

flammatory hyperplasia with organization and was diffusely infiltrated with round-cells. Here and there caseous foci with giant-cells were noted.

*Stomach:* The cavity of the stomach was almost obliterated, being occupied by a large new-growth situated on the lesser curvature, measuring 10 c. m. in diameter. This was roughly ovoid in shape, reaching to a point one inch above the pyloric ring, and projecting considerably as a fungating, cauliflower-looking mass into the cavity of the organ. Microscopically, this was produced by a tremendous overgrowth of the glandular elements of the mucous membrane. The gland tubes had run wild, being enlarged, tortuous, and branching. In some cases the tubes were enormously dilated and filled with colloid material. In some parts irregular acini were produced lined by stratified columnar epithelium. There was a distinct tendency to colloid degeneration of the cell masses. In other places solid nests of cells were noticed. There was abundant round-celled infiltration between the cancer masses. Where the tubules presented more of the normal type they were lined by a single layer of short columnar cells, but in the advancing portion of the growth the cells tended to be irregularly heaped up and were not so distinctly columnar. The muscular wall was considerably hypertrophied.

From the greater curvature of the stomach, at the posterior part of the fundus, depended a dense globular tumour, 8.5 c. m. in diameter, about the size of a cricket-ball, attached by a short, thick, ribbon-like pedicle of connective tissue. This tumour was warty on the surface, of a mottled grey and brown colour, with numerous flattened plaques of a pearly hyaline appearance. On section the mass was extremely firm, fasciculated, and of greyish colour, not unlike a uterine fibroid. Here and there were opaquer spongy areas of degeneration and also some extravasation of blood. Microscopically, the tumour consisted in the main of interlacing bands and irregularly disposed bundles of unstriped muscle enclosed in a fair amount of dense connective tissue. The growth was rather vascular and in places there was considerable hæmorrhage into its stroma. Areas of coagulation necrosis could also be seen with a slight tendency towards mucoid degeneration of the fibrous tissue. The cartilaginous-looking plaques on the surface were found to be hyaline connective tissue.

It might at first be thought that the nodule in the breast was a metastasis from the growth in the stomach, but on consideration it will be seen that there are several objections to this view. In the first place the tumour in the stomach had remained singularly local, there being no evidences of cancerous involvement of the peritoneum, the glands