

a case with Dr. Agnew, in Philadelphia. The woman suffered with headache, vomiting and progressive coma. She had a double optic neuritis, and it was quite evident that she had a brain tumor. It was not until I saw her the second time that Dr. Agnew remarked: "Why, I forgot altogether that Mrs. R. had cancer of the breast eighteen years ago." On examination there was a hard, firm, scirrhus nodule in the breast. That case is paralleled by many in the literature, and illustrates, too, the fact that often years after a malignant disease has apparently atrophied, a secondary growth may occur. It is the only case, however, out of quite a long series I have had showing pronounced cerebral symptoms.

The spinal group is very much more important, and really forms a very considerable number of all the cases of late metastases in carcinoma of the breast. They are important in the first place because they are very apt indeed to be mistaken for something else. The metastases may occur in the body of the spine or within the spinal membranes, and a very small new growth, as in a case recently seen in the Hopkins, may cause very serious symptoms. I saw a very remarkable case a few years ago with Dr. Pole which interested me extremely, as we had made an error in the diagnosis. The patient had a marked neuralgia of the neck and arm and held her head in a peculiar position, always a little obliquely. On the first visit I did not recognize the condition, but thought it an ordinary cerebro-brachial neuralgia. On the second visit I examined both breasts and found a well marked scirrhus tumor in the left one.

But the cases that are of most interest for the physician are those described by Charcot under the name of *paraplegia dolorosa*, an excellent name. The onset of these spinal symptoms may be early, within a few months after detection of the cancer, or may be delayed for months or years, or, on the other hand, they may occur long before the tumor is recognized. The patient and the physician may not know of the existence of the tumor; an instance of that kind occurred at the Johns Hopkins Hospital in 1894, when a man was brought into Ward C from Union Station, having become completely paraplegic on his way up from Florida. He had had curious symptoms of numbness in the hands and feet, accompanied by burning pains, and his physician, who lived in Massachusetts, had been sent for to bring him home. By the time he reached Baltimore he had become so ill that it was decided to bring him to the hospital. He was stripped for examination, and as he stood up it was quite evident that one breast was very much larger than the other. The patient himself had never noticed this, but palpation showed a firm,