

side, close to the shoulder, and was severe enough to make him give up work. The cough soon left him, but the pain remained. It gradually went down the right arm. It was constant and described as boring in character. It was worse on movement. About one week before admission he noticed a loss of sensation in the forearm, and at the same time he lost power in the right arm, so that since then he has not been able to use it. The pain and weakness has also extended to his back, so that he had difficulty in raising himself up in bed. The legs were not affected. There was no history of any injury. There had not been any stomach-symptoms. The bowels had been constipated. He had lost nearly 20 pounds in weight and much strength.

Examination showed fair nutrition. The patient remained usually on the left side, he seemed to suffer much pain and objected to changing his position or sitting up, on account of the pain it caused. There were prominences on the 4th, 5th, 7th, 8th, and 12th ribs, not attached to the skin, but to the bones. They were very tender, had a slightly elastic, but not fluctuated feeling. Examination of the thorax was negative. There was no dulness over the manubrium. The abdomen was flat, the muscles were held somewhat rigidly, so that palpation was difficult. There was marked wasting of the muscles of the right arm, and loss of power. There seemed to be some disturbance of sensation over the ulnar surface of the left arm, but the results were not constant. There was distinct inequality of the pupil, the left being larger. They both reacted to light and on convergence. Ophthalmoscopic examination was negative. The patient held himself very stiffly when asked to sit up, and the mobility of the head downward was much impaired. There was no pain on pressure over the spine. There was no general glandular enlargement.

Blood—Hemoglobin.....	92%.
Red corpuscles.....	5,752,000.
White corpuscles.....	13,000.

The patient had severe pain, and frequently required morphin hypodermically. He lost weight and strength. The masses on the ribs gradually increased in size, and became more tender. On December 26 it was noted that the abdomen was very tense, and moderately distended. No other abdominal symptoms were present. The leukocytes increased and were 22,000 on the 26th. A differential count showed 85% of polymorphonuclear. The patient generally sank, and died on December 30. During his stay he took nourishment fairly well. There was no complaint or sign of any gastric trouble.

The case was regarded as probably one of primary neoplasm in the thorax with secondary deposits on the