left kidney, was a rent in the jejunum, near its commencement close to the spine, about $1\frac{1}{2}$ inch long in the longitudinal axis of the bowel, at its free border; the edges of this rent were thickened as if bruised; no other source of haemorrhage was discovered.

TWO CASES OF INOPERABLE SCIRRHUS OF THE BREAST TREATED BY OÖPHORECTOMY: RESULTS.

By E. PERCY PATON, M.S.LOND., F.R.C.S.,
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THE question of the treatment of inoperable scirrhus of the breast by removal of both ovaries has of late caused considerable discussion, but as its ultimate value as a means of relief or cure can only be settled by extensive experience of cases in which the treatment has been tried, I have thought it worth while to add the only two cases, which I have so far done that they may be included in the larger experience of others. Both of them are unfortunately "complete" cases, as both of them have since died.

CASE I.

E. L., married, aged 43, first came under my care on January 15th, 1900.

History.—She was married and had had nine children, and was at the time five months pregnant; she had first noticed a swelling in the left breast the previous November, and it had increased very rapidly.

Condition on Examination.—There was extensive infiltration of the whole breast with new growth and some, though not very extensive, affection of the axillary glands.

Operation on Breast and Result.—On January 18th the breast and axillary contents and sternal portion of the pectoralis major were removed, the wound healed without trouble and she went out of hospital on February 7th in good health. She returned on September 13th, having in the meantime had a child which she had suckled. She said that two months before the lump had returned in the scar, and that on September 7th it had bled a little; the bleeding was stopped by pressure, and she was kept under observation. On October 9th she was readmitted, and a careful sketch having been made of the extent of the growth, it was found that an area of about 9 in. by 5 in. of the left chest wall was ulcerated, and there was also considerable infiltration around this ulcer; the opposite breast was also involved, but there was very little glandular affection palpable, and no evidence that any internal organs had been attacked.

Oöphorectomy was done on October 11th, and a day or two later she was put on 5 gr. of thyroid extract three times a day, which, however, was only continued for about three weeks.

After-History.—The patient's mental condition soon became a source of trouble; she was very restless and unable to sleep, trying to get out of bed, and apparently going rapidly downhill. On November 14th it was noted that the growth on the left side seemed a little smaller and showed less tendency to bleed than formerly, but that the swelling in the right breast was increasing. As she was still very restless and sleepless, sulphonal (20 gr.) every night was ordered. This had a very beneficial effect on her general condition, as she at once began to sleep better and became more herself; but there was no further improvement in the condition of the growth, while that in the right breast continued to increase, and she now suffered a good deal of pain; she was, however, able to get up, and her general condition remained about the same till January 5th, 1901, when she was discharged. She died in the infirmary on March 4th.

CASE II.

Mrs. L. B., aged 31, came under my care on March 21st, 1901.

History.—She had first noticed a lump in her left breast eighteen months before, she being then four months pregnant. Five months later after the birth of the child it began to grow more rapidly, and when I saw her it had extensively infiltrated the whole left breast and axillary glands, and the glands in the posterior triangle were considerably involved.

There was no evidence of any affection of any of the internal organs.

Operation on Breast.—The state of matters was explained to her, and I was desirous of leaving the tumour alone in the first instance and removing the ovaries, but she was anxious that at any rate an attempt should be made to remove some of the growth. An extensive operation was therefore done on May 30th, 1901, the breast and pectoral being taken away, as well as the contents of the axilla, but the cervical glands were not touched.

Oöphorectomy.—The wound healed kindly, and on July 1st the ovaries were removed, and she was discharged from the hospital in good general health on July 24th; indeed she expressed herself as feeling much better than when she came under treatment, though there was no obvious improvement to be noticed in the masses in the neck. From the time of her discharge she was kept carefully under observation, but the growth speedily recurred in the scar, and extended widely, and although she suffered very little pain she went very rapidly downhill, and died at the end of December, 1901.

It may be noted here that the nature of the growth in both these cases was characteristic scirrhus.

REMARKS.

Very little I think need be added to the notes given above. Both of them were exceedingly bad cases to have to deal with, as in both the growth was associated with either pregnancy or lactation, but on the other hand in both cases the removal of the ovaries was done at a time of life when theoretically their removal may perhaps be expected to have most effect. Two cases can, however, only be of value in estimating the utility of the treatment under consideration when added to a larger number of cases under the care of other surgeons.

TREATMENT OF A CASE OF SCIRRHUS RECURRENT FIVE YEARS IN A PATIENT AGED 93: IMPROVEMENT.

By E. A. PETERS, M.D., B.C.CANTAB.,
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HIGHLY satisfactory results of the treatment of various forms of cancer by exposure to Roentgen rays have been reported by Mr. Bryant and Mr. Lyster,¹ Mr. Clarke,² and others. Thanks to the courtesy of Mr. Lyster, I had the opportunity of seeing some of these cases so treated, and the methods employed at the Bolingbroke Hospital. The resulting improvement so impressed me that I felt justified in employing the treatment on a recurrent slow-growing spheroidal-celled carcinoma which had been under my observation for three years.

The original growth was said to have been removed with the left breast by Lord Lister³ thirteen years ago. The recurrence had been noticed by the patient eight years later. When the patient first came under my care there was a projecting mass about $1\frac{1}{2}$ in. in diameter adherent to a rib at the seat of the incision. This condition was considered unsuitable for operation.

From that time on the growth slowly progressed. At times considerable inflammation set in, with swelling, bleeding, and pain; sloughing ensued, and a period of quiescence followed. The pain was relieved by application of suprarenal extract.

On December 5th, 1901—the date of the commencement of the Roentgen treatment—the growth measured 3 by $2\frac{1}{4}$ in.; it had a well-raised margin covered by thin red epidermis, while the centre was occupied by an irregular ulcer. There was also some ulceration of the raised margin. Large tender glands could be felt at the edge of the lesser pectoral muscle. Some of the surrounding veins were distended. The patient complained of pain of the extensor surface of the forearm and middle digit.

A 10-inch coil was employed to give a parallel discharge 4 to 7 inches in length with Watson's vril break worked at maximum speed.