REMARKS

ON

SOME CASES OF INFLAMMATION OF THE BREAST
SIMULATING CANCER.By THOMAS BRYANT, F.R.C.S.,
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THE majority of surgeons of the present day are disposed to believe that an operation for cancer of the breast should be undertaken as soon as the nature of the disease has been clearly decided; for it seems tolerably certain that a woman has a better chance of being cured of the affection, if I may use such a term, or of being rendered free of the disease for a more lengthened period, by an early operation, than by one undertaken when the cancer has existed for many months, or has undergone degenerative changes, when, too often, secondary deposits have taken place in the absorbent glands, or it may be in other parts. The diagnosis of a cancer of the breast in its early stage is consequently a subject of great importance, and the differential diagnosis between it and other affections for which it has been and may be again mistaken becomes a matter of some interest. I propose, therefore, in the following brief communication, to consider the differential diagnosis of cancer of the breast and chronic inflammation of the gland, for it is between these two classes of cases that the greatest diagnostic difficulties are encountered and the gravest errors in practice fallen into; for who has not known a chronic inflammation of the breast-gland mistaken for a cancerous affection, or a chronic abscess of the breast removed for a cancerous tumour? Under these circumstances, the following cases of inflammation and suppuration of the breast appear worthy of record; for in their clinical aspect they displayed symptoms which are not uncommonly found to be connected with cancerous affections—such as a retracted nipple, adhesion, puckering, or cupping of the skin to the parts beneath, and enlarged axillary absorbent glands. They clearly point out the value and necessity of closely inquiring into the history of a case before making a diagnosis, and the wisdom of not laying too much stress on the presence or absence of any single symptom. A true scientific diagnosis, resting upon a correct appreciation of the value of symptoms—taken in the order of their appearance and in their different combinations—for a single symptom, uncombined with others, is of small value when considered by itself, although when combined it may be of primary importance; for symptoms can only be interpreted correctly by the aid of others with which they are associated.

CASE I. *Chronic Abscess in the Breast with a Retracted Nipple.*—Ellen D., aged 39, a married woman, the mother of three children, the last eight years since, came under my care at Guy's Hospital, on April 1st, 1867, with a swelling in the left breast of two months' duration, and a retracted nipple. The tumour occupied the axillary half of the mammary gland; it was hard to the hand, and doubtfully elastic; it clearly was an infiltration, of some kind, of the gland-tissue. The nipple had become drawn towards the axilla since the swelling first appeared, and the breast was the subject of a sharp pain, there was no external sign of inflammation whatever, and no increase of heat. The axillary glands were, however, uninvolved. A correct diagnosis of the case at this period of the disease was clearly difficult. The age of the woman, the fact that the breast-gland had ceased to be active for eight years, the infiltrating character of the disease, and the retraction of the nipple, were amply sufficient to render the opinion probable that the disease was cancerous; and yet all these symptoms were quite compatible with a simple affection, and, as the result proved, were due to such. For in two weeks the skin over the tumour had become involved and glued to the parts beneath. Some slight redness of the integument also appeared. In another week, an abscess was opened, and several ounces of pus escaped. On May 15th, six weeks after her coming under my care, and about four months after the first appearance of her symptoms, she was discharged cured. The nipple, however, remained somewhat retracted.

CASE II. *Chronic Inflammation of the Breast Simulating Cancer.*—Eliza W., aged 34, came under my care at Guy's Hospital, on June 6th, 1867, for an affection of the right breast of nine months' duration. It had appeared after a blow. The whole gland was involved in the disease, and was much swollen, being clearly infiltrated with inflammatory products. The nipple was completely drawn in, and out of sight. The skin also was fixed to the parts beneath, and brawny. Manipulation of the part caused some little pain. The axillary glands were somewhat enlarged and tender. There was no perceptible increase of

heat in the part. Judging from the symptoms alone, there might probably have been some little difficulty in forming an opinion in this case, for a gradual enlargement of the breast for nine months, an infiltration of the skin, retracted nipple, and enlarged axillary glands are such symptoms as are constantly found to exist in cancer of the breast. An inquiry into the history of the case, however, put an end to all doubt, for it was elicited that the woman had been confined twenty-one months previously, and had been suckling up to the time when she received the blow. The subsequent course of the case proved the disease to be simply inflammatory; for, under tonic treatment and cooling local applications, all the inflammatory thickening and infiltration gradually disappeared, and in two months she left cured.

CASE III. *Chronic Abscess in the Centre of the Breast, simulating Cancer in its Local Symptoms.*—Mrs. R., aged 37, a married woman with one child three years old, came under my care at Guy's Hospital on May 13th, 1867, for a swelling in her left breast of six weeks' standing. The tumour was placed in the centre of the mammary gland; it was firm to the feel and indistinctly fluctuating; manipulation caused pain; the skin over the part was healthy and quite mobile. The nipple had retracted during the last three weeks. There were also enlarged axillary glands. The diagnosis of this case was very obscure, for such a combination of symptoms as I have just detailed are seldom present except in cancer. On April 11th, however, one month after her first visit to me, it came out that she was pregnant about three months. The tumour by this time had been much enlarged, and fluctuation had become more distinct. For diagnostic purposes, therefore, a grooved needle was introduced into the centre of the growth, and pus escaped. The abscess was accordingly freely opened, and a rapid recovery took place.

CASE IV. *Chronic Abscess in the Breast, simulating Cancer in its External Symptoms.*—Lavinia W., aged 39, a single woman, came under my care on November 22, 1866, for a tumour, of the size of a walnut, above the areola of the left breast. It had existed for many months, and had appeared slowly. It was the seat of a chronic pain. The nipple was completely retracted, and the skin over the tumour was puckered and adherent to the parts beneath. The axillary glands were apparently sound. The symptoms thus tabulated were such as are very commonly found in cancerous disease; and the fact of the patient being a single woman, and about 40 years of age, tended to encourage such an idea of the case. An inquiry, however, into the history of the disease cleared up the doubt; for it was discovered that the retraction of the nipple had been a congenital condition, and the puckering and adhesion of the skin to the surface of the tumour were due to the cicatrix of an abscess which had attacked the breast twelve years previously. The tumour in the breast was a chronic abscess, which was subsequently opened, and a good recovery ensued.

CASE V. *Chronic Inflammation of the Right Breast, simulating Cancer: Recovery: True Cancer of the Left Breast one year later, and Death.*—Susan W., aged 48, a married woman with one child 22 years of age, came under my care at Guy's Hospital on November 27th, 1865, for some affection of her right breast. It had existed for two months, had come on gradually without any known cause, and was the seat of a dull aching pain which passed down the arm. The skin over the part was also cupped, and slightly adherent to the gland beneath. The axillary glands were quite healthy. To the hand, the swelling was clearly due to an infiltration of the mammary gland. The local symptoms in this case, as in the last, tended to indicate the presence of a cancer; the age of the patient likewise went to support the idea. The history of the patient, however, did away with such an opinion; for it was discovered that the cupping of the skin was due to the cicatrix of an old abscess which had existed twenty-two years previously. Under tonic treatment this patient rapidly recovered, all induration of the breast disappearing. It is interesting to observe, however, that this patient reappeared one year subsequently with a genuine cancerous disease of the left or opposite breast, which went on rapidly to develope and to destroy life.

CASE VI. *Chronic Induration and Suppuration of the Breast simulating Cancer, in a Woman aged 64.*—Hannah N., a married woman aged 64, came under my care at Guy's Hospital in October, 1859, for some affection of her right breast. It had been coming on for about six weeks, the glands having become gradually hard and painful. When I saw her, the breast was generally much indurated and formed a globular firm swelling; manipulation caused some pain. The nipple was slightly retracted. The axillary glands were free from disease. The skin over the tumour was mobile and healthy. The tumour moved freely upon the parts beneath. The local symptoms, together with the age of the patient, and the total absence of any external signs of injury or history of accident, were enough to excite the idea of the tumour being cancerous; but it was not so; for in about a week pus escaped from the

nipple, and, in another, fluctuation was felt deeply seated below the nipple. The abscess was opened, and in about a month a good recovery ensued.

CASE VII. *Chronic Inflammation of the Breast in a Single Woman, simulating Cancer.*—Ellen A., aged 56, a single healthy woman, came under my care at Guy's Hospital on July 3rd, 1865, for some affection of her left breast. It had been coming on for about three weeks without any known cause; the breast gradually becoming hard and painful. When I saw her, the whole gland was infiltrated with some new product, inflammatory or otherwise. It was indurated and tender on manipulation. There was no enlargement of the axillary glands. The nipple was completely drawn in, and out of sight. The skin over the breast was healthy and the tumour moved freely upon the parts beneath. The case was one of a doubtful kind; the age of the woman and the local symptoms raised a suspicion of its being of a cancerous nature, and yet its progress had been somewhat too rapid for the generality of such cases. On inquiry, also, it was found out that the retracted nipple was a congenital condition. Tonics were given and the case watched. In a fortnight distinct evidence of inflammation of the skin appeared with indistinct fluctuation. In another week an abscess was opened, and rapid convalescence followed.

CASE VIII. *Chronic Abscess in Breast with Retracted Nipple.*—Sarah M., a childless married woman aged 20, came under my care at Guy's Hospital on December 30th, 1863, for some enlargement of the left breast. It had been gradually coming on for eight months, after a blow. The swelling was accompanied with a dull pain, and the gradual retraction of the nipple. When I saw her the breast was clearly much enlarged, the whole gland forming a firm semi-elastic tumour; the nipple had completely disappeared. The skin over the tumour was healthy, as were the axillary glands. The gradual enlargement of the breast with the retracted nipple might probably have induced a surgeon, who put too much value in such symptoms, to suspect a cancer, although the age of the patient and the history of a blow forbade the entertainment of such an idea. The case turned out to be one of a chronic abscess. It was opened, and a good recovery took place.

CASE IX. *Chronic Inflammation of the Breast simulating Cancer: Recovery.*—Mary R., a married woman aged 41, the mother of nine children, came under my care at Guy's Hospital on August 25th, 1864, for some affection of her right breast. It had been coming on for about nine months, and was accompanied with pain. The gland had been gradually becoming larger and harder, and the nipple had been slowly retracting. When coming under observation, the breast appeared as a firm globular enlargement and the nipple was quite out of sight. The tumour moved freely upon the parts beneath, and the skin over it was quite free. There was no enlargement of the axillary glands. The age of the woman and the general appearance and condition of the breast indicated the presence of a cancer; and to those who looked upon the retracted nipple as a definite sign of such a disease, the diagnosis would have been complete. On inquiry, however, into the history of the case, it was elicited that the induration of the breast had gradually appeared after her last confinement, in which she lost her child, nine months previously; and that the possibility of the disease being of a chronic inflammatory nature was rendered probable. This view of the case turned out to be the right one; for in the course of one month an abscess appeared which was opened near the nipple, and in three months a recovery was declared. The nipple, however, continued somewhat retracted.

CASE X. *Chronic Abscess with Retracted Nipple, successively attacking both Breasts; Recovery.*—Rachel B., aged 28, came under my care at Guy's Hospital on November 10th, 1864, for some affection of her right breast. She was a childless married woman. The disease had been coming on for several weeks with induration and enlargement of the breast; the nipple gradually going in. No cause could be assigned for its appearance. When seen, the breast appeared as a globular tumour, in the centre of which was a depression or fossa containing the nipple. The tumour was movable and hard, indistinctly fluctuating. The skin over it was healthy. The age of the woman, only twenty-eight, rendered the idea of its being of a cancerous nature improbable, and, at the same time, suggested the probability of its being inflammatory. An exploring needle was consequently introduced, when pus escaped. A free opening was consequently made, giving exit to several ounces of pus, and a good recovery took place. The nipple, however, remained somewhat retracted. This patient came under my care again on February 1st, 1865, with the same affection of the left or opposite breast, which had appeared in the same insidious way and ran precisely the same course. It was treated in a like manner, and good result followed. On May 21st, the nipples were still drawn in.

REMARKS.—There would be no difficulty in quoting other cases to illustrate more fully the subject of this communication; but I trust I have brought forward sufficient to indicate the quarter in which some

of the difficulties of diagnosis are to be found, and the means by which errors of diagnosis are to be avoided. I have pointed out how, in cases of chronic inflammation of the breast-gland, nearly every local symptom found in cancer may be simulated; and how necessary it is for the surgeon to make a careful inquiry into the history of every case, to understand how each symptom is produced, and to weigh the value of every point before giving a diagnosis. I think that I have demonstrated that local symptoms will constantly mislead when taken by themselves, and that they can only be correctly interpreted by the antecedent points connected with their history. In all the examples of disease which I have just brought forward, the surgeon would doubtless have been misled, had he trusted to local symptoms, and had he failed to inquire into the facts touching the history of the cases from an early period; for, in many of the examples, the symptoms which appeared characteristic of cancer turned out fallacious, and were due to either a congenital condition of the parts, or to an old or recent inflammatory affection.

I trust I have also demonstrated, by the quotation of cases, the value of an exploratory puncture with a needle into the centre of certain cases of tumour, when the nature of the disease is doubtful. In cancerous cases, the puncture will do no harm; in inflammatory cases, it will dispel the doubt. It will often turn doubt into certainty, and save errors of diagnosis as well as of practice.

By way of conclusion, I will observe that *cancers* generally attack the breasts of women during the functional decline of the mammary gland, that is, after forty years of age, and *inflammatory* affections, during the period of its functional activity; that nearly every local symptom of cancer may be simulated by chronic inflammation of the breast; and that the careful consideration of the history of the case will alone enable us to escape error. In all cases of disease of the breast, let it be therefore our rule to inquire into the history of the case, and the gradual development of the symptoms, before giving a diagnosis; and, in certain doubtful cases, let it be our practice to explore the tumour by means of a needle before giving an opinion, and certainly before we act upon it.

By adopting, or rather acting upon, these suggestions, we shall often be saved from serious errors; we shall render our practice more certain, and consequently more successful.

It is true that what I have just stated is not new; it has been recognised by all surgeons, and practised by most. But still it is not recognised as fully as it deserves, nor is it practised as freely as it ought. If the cases I have brought forward have any influence in reminding us of what we have sometimes neglected, or in urging us to do what we cannot fail to recognise to be right, my object will have been obtained; for in our profession, as in many others, the old saying is too true, "That more error is wrought by want of thought, by far, than want of brains."

REMARKS ON VILLOUS TUMOUR OF THE RECTUM,

AND THE RESEMBLANCE THAT IT MAY BEAR IN ITS SYMPTOMS TO CHRONIC DYSENTERY; ILLUSTRATED BY TWO CASES.*

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CASE I.—P. S., a man, aged 70, was admitted into the Radcliffe Infirmary on November 22nd, 1866, with the following history. He had suffered for half a year from diarrhoea; the bowels acting from twelve to twenty times in the day, with much straining and pain in the lower part of the back and bowels. The motions were reported to be very scanty, consisting chiefly of slime and blood. He had never been abroad. The man had a sallow cachectic appearance, and a feeble pulse. Nothing abnormal could be detected in any part of the body, with the exception of tenderness on pressure in the left iliac fossa. An examination of the rectum enabled me to feel a small pile just within the sphincter, but nothing else. He continued under observation till December 9th, getting temporary relief from remedies—castor-oil in small doses, Dover's powder, and, especially, opium injections; but the diarrhoea returned without fail after one or two days' cessation, so that he would have seven, ten, or twelve stools in the day, with severe tenesmus and intense pain in the lower part of the back. The stools consisted, during this time, mainly of bloody mucus and a bloody fluid. Occasionally, after a dose of oil, there would be some fecal matter in addition, but blood and mucus always predominated. The diagnosis—chronic dysentery—made at first, seemed to be confirmed by the daily progress of the case. On the 10th of December, the eighteenth day of observation, he complained

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