At a comparatively early stage the pleura may participate in the morbid process, adhesions, pleural thickening and effusions following. Through the pleura the growth may penetrate to the chest wall, some ribs being eroded and partially destroyed, the muscles of the chest infiltrated, and the tumor finally appearing under the skin. Then come the metastases. As a rule, sarcoma has less tendency to generalization than carcinoma. Some authors have asserted that pulmonary carcinoma has little tendency to the formation of secondary deposits, but this is a generalization that does not quite correspond with the facts. It is true that cases of quite extensive pulmonary carcinoma have been reported without any metastases, others with but few and insignificant secondary deposits; but in a very large number of cases, especially in cases of carcinoma of the medullary type, numerous metastases are formed, sometimes in almost incredible numbers, throughout the entire body. The other lung, lymph nodes—supra and infraclavicular, axillary, retroperitoneal—brain bones, all the abdominal viscera; in short, there is not an organ or tissue of the body but may become involved. A large uterine fibroid has been found to contain, deep in its interior, a secondary nodule, as have also the tip of the nose as well as the little finger. Death finally ensues from exhaustion, from sudden and profuse hemoptysis, from secondary growth invading some vital spot, as in the brain or heart, or from suffocation, the latter the most horrible death that one may imagine.

Not every case, however, runs the full course here roughly sketched. In many death brings relief before the picture is completed; in others, where the cancer is not so malignant, the course is more chronic and less destructive, so that all sorts of gradations in the anatomical as well as in the clinical picture are observed. The rare cases in which the carcinoma does not begin in a bronchus, but takes its origin directly from the alveolar epithelium, are, as a rule, much less extensive and infinitely less malignant than the bronchial type. Here the clinical symptoms most frequently suggest forms of chronic pneumonic consolidation. They are, as a rule, not diagnosed during life, and even at autopsy are not recognized as tumor without the aid of the microscope. Sarcoma of the lung may, in clinical symptoms, entirely resemble bronchial carcinoma, especially with reference to its involvement of the mediastinum and the various organs at the root of the lung. It is even claimed by some authors that certain forms of sarcoma have a marked tendency to an early and very massive involvement of the mediastinal lymph nodes, a point which may be useful in differentiating between sarcoma