CLINICAL LECTURE

ON THE

TREATMENT OF CANCER OF THE BREAST
BY EXCISION.*

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A GREAT deal has of late been written on the origin of cancer; whether it is what is called a local or a constitutional disease. I do not purpose to discuss this question here, which after all is, perhaps, more one of mere words than it may at first sight appear to be, for the farther the ideas expressed by the terms local and constitutional are analysed, the fainter becomes the distinction; but I allude to it in reference to a point of practice which is associated with it. Those who espouse the view that cancer is a local disease, argue somewhat in this way. When cancer first appears in any part—say the mamma—the disease is, for a time at least, confined to that part, so that, if it were entirely removed therefrom before it had had time to spread to neighbouring or distant parts, the person would in future be rid of it altogether; therefore, in every case an operation should be performed at the earliest possible period. This at all events is the practical outcome of the idea of cancer being a local disease; and it is just here that the argument proves weakest, and unfortunately breaks down. Those who oppose this view, and support the older and far more generally received idea that cancer is of constitutional origin, say very fairly that, if the other view were correct, cases ought to occur, not so very rarely, in which when cancer of undoubted nature has been removed there has been no recurrence of the disease in future. It may be rejoined that such instances have occurred; but certainly the evidence they afford is far from being complete, unequivocal, and satisfactory. Moreover, there is no evidence to show that early operations are more successful than late ones. On this interesting and important question of the comparative influence of early and late operation, I quote again from Mr. Baker's paper.

"The following table has been constructed from 124 cases.

Date of operation after first observance of disease.	Average length of life after operation.
1 to 6 months.	32.9 months.
6 to 12 "	31.8 "
1 to 2 years.	33.6 "
2 to 5 "	46.7 "

"As in the cases of recurrence, many of which are included in the present table, so here the inferences which might otherwise be drawn from the date of the operation and its influence on the length of life are rendered void by the acute cancers being those which are the earliest to be removed and to return, and the chronic the latest. All the varieties of cancer come under this rule."

"Then, with regard to recurrence of disease after operation according to date of removal.

Date of operation.	Date of recurrence.
1 to 3 months.	11.4 months.
3 to 6 "	9.4 "
6 to 12 "	12.2 "
1 to 3 years.	9.4 "
3 to 7 "	10.1 "

"The reason that the recurrences are not more distant from the late operations performed for the chronic cancers is very probably to be found in the fact that so large a proportion of patients apply for relief when such cancers are beginning to increase rapidly, and therefore when they are more analogous to those which are acute from the commencement."

Something stronger, then, in the way of fact is required before the doctrine that cancer is a local and not a constitutional disease can be accepted. It may be said that such successful cases will occur in future when the principle laid down is more strictly and fully carried out in practice. Well, we must wait; but for myself at least I may say that, until it can be shown that a person may get permanently rid of cancer

by extirpation of the disease from a part, I cannot subscribe to a doctrine which seems to me at present rather plausible than sound. But, while with most others I regard cancer as being what is called a constitutional disease, I yet admit the full force of the fact that cancer is most prone to spread from the site in which it first appears; and this alone should determine the advantage of an operation at the earliest period possible after the discovery of the disease. Once have a nucleus of cancer in any part, and it is easy to forecast the course of the affection. The mass itself will grow and then undergo farther change; and other parts—usually at first neighbouring ones, and then probably those more remote—will become infected; and at least in many cases we have no hesitation in tracing the progress and spread of the disease from the spot in which it first appeared. Therefore, in this alone is an argument strong enough for instant removal; while, so far as we may be able to tell, other parts have escaped inoculation. We dare not by this means, even in the most favourable cases, venture to promise to our patient, or in our own minds to hope for, a lasting cure; but we are justified in the expectation that thus we shall do the most and best we can to prolong life, and set free at least a considerable portion of what remains from the troubles that wait on the disease.

The best cases for operation, then, are those which, under any circumstances, would be considered the most favourable ones—where the breast is small and the tumour circumscribed and free from all connection with adjacent structures, and where there is no symptom of irritation of neighbouring glands. Still, while the glands are free and the whole disease about the breast can be thoroughly removed, I think that an operation, if it do not involve too large an immediate risk, offers a fair chance of prolonging life, although I certainly think worse of those cases in which the skin is involved. When the neighbouring glands are affected the question is more doubtful, but much depends upon whether these also admit of removal.

You will, perhaps, observe that I have considered the question of removal by the knife only, and you may be inclined to ask what I have to say to the employment of caustics or other means for that purpose. It is shortly this: I think that, when the disease admits of removal at all, it is almost in every instance best removed by the knife. Indeed, speaking for myself, I can hardly suggest any circumstances in which the knife will not do the work better—far better—than any other means. You may indeed meet with cases in which a patient's repugnance to being "cut" cannot be overcome, and in which, therefore, you may resort to caustics as the best alternative; but even this objection fades away before chloroform. The advantages of the knife over caustics are large and manifold. It effects in a few seconds what caustics can only accomplish, even under the most favourable circumstances, in many days or some weeks. There is no comparison in the total amount of pain endured. In the very great majority of cases we can by the knife ensure a more thorough extirpation, and can thus assuredly sweep away the disease with far more precision and certainty than caustics can destroy it. The employment of caustics not only labours under these great disadvantages in comparison with the knife, but often, very often, they provoke evils of the gravest kind. They always set up considerable irritation in surrounding parts, and this in turn unfrequently runs on into severe and extensive inflammation, causing much additional suffering and serious constitutional disturbance. When hæmorrhage attends their action it is likely to become formidable, seeing that the surgeon, not being prepared for it, is not at hand with all appliances to control it; and when any but the smallest vessels are laid open by sloughing, the surgeon is called on to restrain hæmorrhage under most unfavourable conditions. Still worse, their action, while it destroys one portion of the disease, is apt to excite that beyond into increased activity. The mischief then spreads at a fearful rate; and too often, between the disease and the caustic, a ghastly chasm with walls of cancer is formed, which very soon puts all chance of removal by any means quite out of the question. The most horrible cases of cancer I have looked on have been those which have been treated by caustics. From time to time caustics have been employed by some under the impression that the disease, when removed in this way, is less prone to return; that in some way the action of caustics may extend farther than the knife, and act more radically; but of this there is nothing like evidence. Considering the nature of the disease and the obstinacy with which it defies destruction, it is natural enough and praiseworthy that surgeons, ill-satisfied with the results of excision, should have returned to a trial of caustics; but I think I may say that they find very little favour at the hands of properly educated men.

In attending our weekly consultations you have, no doubt, been struck by the fact that, when cases of cancer of the breast have been brought before us, although the diagnosis is in the great majority of instances easily made and readily agreed on, yet often opposite opinions are expressed on the great question of treatment—whether the disease should

* Concluded from page 256 of last number.

be removed by operation. You know very well that we frequently differ about other cases; and perhaps you have found that, in attentively listening to the discussion of these differences, and weighing afterwards the arguments by which they have been supported, you have learned more than by any other method of instruction; but often our differences in other cases are, for the most part, determined by difficulties of diagnosis—by uncertainty, perhaps, of the nature, or more frequently of the extent, of the disease; whereas, in cancer of the breast, there may be complete unanimity of opinion on the nature of the disease, on the extent, generally speaking, to which it has advanced—certainly no difference of opinion on the ultimate issue, and very little on the probable duration of life—and yet it frequently happens that one surgeon will advise an operation when another will reject it. How is this? Why, if statistics are to guide us in the absolute manner that some insist on, in the face of such statistics as we possess on this subject should such contrary opinions prevail? It is not indeed so much that we hesitate to accept as the truth the evidence which these tables yield, but rather that after all the evidence is only general, and does not reach far enough to meet all the conditions that are presented in any individual case. The truth is, that the answers given by tables of statistics, however ample, are never personal enough. However truly and forcibly they may speak, they speak only in general terms. In these unhappy cases there are difficulties that lie beyond the pale of statistics altogether. Satisfactory answers may be found to the great questions that arise in any individual case, and yet oftentimes there remain others within them. The probable duration of life, with or without operation, may be determined, and the risks of the operation itself may be reckoned; but there yet remains, not the mere length, but the kind of life that must be passed—the amount of suffering, bodily and mental, that may be escaped or must be endured. Is the surgeon to have no concern about this question which presses so closely on his patient? Nay, in many cases it must be, should be, his chief concern. Frequently it is for him—apart from the question of the simple prolongation of life—to weigh carefully and subject to all the conditions that surround it in each case, on the one hand an operation with all the fear and distress that attend it and the risk of life, but, if it be successful, with the interval more or less extended of apparent immunity from disease, and, so far as the patient herself is conscious, of restoration to health and the enjoyment of life; and, on the other hand, the avoidance of the terrible shock of an operation and its attendant risks, but, withal, the uninterrupted advance of an insidious yet deadly disease, never to be forgotten, constantly destroying with sufferings that day by day prove worse, until they terminate in death. This is the question which I wish now to bring before you—one that lies within, and which is, I think, too often concealed by the others—one, the force of which will be admitted, I think, when it is put, but which is too often, or rather too much, left to the patient alone to answer. Suffer me to put the question in another form. Suppose, in a case of cancer of the breast, you come to the conclusion that there is every chance of life being prolonged by an operation, you would have then no hesitation in advising it if it involved nothing very unusual in the way of risk. But suppose that you had no evidence for this assurance; what then? Is it to be laid down that an operation is never to be performed except with the view of thereby prolonging life? Surely cases must occur to every surgeon which overrule this law. A woman comes to you with cancer of the breast, and begs of you to free her by any means from what she fully recognises as a loathsome disease. You tell her the existing mass can be removed by operation, but that there is every prospect of a speedy return. She says she understands that, and yet would gladly obtain even this short respite. You point out the immediate risk of an operation, and this she is quite content to run. There may even be enlarged and indurated glands that do not admit of removal, but are indolent. Are you, under these dismal circumstances, to decline an operation because it can do so little? I venture to say, no. In approaching this question, so much must depend on the character, temperament, and circumstances, of a patient, her relation to others, and so forth, that you cannot be justified in laying down any absolute rule on the subject, or in shrinking from a disagreeable task without prospect of ultimate credit. If a surgeon were simply selfish, he would perhaps have nothing whatever to do with cases of cancer. But if he stop at the question of cure, or even of the prolongation of life, he must assuredly limit, in no small degree, his sphere of usefulness. I confess that the view which I have ventured thus to bring before you grows stronger with increasing familiarity with the details of these distressing cases. The progress of cancer, from the time when it has attracted the attention of the patient to its end, is so pregnant with pain and distress in almost every one of their more terrible forms, and so hopeless, that it is surely no mean achievement of our art to afford even a brief respite of suffering, though at some risk.

But this is not all. Cancer almost invariably kills, but by no means always in the same way; and the degree to which the mode of death may be influenced by an operation, deserves careful consideration. When cancer appears in the breast, and is allowed to go on from bad to worse without an operation, the structure of the tumour itself degenerates, the skin at length gives way, and what people often call an "open" cancer is formed. Either the growth, now free, sprouts out of the hole, forming a foul fungus, or the malignant ulcer, painful and offensive, steadily extends; sometimes slowly, by a sort of phagedenic action, sometimes rapidly, by the sloughing of portions of the mass which fall away, but always inevitably, for, while destruction is going on in the centre, the disease is advancing in the whole circumference; and then it is that the worst evils of cancer are realised. It is hardly possible to conceive a more distressing condition—this slow death by exhaustion through such suffering. Lawrence speaks of it as "the greatest calamity that can befall a female." But when the mass of disease has been removed by operation, there is certainly in many cases a much better chance that cancer will not destroy in this way. It may, and indeed often does, return rapidly in the scar or wound, even before it has closed, and pursues the course first sketched with only the slight interruption of the operation. But sometimes this occurs. The scar of the wound will become diseased and indurated, and at length ulcerate, forming either an excavation, or appearing as an outgrowth of exuberant granulation. In either instance, the local condition, even throughout, is often much less terrible than in the former case. I think I may say that, as a rule—broken, I know, by many exceptions, but still as a rule—the disease, when it returns after operation, presents locally less formidable characters than when it is allowed to proceed unchecked. In the progress of cancer, two forms of ulceration have been described: "the one superficial and slow, with sparing discharge, which incrusts; the other rapid and deeper, with copious secretion." (Lawrence's *Lectures on Surgery*, p. 509.) Excepting the very chronic cancers of old people, I think the former is most often seen in the cicatrix of a previous operation. It has been said, indeed—and by high authority, too—that an operation sometimes hastens the progress of the disease. I venture to think, but rarely. No doubt it often fails to check it; but I do not think there is much evidence to show that clean excision actually hastens the progress of the disease, as the application of caustics and other irritants will do unquestionably. On the other hand, there are instances in which, by the removal of scirrhus of the breast in an advanced state of ulceration, life has been in all probability considerably prolonged—in which there has been no return of the disease for one, two, or three years, the patients then dying of internal cancer. Brodie, for instance, has related such cases.

But, again, it will much oftener happen that, after a shorter interval of recovery, and apparent freedom from disease, the general health begins to fail, and signs of mischief in internal organs appear. With this, there may or may not be return of the disease in the original site, but life is destroyed by a far less painful process. The more vital organs are directly attacked. Great as the suffering may still be, it is certainly, as a rule, less than in the former case, and there is not the additional horror attendant on the disease exposed fully to view in all its worst features.

It may be fairly said that an operation, even when it fails to prolong life, or even to afford apparent immunity from disease for an interval, still sometimes determines an easier mode of death. Therefore it is that I am inclined to counsel an operation in certain cases in which, perhaps, most other surgeons would reject it. I would not discard the idea of an operation in every case in which there was no reasonable prospect of it prolonging life. If all the visible mass of disease on the breast could be removed without much more than usual danger, even though there were enlarged and indurated glands in the neighbourhood, provided they were passive—if the patient were anxious for an operation, understanding its risks and the probable limits of its success, I would not, on these grounds, decline to perform it; for all the evils of an operation, even when fully allowed for, seem to me less, on the whole much less, than those which by this means, and by this only, we may hope to avert.

MEDICAL MATTERS IN CHILI.—Dr. Ullersperger writes in a recent report on this republic, that phthisis, which was scarcely known among the Chilese thirty years ago, is now very prevalent, and generally considered infectious. Syphilis is also frequent and very insidious; syphilitic rheumatism is not rare. Intermittent fever is found in the marsh-districts. The disease called "*Lepidia di-Calambra*" is a severe bilious attack, compared by some with sporadic cholera. No stage of typhoid symptoms supervenes. The medical men receive an education at the University of Santiago, where they study six years.