nucleus. These individual masses have no connective tissue stroma and are bounded by a fairly definite limiting membrane.

Prognosis and Treatment.—Inasmuch as bone metastases are usually late, the chances are that there are other metastases, and the prognosis after their occurrence is that the term of life will be mercifully short. But can we hope for union? And if so, is it worth while to reduce these fractures and keep the bones in proper position by fixation apparatus? The specimen I just show you and the skiagrams answer both questions in the affirmative, though I quite admit that the task of reduction and fixation of such fractures may often be impossible on account of the patient's condition, dropsy of limbs, or other considerations, and the prognosis is so bad that we are often tempted to pursue the policy of *laisser aller.*

II. "Brawny" or "Lymphatic" Arm.

This is a very common complication of recurrence of breast cancer, especially if the recurrence be in the axillary tissues or the skin over the pectoral region. It is often a troublesome sequel—sometimes a permanent one—of the radical operation for mammary cancer, even when there is no palpable recurrence. Mr. Samson Handley, of London, deals very fully with this question in the last Hunterian Lectures, published in the *British Medical Journal,* April 9th, 1910, page 853, and I would refer the reader to his interesting views on the etiology of this condition. Of course there may be obstruction at axilla due to cicatricial contraction of wound or to development of recurrent neoplasm.

Course and Symptoms.—The condition generally grows gradually worse and the great symptom is *pain.* It is excruciating and drugs soon cease to control it. These patients cry for amputation and they often properly get it. The arm is functionless often, due to paralysis of voluntary muscles resulting from the prolonged nerve pressure. The pain is of two distinct kinds,—(*a*) Axillary and shoulder, due to pressure on the brachial plexus, and only at times referred down the arm; (*b*) but more commonly the pain is very marked in the hand and forearm, due to the pressure of the engorged lymph spaces upon the terminal nerve endings, and analogous to the pain in the leg in phlegmasia, but much more severe.

Treatment.—(*a*) Palliative: By support and elevation of the limb, should always be faithfully tried, and will often succeed, but not seldom it is quite impossible to attain this, because the patient, owing to growth or cicatrix in axilla or over pectoral region, cannot bring arm out from side in order to elevate it.

(*b*) Operative: If the pain is of the shoulder type, (*a*) section of the nerves, or amputation, is all you can offer. But if the pain is of the