

Tota mulier in mamma (*The whole woman is in her breast*)

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This phrase is not mine...

I believe that the first one to use it was the famous professor Charles Gros of Strasbourg University. He was the founder of senology and a pioneer in the field of breast diseases. He pointed out that the female breast is a specific symbol and it is my pleasure to pay homage to him.

In fact, it seems inexact and unjust to write *tota mulier in utero*. This assertion is too embedded. It would at least be preferable to say *tota mulier in ovario*. However this is an anachronism. The word "ovarium" did not exist at the time of the Romans and only appeared in the scientific Latin language in the XIII century.

Thus, one must consider that a woman is obviously dependent on her genital organs. We should be reminded that the word "hysteria" is derived from the Greek word "hustera" (uterus).

Everyone knows the rythmicity of female moods as far as the menstrual cycle is concerned – premenstrual tension, algomenorrhea, menopausal problems due to estrogen deficiency, etc.

However, in spite of everything, the symbol of the breast remains the strongest one. Mastectomy (due to cancer), which was called in other times "breast amputation" by surgeons, is much worsely felt by the patient than hysterectomy or oophorectomy.

In the French language, the word "sein" was probably introduced in the XII century and was born from the Latin word "sinus" which means "curve" and one can imagine all the (mammary) sinuosities that it contains.

The breast has a paramount place in femininity, aesthetics of the female silhouette and beauty. It is incarnated by the bust of glittering and famous stars and fashion models. Its role however is also very important in sexual practice: kissing, eroticism...

Last, but not least, it is the symbol of maternity – lactation: the breast gives milk from the mother to the child. It is a second umbilical cord, "the milky way".

It is clear that every woman *lives* with her breasts. They affect her self-esteem and well-being. Thus one could assert "Well in her skin (or in her brain), well in her breasts" (and vice versa).

It is a spring for pleasure and happiness; the breast may also be a nevralgic point where stress and various diseases are expressed: mastalgia, the unexpected arrival of painful cysts in a context of emotion, shock, family disputes or a severe disease (e.g. cancer) among relatives or friends, etc.

Some do not hesitate to speak of breasts that suffer, swell, flow, cry or bleed (nipple discharge).

However, above all, is the fear of breast cancer which can be obsessive for women. Unfortunately it occurs too frequently in Europe. One out of nine females will be struck by the disease. The prognosis is still very severe, in spite of dramatic improvements in diagnosis and treatment.

The outcome is disconcerting and when metastases occur, prognosis is dreadful. One feels a state of distress when a family member, friend, or colleague at work is struck by this *plague*.

Moreover, one speaks of high-risk women – those who have a direct familial history of breast cancer (mother, sister...); those who have a mastopathy in which a biopsy may have revealed alarming signs like hyperplasia with atypical cells.

In addition, during the last decade genetic mutations, especially BRCA1 and BRCA2 (but also others exist), have been stressed and they bring in and among themselves a very high risk of breast cancer during life.

What should be said and done for these high-risk women?

To reassure and calm them? To alarm them? To do nothing and just wait and see? To prescribe an early and perhaps heavy follow-up? To try, as has been done in some countries, a preventive hormonotherapy which however raises many uneasy questions? Even in extreme cases, should a prophylactic bilateral mastectomy be performed?

Nonetheless, today in several countries, national mass screening for breast cancer has been created and published results are on the whole convincing, with a clear and significant decrease in mortality due to breast cancer after ten, 15 or more years of follow-up.

In France, one has to congratulate the Health Minister who has just initiated an organized screening programme throughout the country, by invitation to every woman 50 years or older for a free-of-charge mammogram every two years. The results concerning the number of deaths by this cancer should be favourable in the next ten years. The outcomes have to be followed carefully.

Thus, to make decisions is often difficult. Individual, social and financial consequences are very important.

The breast holds in itself the symbolic ambiguity of "happiness and misfortune".

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