CLINICAL LECTURE ON THE IMPORTANCE OF EARLY REMOVAL OF DOUBTFUL TUMOURS OF THE BREAST.

By J. CRAWFORD RENTON, M.D.,

Surgeon and Lecturer on Clinical Surgery, Western Infirmary, Glasgow;
formerly Examiner in Surgery and Clinical Surgery in the
Edinburgh University.

THE following five cases come under the category of doubtful tumours of the breast:

CASE I.—A. B., aged 35, was recommended to me by Dr. Haldane eighteen years ago. She was suffering from a small swelling in the left breast which was hard and in the neighbourhood of the nipple, and I advised removal of the breast. This was done, the axillary glands being left untouched, and the patient has remained quite well. The tumour was examined and found to be carcinoma.

CASE II.—R. H., aged 40, was sent to me eight years ago by Dr. Wylie, of Kilmarnock, complaining of a small lump in the right breast. I advised operation, and this was done along with the glands in the axilla. The tumour was examined and found to be carcinoma. She is still quite well.

CASE III.—M. C., aged 43, came under my care at the Western Infirmary twenty-five years ago complaining of a hard lump in the right breast. This was removed without the glands in the axilla. Fifteen years afterwards she returned complaining of a small lump in the other breast. This was removed along with the glands. In both cases the tumours were found to be malignant, but the glands were unaffected. Five years after she returned with an epithelioma of the vulva which was removed. She now remains well.

CASE IV.—A. R., aged 38, consulted me with reference to a swelling in the left breast. The swelling was irregular in form, gave her no pain, and appeared to be a multiple cystic condition. I advised removal of the breast. This was done, along with the glands in the axilla, which were not enlarged, and on examination by Professor Muir the edges of one or two of the cysts contained precancerous cells. The patient has remained quite well for four years.

CASE V.—L. Y., aged 43, consulted me regarding a swelling in her right breast. The swelling was multiple, and caused no retraction of the nipple, and gave no pain. I advised removal, and this I did along with the glands in the axilla, which were not enlarged. On examining the breast the tumour was found to be cystic, and on microscopic examination Professor Muir found the evidence of cancer at the edges of one of the cysts. This patient also continues to be quite well at the end of 3½ years.

These cases are mentioned in order to illustrate the importance of early operation in any patient over 30 years of age. A patient comes complaining of a small, hard lump, and the doctor may feel a hesitancy in advising an operation where there seems so little wrong, but if the patient is over 30 we may take it for a fact that the sooner that lump is removed, along with the breast and the glands, in the majority of cases the better it will be for the patient.

A simple cyst in the breast may occur, and can be dealt with by dissecting it out and having it microscopically examined, and, if it shows malignancy, the breast can be removed; but where multiple cystic disease exists I am satisfied that the whole breast ought to be removed, and in this relation Professor Muir's examination of the cases above detailed has impressed me very much. In the case operated on three times a very decided tendency to malignant disease is shown, but the tumours being removed before glandular or skin infection had taken place has prevented recurrence.

There is no doubt that patients themselves are often long in coming to their doctor with reference to a lump in the breast because they fear an operation; but I feel strongly that the public ought to be made aware of the great importance of early consultation with reference to any swelling either in the breast or elsewhere, in order to satisfy themselves as to what they are suffering from. A great deal is being done at present in endeavouring to discover the cause of malignant disease, but until that cause is discovered it is absolutely essential that a strenuous effort should be made to recognize the earliest beginnings of so serious a malady, and on the medical practitioner devolves the responsibility of guiding patients aright.

It is a very serious matter when a hard swelling in a breast has been discovered to recommend delay in interference while its progress is observed. In the great bulk of such cases it is better to advise operation rather than delay. Some may think that this is putting the matter rather strongly, but the cases that I have operated upon early are still alive and those where glandular infection had taken place previous to operation have not survived more

than two and a-half years unless under very exceptional circumstances. I have read with the greatest interest in this connexion the paper by Mr. Butlin on affections of the tongue. It is to be earnestly desired that in all forms of cancer the ideal that he wishes may be reached, namely, to be able to diagnose the precancerous stage of the disease, until a remedy is obtained to cure it or secure immunity from the trouble itself.

CASE OF INFANTILE SCURVY.

By HUGH S. BEADLES, M.R.C.S., L.R.C.P.,
Forest Hill, S.E.

On January 21st, 1903, I was called in to see E. T., aged 1 year and 10 months. The mother informed me that the child cried out when touched, and that bathing her was extremely difficult.

I found the patient extremely anaemic and sallow, looking very ill, and with a quickened pulse and respiration, and a furred tongue. Directly I approached to touch her she cried out, and continued doing so during the whole of the examination. There was a history of constipation for some time, and her condition generally had been put down to teething, as some back teeth were being cut at the time.

On examining the mouth, the gums were found to be swollen, spongy, and purple in colour, especially round the upper incisors and the lately cut molars. There was some beading of the ribs, enlargement of the end of radius and ulnar, and of the ankles. The anterior fontanelle was open. The left thigh was more than twice the size of the right, extremely tender to the touch, and the skin tight and inclined to be brawny. The left shoulder was also swollen. The muscles were flabby, and the legs kept quite still, the child having apparently no power to move them. The abdomen was normal. There was no proptosis. No history of syphilis was obtained. I was unable to procure a specimen of the urine.

The child was the first, and was nursed for ten months. Since weaning she had been fed, first on a well-known pre-digested food, and latterly on an equally popular proprietary article, and owing to the weather and the mother's condition (she was expecting another baby daily), had not been out of doors for some considerable time, nor had she had the benefit of much open window ventilation. She had refused all such things as rusks, crusts of bread, etc.

I stopped the patent foods, and put her on plain unboiled cow's milk slightly diluted with barley water. I also ordered raw meat juice, beef-tea, and the yolk of an egg. In addition to this she was to have the juice of one orange daily, and some green vegetable boiled until soft, passed through a sieve and mixed with cream. The swollen leg was wrapped up in cotton wool. I insisted on the child going out daily (weather permitting) lying down in her perambulator. For medicine I gave iron with citric acid and glycerine was given.

On January 23rd there was already some improvement in the gums. The child had taken both the green vegetable and the orange juice greedily, the latter being increased to the juice of two daily.

On January 26th the improvement was most marked. The gums were almost normal, the swelling of the thigh and shoulder decreased, the legs being moved voluntarily.

On January 29th the improvement was still maintained. She had been out daily, was taking her food well, was bright, and quite took an interest in her surroundings. The tenderness of the leg had gone, and there was no difficulty in examining the left femur. The right shoulder was nearly well.

On February 5th the child was practically well except for the anaemia, which, however, had improved. The left thigh was still slightly larger than the right but there was no tenderness. The gums were quite well again.

This seems to me to be an undoubted case of infantile scurvy. The symptoms and progress all tally with the observations of Barlow and Cheadle; and, as the latter remarks, the immediate and rapid improvement under antiscorbutic treatment practically settles the diagnosis, whereas purpura and haemophilia are not affected by similar diet. There was the predisposing rickets, injudicious management, bad feeding, no fresh air, and the sponginess of the gums most marked round the cutting teeth as suggested by Dr. Barlow. After a few days of treatment the enlarged shaft of the femur could be distinctly felt.