cause of the insanity from those in whom insanity had been the cause of the loss.

Moreover, it is essential to a right understanding of the drink-etiology of insanity that the cases which have been directly caused by strong drink alone should be separated from those in which alcohol has only acted the part of an ally with other enemies of mental health; for it is very certain that, in many cases in which intemperance has aided in this warfare, its share of influence has been by no means the greatest; hereditary predisposition, mental overstrain, worry, and an array of combining causes having had by far the greatest power in bringing about the common result. The truth and importance of this view seem so obvious that I may well spare you further comment upon it, with the expression of an earnest hope that, now it has been accepted and carried into practice by our eminent associates, Drs. Clouston, Major, Duckworth Williams, and your President, this more discriminating statistic of drink-madness will be generally attempted in all our institutions for the insane. In carrying it out, I think some difference of opinion and practice may arise in the discrimination of the direct from the indirect cases; and I am myself inclined to believe that, the more thoroughly the histories of our drink cases are investigated and pondered upon, the larger will be the proportion of them which will be shunted from the direct to the indirect line of causation.

And now I have to offer to you a consideration, which will, at first sight perhaps, have a paradoxical ring, as coming from me after all that I have said and written respecting the potent influence of alcohol in the causation of insanity; but it is just in a careful analysis where the remainder is least forgotten. I am warned, however, by old experience of the way in which one's words are apt to be perverted from their true meaning, to protect myself by avowing once again that no one can detest drunkenness more than I do; that I think it the greatest remaining curse of this age and country; and that I believe intemperance in drink to be by far the most potent of all removable causes of mental disease.

After this, I may venture to indicate what I think to be another equally real aspect of drink in relation to insanity, namely, the causal relation between the occasional use of alcohol and the prevention or postponement of mental disease.

With men of such wide experience as my present audience, a few considerations will probably suffice to gain me many suffrages in favour of this novel and, I fear, startling proposition; but let us bear in mind many of the commoner moral and physical causes of insanity, the prevailing bodily conditions of the incipient disease, and the necessities of the treatment, and we must, I think, see and admit that this stimulant-narcotic, in such general use, must have a vast and varying influence upon the organisms of men, which is not likely to be invariably pernicious, and which may well be sometimes beneficial and conservative of the mental health.

Consider the great part which grief and anxiety, worry and overstrain, play in the production of insanity, the depressing effects of poverty and the failing struggle for existence, of misery in all its forms, and then consider to how great an extent the use of alcohol oftentimes tends to make the burthen of life bearable, if not by stimulating the powers, at least by deadening the sensibilities of men; and I think you will agree with me that, by the occasional help of strong drink, a man may sometimes be able to weather that point of wretchedness upon which his sanity would otherwise have been wrecked. The observation of life forbids us to doubt that "wine, which cheereth God and man", according to Holy Writ, doth sometimes blunt the keen edge of misery, so that the wretch is not "cut to the brain", like King Lear. Alcohol, in its physiological action, is *atriptic*, retarding the disintegration of the tissues, especially of the nerve tissue; and, when the brain is wearing itself into madness, alcohol, at the right time and in the right dose, does without doubt sometimes check the ebb-tide of reason. Perhaps, a few timely doses of opium might have the same or a better result, if the people of this country were in the habit of resorting to opium to dull their misery and assuage their pain; and in China opium, although the source of infinite mischief, is also, no doubt, a precious boon to the miserable who may use it aright, either by happy chance or wise direction.

Alcohol, moreover, is not only a narcotic which may "knit up the ravelled sleeve of care"; it is also, according to Anstie, Lauder Brunton, and all good authorities, a food, and as such it plays an important part in the therapeutics of insanity. I have myself no doubt that a moderate use of fermented drink is useful in the treatment of mental disease, not only that a cure, when possible, may be attained *cito, certo, et jucunde*, but that, in incurable cases, the bodily health may be improved and the mental misery alleviated.

I do not wish you to infer that, if called upon to adopt prophylactic treatment in a case where insanity was threatened, I should be likely

to prescribe alcohol in any form, unless it were specially indicated. I have generally succeeded in finding some better method of escaping the danger. But our uninstructed countrymen, whose custom it is to drown their phrenalgias in the flowing bowl, do, according to my observation, sometimes succeed in the dangerous enterprise. The dreadful mischief of which strong drink is the source, in the causation of insanity, affords no good reason why we should refuse to observe that, under exceptional circumstances, it has no slight influence in the prevention of the same disease. *Ubi virus, ibi virtus*. Statistics, indeed, supply us with no ready-reckoner of this last named result; for, in the words of one who enjoyed much and suffered much,

"What's done ye aiblins may compute,
But never what's resisted."

Burns, had he been sober, might have made a fortune by industry, lost it by speculation, and ended his days in the Crichton Asylum—leaving the world all the poorer for the want of some of its sweetest and tenderest poetry.

To conclude: as alcohol, by causing partial paralysis of the nervous mechanism, will sometimes obtund the shock of physical injury, which would otherwise be fatal, so, in like manner, it will deaden the blow of mental pain, which would otherwise destroy the reason. But, remember, that it is but a precarious refuge on urgent occasion from a greater danger than its use itself involves. The mental physician loves not an alcoholised patient one whit better than the surgeon does; for in either case, the repetition of the remedy may speedily brew as much mischief as the original injury could effect, and the man who resorts to the bottle to drown his habitual cares is on the downward slope of a road which surely leads to perdition.

Let me not, therefore, be misrepresented as recommending strong drink as a remedy for grief and care when they threaten sanity, because I say that, owing to the customs of living in this country, it not unfrequently is such a remedy, although a most unsafe one. But we physicians are not fanatics, and can have no more antipathy to alcohol than we have to arsenic, when used aright for a beneficial purpose; and we ought not to be debarred from recognising such possible occasions of its use, because more commonly it enters, as an evil spirit, into a herd of human swine seeking their own destruction.

ON THE REMOVAL OF SCIRRHOUS TUMOURS OF THE BREAST.*

By SAMPSON GAMGEE, F.R.S.Edin.,

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FROM the patient now before the Society, I removed the right breast for scirrhus on May 29th, 1861. The tumour was of typical hardness and structure, and of considerable size, and the woman was in such delicate health, that a hospital surgeon, under whose care she had previously been, declined to operate. As the breast was perfectly movable, the skin and glands in no way affected, all the vital organs healthy, and the constitution wiry, though the frame was fragile, I deemed myself justified in operating. The patient bore a child two years afterwards, and another since; she has continued delicate, but has never ceased to work hard for her livelihood. She is now fifty-eight years of age; fifteen years and nearly seven months have elapsed since the operation, and the pale cicatrix continues perfectly healthy, as do all the organs.

In the other case, which was before you just now, I decline to operate. The woman is thirty-eight years of age, apparently in robust health. She has a scirrhus in the left breast, movable under the skin and in the pectoral muscle, with an enlarged, hard, and rather fixed gland in the axilla, and a chain of enlarged glands in the corresponding posterior triangle of the neck.

These cases suggest a variety of considerations, which, in compliance with the invitation of the President of the Section, my friend Mr. T. H. Bartleet, I shall embody in a review of the vexed question—When should a scirrhus of the breast be removed, or when left alone?

It is especially true of operations for cancer, that they should not be undertaken unless there is the utmost attainable certainty of the surgeon being able to complete them; to remove the whole disease, and leave the parts in a state favourable to speedy and solid union. If a scirrhus breast is to be interfered with at all, such interference cannot be too speedy or too thorough. From a woman above sixty, it is only under very exceptional circumstances that the removal of a scirrhus should be recommended. In old persons, such growths are often very

* Abstract of an address to the Pathological and Clinical Section of the Birmingham and Midland Counties Branch of the British Medical Association.

slow in their course, give little pain, and are consistent with several years' life with comparatively little discomfort. The other conditions which are a bar to the operation are—*a.* Ulceration of the tumour and of the covering integument; *b.* Adhesion to the pectoral muscle; *c.* Infiltration of the mammary gland with cancerous matter as distinguished from a circumscribed tumour in its substance; *d.* A chain of indurated glands in the axilla; *e.* Any induration of the glands above the clavicle; *f.* Brawny infiltration of the skin over the affected breast; *g.* The existence of scirrhus in both breasts, or in any other organ besides one breast.

In an otherwise healthy person below fifty-five years of age, I do not consider a retracted nipple, a pucker or dimple in the skin, or one enlarged movable gland in the axilla, severally, objections to the operation. Once operative interference is decided upon, which is the best plan? Clearly the knife, not the elastic ligature or caustics. By the knife the surgeon can most safely ensure the removal of the whole disease; anaesthetics render its use painless, and the healing of the wound in the vast majority of cases is rapid, and unattended with constitutional disturbance or local trouble.

I have only lost two patients after the operation; one from secondary hæmorrhage, the other from embolism. In the former case, which occurred ten years ago, I had removed a large mass of axillary glands under circumstances which, with my present experience, would preclude me from operating. In the second fatal case, everything proceeded admirably to the thirteenth day, extreme precautions having been taken to ensure safety. The lady having gone off into a comfortable sleep, woke from it muttering unintelligible words, and sank in thirty-six hours with symptoms of embolism, verified on *post mortem* examination by my friend and colleague, Dr. Sawyer.

A few words as to the operation and its after-treatment. Commencing at the sternum, I direct the incisions straight across the chest through the fascia covering the pectoral muscle, which I invariably dissect clean. The mamma, grasped in the hand, is forcibly raised, the handle of the knife being freely used to separate its loose connections; the point or edge of the instrument is only employed to give a light touch to any bond of union which resists a goodly amount of traction. By this means very little blood is lost. It is now many years since I tied or twisted a vessel in an operation of this kind. The surface of the wound is lightly brushed with styptic colloid, and narrow strips of lint soaked in the same agent are used to close the wound after the edges have been very accurately adjusted by points of metallic sutures, at a distance of about three-quarters of an inch from each other. A drainage-tube is placed in the outer angle of the wound, and over it pads of picked oakum in common muslin bags. A nicely compressing bandage surrounds the chest, and binds the arm to the side with the hand across the chest. The dressing is not troubled for a week, when, as a rule, the greater part of the wound is healed. The operation, thus simplified according to the first principles of plastic surgery, is attended with singularly little pain. Yet it should never be undertaken unless the circumstances are favourable. To operate under desperate conditions is only to cause unnecessary pain, and to bring discredit on surgery, which admits of being so practised as to win esteem for the higher qualities of scientific judgment and humane prudence, quite as much as for captivating boldness and manipulative skill.

A very few words as to operations for recurring scirrhus. If the secondary growth be in or near the cicatrix, circumscribed, and unadherent to the parts below, the constitution unimpaired, and, so far as can be judged by careful examination, no malignant deposit elsewhere, the removal of the second growth is justifiable. I operated under such circumstances seven years ago, and the lady continues in perfect health.

THE SUPRARENAL CAPSULES AND LYMPHATIC GROWTHS.

By BYROM BRAMWELL, M.B.,

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THE passage from my case of lymphosarcoma which Dr. Pye-Smith criticises in the JOURNAL of January 27th was written nearly three years ago; and I frankly confess that at that time I was not acquainted with the facts brought forward by Drs. Wilks and Greenhow in proof of the proposition that Addison's disease is associated with one, and only one, morbid condition of the suprarenal capsules—*i. e.*, the quasi-tubercular change. The evidence adduced by these authorities is to my mind conclusive as regards the nature of the lesion. Dr. Pye-Smith

says, "It is *only* the peculiar quasi-tubercular change in *both* organs which produces the symptoms of Addison's disease". (The italics are my own.)

The case detailed below, in which there was discoloration of the skin and in which disease of one capsule only was observed, seems to throw a doubt on the lesion being of necessity bilateral; and in this I am quite in accord with Dr. Greenhow, who says, in those same Croonian Lectures to which Dr. Pye-Smith has referred me (p. 66), "in Addison's disease, on the contrary, in some of the very few cases in which one capsule only has been found diseased, the symptoms have nevertheless run a course in all respects resembling the usual course of the disease when both capsules are involved." Dr. Greenhow then gives (page 67) the following particulars of two cases of this nature, one of which was, curiously enough, diagnosed by Dr. Pye-Smith himself. "In a girl aged 11, whose case was reported by Dr. Guttman in 1870 and who had been under observation during five months, the left suprarenal capsule only was found to be diseased, the right one being still perfectly intact; but nevertheless the constitutional symptoms had been quite characteristic, and the discoloration of the skin very fully developed. A more striking case of the same class, which had been under observation for some years, was published by Dr. Murchison in the *Pathological Transactions* for 1866. In 1864, the patient, a man aged 27, was in the Royal Infirmary of Edinburgh, where his case was diagnosed by Drs. Dyce Duckworth and Pye-Smith as a typical example of Addison's disease. He survived until April 1866, having been occasionally able to work at his trade during the periods of remission of his symptoms. At the autopsy, only one of the suprarenal capsules was found to be diseased; the diseased organ exhibiting all the characteristic appearances of the capsules in Addison's disease, whilst the other had remained quite healthy."

The supposed relationship between the suprarenal capsules and the lymphatic glandular system to which I refer is still taught in some of our best physiological text-books. In the last edition of Kirkes's *Physiology*, published in October 1876, under the head of Vascular Glands or Glands without Ducts, I find the following passage (p. 422).

"There appears, however, to be a modification of the process of secretion in which certain materials are abstracted from the blood, undergo some change, and are added to the lymph or restored to the blood without being previously discharged from the secreting organ or made use of for any secondary purpose. The bodies in which this modified form of secretion takes place are usually described as vascular glands, or glands without ducts, and include the spleen, the thymus and thyroid glands, the *suprarenal capsules*, and, according to Cesterlen and Ecker and Gull, the pineal gland and pituitary body, possibly also the tonsils.

"The solitary and agminated glands (Peyer's) of the intestine and lymph-glands in general also closely resemble them; indeed, both in structure and function the vascular glands bear a close relation on the one hand to the true secreting glands, on the other to the lymphatic glands." (No italics in the original.)

And again, page 427: "Although the function of all the vascular glands may be similar, in so far as they may all alike serve for the elaboration and maintenance of the blood, yet each of them probably discharges a peculiar office, in relation either to the whole economy or to that of some other organ. Respecting the special office of the thyroid gland, nothing reasonable can be suggested; nor is there any certain evidence concerning that of the suprarenal capsules."

Even granting that the function of the suprarenal capsules is unknown, the fact that they are so well endowed with nervous elements is a strong reason for believing them to be more than the inert bodies Dr. Pye-Smith supposes.

CASE. *Intrathoracic Tumour simulating Aneurism; Discoloration of the Skin: Right-sided Hemiplegia and Partial Aphasia; Pericarditis; Recovery from Hemiplegia; Relapse of Hemiplegia; Death; Pericarditis; Sacculated Dilatation of the upper part of the Pericardium; Tumour involving the Root of the Left Lung; Large Cyst in the Left Frontal Lobe; Recent Embolism in Left Middle Cerebral Artery; Left Suprarenal Capsule twice the natural Size and transformed into a Putty-like Mass.*—W. A., a pitman, aged 45, was admitted to the Newcastle Infirmary under my care on October 1st, 1874, suffering from right-sided hemiplegia, cough, emaciation, and debility.

The previous history was ascertained from his wife to be as follows. At the age of 22, he had an attack of "inflammation of the chest". With this exception, he enjoyed excellent health until November 1873, when he caught cold. His eyes and nose began to run, and continued to do so for some time. In April 1874, he began to cough and lose flesh. In August, he commenced to spit; the sputa were white and frothy, never blood-tinged. He rapidly lost flesh; complained occasionally of pain in the chest and of palpitation. He never seemed