

May 30, phlebitis of one of superficial veins on internal aspect of right leg below the knee, which caused elevation of temperature but subsided in a few days. Some days later patient had a violent chill and repeated attacks of vomiting, associated with great pain in the head. Her condition was very alarming for a day, suggesting some brain metastases, but she soon improved and we could demonstrate nothing to account for the symptoms. She is still under observation and x-ray treatment in the hospital ward.

Some years ago I remember a patient, female of middle age, who returned with recurrence of carcinoma of the axilla following a previous amputation of the breast. While we were deciding whether or not to again operate she suddenly fell back in bed as she was attempting to sit up and became at once paraplegic from the level of the 8th or 9th dorsal vertebra. She died in a few days apparently uræmic and the post mortem showed spontaneous fracture, dislocation of both the vertebræ mentioned, which had been invaded by carcinomatous new growth. The pleuræ and peritoneum were free but the kidneys showed marked degenerative changes.

Another case was that of a middle aged maiden lady, whose breast I removed for a typical atrophic scirrhus, situated in the upper and inner quadrant of the gland. She never had any local recurrence, but soon showed symptoms of intra-thoracic pressure, which we attributed to metastases in the mediastinal glands. But although getting weaker she still kept about, until one day when about to sit down in a street car, the power was suddenly turned on, jerking her back into the seat, and fracturing both femurs just below the trochanters. She was taken to the hospital, not suffering much, but quite disabled. She only lived about ten days, and after death we found metastases in both bones, so that the wonder was that they held out as long as they did, and one could easily see how spontaneous fracture might occur. This patient had also metastases in the heart muscle.

Miss C. McM., aged 46, a patient of Dr. Armstrong, to whom I am indebted for the notes of the case and for permission to cite it. Left breast had been amputated for carcinoma in 1904, and right breast for same reason in 1906. Has been more or less of an invalid ever since.

About six weeks before admission patient was returning from a short walk with her nurse and in making a step to get up on a very slightly higher level she felt her leg give way in the thigh and she fell to the ground. The femur was found to be fractured about its middle; the patient suffered very little pain. Taken to hospital and leg put in extension; examination at the end of six weeks revealed no union.

The patient was admitted to the Montreal General Hospital on January 27th, 1909.

*Condition on admission*, poorly nourished woman; skin doughy and sallow, face wrinkled and expression that of a nervous invalid. Mucous mem-