

you need not blame yourselves for making them morphine habitues. It gives them relief for a time but you can not cure them.

The thoracic group is next in importance, and naturally owing to the close relation and the liability to involvement of the lymphatics, that group of cases is fairly numerous. Metastasis may occur in the pleura, in the mediastinum or in the lungs. Cases in the pleura are common. There is usually an invasion of the pleural membrane and effusion, and the patient comes with symptoms of pleural exudate requiring tapping, and you may be surprised to find a bloody fluid and the necessity for frequent tapping. These patients may die with little or no distress other than that associated with dyspnea. The pulmonary cases are exceedingly rare. I have seen autopsies showing such things, but do not remember at the moment a clinical case of the kind. Involvement of the mediastinal glands is, next to that of the spine, the condition with perhaps the greatest degree of distress, and when in a year or a few months following the removal of a breast cancer the patient begins to have a cough or dyspnea without signs of effusion in either pleura, then you know, even if the glands above the clavicle are not enlarged, that one of the worst accidents has happened. Those cases, as a rule, are very distressing and die of suffocation. There is increasing pain, dyspnea and pulmonary edema, and fortunately the duration of the illness is shorter than in the spinal cases.

The abdominal group comes next, and first in that we have the hepatic cases. Metastases of the liver are perhaps the most common, if you take into consideration a large series of cases. Large nodular masses can usually be felt or seen, and death is rapid, without much pain.

I want, in conclusion, to draw attention to a very remarkable circumstance in connection with the secondary tumors following breast cancer. You know it occasionally happens, as in the case of Dr. Agnew, which I mentioned, that the tumor of the breast ceases to grow, the fibrous tissue predominates, and the growth becomes a firm, hard, cancerous mass, shrinking to perhaps a third of its original size. It is one of the special characteristics of a scirrhus that it not only tends to increase but that it tends to heal to a certain measure, just as tuberculosis does. If you look at the central portion of a nodule of the liver, it is firm, hard, and has undergone changes that are really conservative and on the road to a healing. In a few of those instances of a secondary growth, one sees remarkable changes that are almost curative; at any rate, they proceed to such a degree that the tumors themselves disappear, and what is more important, the symptoms they cause disappear, and the