in the neighborhood, the retroperitoneal tissues, or the portal vein. In the absence of cancerous involvement of the retroperitoneal tissues about the great vessels, or in the pleura, it is not easy to see how metastatic invasion of the breast could have occurred, seeing that it would have to take place through the long thoracic or internal mammary arteries. Only a few glands were found enlarged in the thorax and these were on the *left* side over the internal mammary artery. Further, the breast is a most unlikely site for metastases from a stomach growth. In eighteen cases of carcinoma ventriculi of which I have notes there is not one in which this occurred, even where the secondary deposits were most extensive. The extension of the malignant growth from the stomach is usually to the lymph-glands about the stomach, pancreas, and hilus of the liver, and I have been struck with the frequency with which the process invades the retroperitoneal tissues, and that early in the disease. Cancerous emboli in the portal vein with subsequent invasion of the liver and lungs are also common. A generalized dissemination of the cancer cells through the great vessels I have never seen. It is true that in a small arteriole in the midst of the cancerous nodule in the breast carcinoma cells were observed but these can be as well explained on the supposition that the new-growth had invaded the vessel from without, as was indeed observed in one place. A further point, although on this I would lay less stress, is that the growth in the mamma was of distinctly different type from that in the stomach, being composed of polymorphous and not columnar cells, which showed no tendency to form lumina, as is so strikingly the case in adenocarcinomata of the alimentary tract. The secondary growths originating from a colloid growth are particularly liable to be colloid also, yet there was no suggestion of this. The enlarged glands in the axilla could be just as well explained as being metastases from the mammary growth as from the stomach, or they might have been tuberculous. Unfortunately they were not removed for examination. On the whole, therefore I strongly incline to the view that the growths in the breast and stomach were separate and distinct, although, no doubt, the demonstration only amounts to a reasonable presumption.

In the case of cancer of the rectum with cancer of the pancreas, (case 8 supra.), the proof was quite clear. The growth in the bowel was the ordinary tubular columnar-celled adenocarcinoma: that in the pancreas was only just beginning, being found accidentally, and the connection of the carcinoma with the acini was quite manifest.

In the instances where two separate growths were found in bowel (9 supra.) it is possible that one may have been an implantation from the other, but I know of at least one case where there was a small