard lump on the inner side of the left breast which she had noticed for some months; she thought it was growing. Never had an injury to the breast, or sore breast, when nursing. The lump on the inner side of the breast was of apparently stony hardness. As is my custom, I put in a needle and immediately evacuated two drachms of clear fluid. She had a little soreness and some inflammation after the puncture, but this soon subsided and the cyst never reappeared. The next year she came back to me with a similar tumor of the right breast, which was quite evidently a cyst. Some time later this was tapped and nearly an ounce of clear fluid evacuated. A rather hard base could be felt after the tapping. This patient lived until 1915 and died of some disease unconnected with the breast.

CASE III.—Miss K., nurse, aged forty, in July, 1907, came for my opinion, as the surgeon for whom she worked told her she had malignant disease and wanted to remove the breast. She had noticed the growth some time, but did not think it had grown lately. Had some time before been struck in the breast by a delirious patient. On examination, found a hard tumor apparently the size of a pigeon's egg on the inner side of the left breast. No enlargement of axillary glands. I put a needle in and evacuated about half an ounce of clear fluid. There was no further trouble and she is still well, 1916.

CASE IV.—Mrs. B., aged forty-four; married; three children, the youngest, fifteen. She was sent to me February, 1910, by Dr. H., for the purpose of having the breast removed for supposed malignant tumor. The patient never had any trouble while nursing, but a few months ago received a severe blow on the right breast. She noticed the tumor three weeks before coming to me. The examination showed a lump the size of a pigeon's egg, very hard, non-fluctuating, on the right lower quadrant of the breast. There was a small hard nodule above the nipple. A needle was put in and two or three drachms of a rather thick, milky fluid withdrawn. The tumor immediately disappeared. On March 25, 1915, she returned with the tumor above the nipple, seen on the first occasion, as a very small nodule, much enlarged. This was tapped and clear yellow serum escaped. I had not seen her after the first tapping, five years before, and had told her to come back should the nodule above the nipple enlarge. There was no trace of the first cyst tapped.

CYSTS OF THE BREAST

These are a few examples of the cases treated, and by this simple procedure a positive diagnosis was made and the anxieties of the patient greatly relieved and without the necessity of an operation, even a minor one. In multiple small cysts this method is of no value and the breast ought to be removed. I have seen and tapped many cases and as they never returned to me I presume they went on favorably. Many of these cases I have been unable to trace.