

*Family History:* One brother died of cancer.

*History of Illness:* Began one year previous to admission to hospital with pain in the abdomen. Eight months later vomiting set in and continued three of four times weekly since. In two months more the abdomen began to swell, as well as the legs which have remained permanently thus. Twenty-six months before her death, or more than one year before the onset of symptoms, she had noticed a tumour in the abdomen.

*Condition on Admission:* An emaciated, feeble, old woman. In the right breast was a hard, nodular, and somewhat movable tumour, measuring one by two inches. Moderate arteriosclerosis. Signs of fluid in the left pleura. Occasional vomiting. The appetite was poor, the bowels constipated, and the abdomen considerably distended. On palpation, a hard, nodular, and somewhat movable mass could be felt between the ensiform cartilage and the umbilicus. The percussion note over the tumor and in the flanks was somewhat dull. The stomach contents contained no free hydrochloric acid. Total acidity, due to lactic and butyric acids, was 49%.

*Autopsy.*

*Anatomical Diagnosis:* Adenocarcinoma ventriculi: carcinoma simplex of right mamma: fibromyoma of stomach: left tuberculous pleurisy with effusion: compression atelectasis of the left lung: caseous tuberculosis of the peribronchial glands: senile kidneys: bilateral old pleural adhesions: decubitus: kyphosis and scoliosis.

*Right Breast:* In this there was a firm, lobular, tumour, measuring four by two c. m. The glands in the right axilla were enlarged to the size of peas. Microscopical examination of the growth proved it to be carcinoma of simple type, consisting of numerous strands and nests of epithelial cells of polymorphous appearance, embedded in fibrous tissue which in some few places presented a somewhat hyaline appearance. The carcinoma cells were round, oval, or irregular in shape. For the most part the sections showed a very diffuse cellular new-growth with relatively little connective tissue. In some areas the new-growth was seen to be massed about the vessels, and in one spot there was malignant infiltration of a vessel wall. One small arteriole contained a few carcinoma cells. Everywhere the cell masses were solid without any tendency to form lumina.

*Left Lung:* The pleural surface was studded with small greyish nodules the size of split peas. On section these were distinctly caseous. The peribronchial glands were much enlarged and caseous. Smears from the cut surface shewed the bacillus tuberculosis. Microscopically, the glands showed advanced caseous tuberculosis. The pleura showed in-