

who had operated on her. This examination was satisfactory, no sign of recurrence being visible. Thinking I had to do with a case of lumbago, I advised hot baths, a local anodyne liniment, and prescribed salophen. In about three weeks' time she seemed to have sufficiently recovered to warrant my advising her to take a trip to Lake Champlain, which she undertook about the middle of June. Before she left I again examined her lungs carefully, but could find no sign of disease. She complained of some difficulty of breathing, and also pain in the left shoulder joint. As there was no swelling of the joint, or pain on manipulation, I did not think seriously of it, and encouraged her to get away for her holiday. On her way she "took cold" on the train, and had a distinct chill when she left the train at Montreal. She was unable to continue her journey for about one week, during which time she was quite ill, and was attended by one of the leading surgeons of Montreal. His diagnosis was "pleurisy with effusion," but on tapping the chest he failed to find any fluid. He advised her to continue her trip, which she did, but after a short sojourn at the lake, she became so ill that it was necessary for her to return home. On her return, I found her suffering from great dyspnea, the pain in the left side and left shoulder much worse, and her facial expression indicating a cachectic condition. Examination of the left side of the thorax gave evidence of the presence of fluid, as high as the seventh rib in front, and as high as the sixth rib behind. The apex beat was found to be about two inches to the right of its normal position. I saw her in consultation with a prominent physician of this city, and he pronounced it "chronic pneumonia and chronic pleurisy, with possible pericardial effusion." As I could not agree with his finding, another consultant was called, who expressed his opinion as "chronic pneumonia *without* pleural effusion." My own diagnosis at this time was secondary carcinosis of the left lung, at its base, with pleural effusion. At this juncture the surgeon who had operated on her about two years before for malignant disease of the uterus, returned to the city, and saw her with me. He agreed as to the presence of fluid in the left pleural cavity and advised tapping, which was done forthwith. About twenty-six ounces of highly blood-stained fluid were withdrawn, by which means the patient's breathing was much relieved. Microscopic examination of the fluid showed nothing but blood corpuscles. There were no direct evidences of the presence of a neoplasm, *i.e.*, no cells or shreds of malignant tissue, but the presence of a large amount of blood in the serum, together with the increasing dulness in the left lung, soon followed by