

ceased to have any opinion on the subject. At the consultation, an intercranial lesion of some kind, uremic poisoning and syphilis were only mentioned to be put aside for what seemed good reasons. There was little to make out a clear proof of syphilitic infection, and the symptoms did not resemble those of the best-known cases of cardiac gumma. On the other hand, there was everything in the patient's past history to point to the possibility of a complete nervous break-down; and the idea of neurotic bradycardia, with its more cheerful prognosis, seemed confirmed by the obvious improvement in the patient's condition in many respects. The only thing, however, about which any one could feel certain was that the convulsions were of the character of so-called cardiac epilepsy, due to the cerebral anemia which was caused by the bradycardia.

Clinical Department.

TWO CASES OF CARCINOMA OF THE BREAST IN YOUNG ADULTS.

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THE serious importance of all tumors of the breast, and the advisability of early operative procedure when malignancy is even suspected, have been so frequently insisted upon in recent literature that every case of mammary tumor demands our careful study and most earnest consideration.

There is a widespread belief that carcinoma rarely occurs under the thirty-fifth year, and that if a tumor develops before this period, say in the twenties, it cannot be malignant. The writer has seen three cases where mistaken diagnosis, based upon this consideration, have resulted most unfortunately for the patients; extensive mutilating operations being subsequently required with recurrence in two of them.

The age of the cases about to be described and the sex of one of them make them interesting and worthy of record.

CASE I. H. T., *male*, age twenty-three, a laborer. He was apparently in robust health, of good muscular development, and had had no previous illness. There was no history of tuberculosis or carcinoma in his family. He had been suffering for about six weeks with a painful affection of the right nipple. The pain was not constant, but at times it was very sharp and lancinating. A distinct lump or induration, about a half-inch in diameter, was felt immediately beneath and slightly adherent to the nipple. It moved freely over the deep fascia. Pressure caused pain and a discharge of a small quantity of lacteal fluid.

During the next four weeks the case was treated expectantly by applications of ichthyol, belladonna and iodoform ointments. No improvement having taken place, the breast was removed by operation.

The tumor was disc-shaped, one-half an inch in diameter, white and hard. The microscope showed certain portions of the tumor to consist of hyperplasia of fully formed connective tissue with dilated and tortuous milk ducts. Other sections of the tumor presented the appearance of true glandular carcinoma, consisting of nests of closely packed epithelial cells, surmounted by masses of fibrous connective tissue. The adjacent

lymphatic glands showed no carcinomatous infiltration.

This case made an uneventful recovery, and has had no recurrence. It has been eight months since the operation.

CASE II. The second case is that of a female, age twenty-four, single. She was fairly well nourished, but had always been delicate. Menses began in her eighteenth year; always scanty, irregular and delayed. She had never had a serious illness, but her family history was bad. Her mother died of carcinoma of the uterus; two maternal aunts had carcinoma of the breast, and died before they were forty. Her father lived until he was sixty-seven; but when he was sixty his thumb was amputated for a growth which was said to be epithelioma.

One year before the patient came under observation she was struck violently upon the left breast. A month or so later she noticed a small lump developing at the seat of injury. It increased slowly but steadily in size, was painful only on pressure, and caused her little if any physical annoyance. The knowledge, however, of the tendency to cancer in her family worried her considerably, so that she presented herself quite prepared and anxious for an operation.

The tumor was situated in the upper portion of the breast. It was about the size of an English walnut, slightly adherent to the overlying tissues, but freely movable over the deep fascia and laterally. It was round, hard, and seemed to be encapsulated. There was no perceptible enlargement of the axillary or adjacent lymphatic glands. The operation consisted of removal of the entire mammary gland. It seemed quite unnecessary to remove the pectoral muscles or to attack the axilla. The wound healed by first intention, and there has been no recurrence in ten months.

The pathological report is as follows:

There is very marked proliferation of connective tissue between the glandular acini, almost sufficient to justify the opinion of intercanalicular fibroma. As far as the epithelial elements are concerned, there is found to be an extensive proliferation of the cells of the acini, giving rise to solid nests in places and to accumulations at the ends of acini in other places, and in many situations a marked tendency to break through the basement membrane and proliferate outside. These features of the tumor suffice to characterize it as a carcinoma, probably combined with fibromatous change.

The case illustrates the advantage of early diagnosis and prompt operation. The growth seemed to be purely local and confined. It is impossible to say how soon the adjacent lymphatic structures might have become involved. Once involved, the modern radical operation with ablation of the pectoral muscles and thorough clearing out of the axillary space would have become imperative.

PIGEON CALLS. — Dr. Harrey, a Scotch physician, is said to make a practice of leaving with such patients as are likely to require his prompt attendance one or more carrier pigeons to be dispatched with messages. He also takes the winged messengers with him on his rounds and sends them back to his office with prescriptions to be filled. It is not stated whether or not they carry back the medicine to the sufferer. — *Medical Record.*