The logistics and economics of medical care are such that this weakness cannot be overcome by the frequency of examinations. This leaves self-examination as the only practical method of self-examination of the breasts. It is likely that the United States, and are unlikely for a variety of reasons to find favour except with a small minority of women.

Under these circumstances may I mention simply the method of self-examination of the breasts. A woman washes her breasts on both sides rather than with a flannel or sponge, the pulps of the fingers are placed at a right angle to the chest wall, the correct position for determining any pathological change from the normal in the consistency of any part of the breasts. Being a routine hygiene measure, it is free from psychological overtones, and the consequent time. Symptoms of consciousness of examination of the breast for a dreaded disease, while its simplicity makes it practicable for large scale screening procedure. Women adopting this practice and reporting to their doctor if they notice any abnormality will have the satisfaction of knowing that they have done all that is possible on their part to secure a favourable outcome to treatment. I am, etc.,

D. PATTY.

Unusual Cause of Inguinal Mass

SIR.—A female patient, aged 80, was admitted as an emergency with a mass in the left inguinal region which had appeared two days previously and had become progressively more tender. Six years previously she had had a left inguinal herniorrhaphy and six months previously she had attended hospital with lower abdominal pain. On the latter occasion a diagnosis of diverticulitis was made clinically, and confirmed radiologically. At the time of her admission, however, she was free from bowel symptoms.

On examination, a swelling was found in the left inguinal region extending across to the mid-line. It measured 2 in. by 2 in. (5 cm. x 5 cm.) in size, apparently localized, of firm, smooth consistency, and appeared to arise from the external inguinal ring. The overlying skin was red and inflamed, and the whole mass was tender. There were no symptoms or signs of intestinal obstruction or peritonitis apart from nausea. A diagnosis of an irreducible recurrent inguinal hernia was made.

At operation, the cause of the swelling was found to be a segment of varicosed vein which was the site of a thrombophlebitis (Fig.). The vein originated from the long saphenous just proximal to the point at which it penetrated the deep fascia. Its path ran through the subcutaneous tissue superficial to the membranous layer. It followed a course in an upward and medial direction, across the suprapubic region and was traced to the opposite side where it joined the right long saphenous in the same manner.