

theloid cells that are found in the sputum are more or less abundantly pigmented. According to Hampeln, they are not constantly present; vain search for them may be made for days, but when they are found, if only one single time, the diagnosis of carcinoma, according to this author, is assured, as these cells occur only in carcinoma, and under no other conditions. Lenhartz<sup>7</sup> claims great diagnostic value for certain rather large round cells filled with very prominent fatty granules (*fettkörnchen kugeln*); these cells, supposed to be derivatives of degenerated cancer cells, are often very abundant and easily demonstrated; or again, but very sparingly distributed in the sputa. They may sometimes disappear temporarily altogether, but are never permanently missed in any genuine case. They are said to occur only in cancer of the lung. Their presence in the sputa clinches the diagnosis, provided only such sputum has been used for examination that is free from any possible contamination with milk. Since our attention was called to these cells we have seen only one case of cancer of the lung, but in the sputa of this case these cells were present in great abundance. We have also examined a great number of sputa from other forms of pulmonary disease with entirely negative results. It seems quite probable that these cells are really pathognomonic for pulmonary cancer, and a further and more extensive study of the subject is desirable.

The physical signs may be comparatively simple or extremely complicated and confusing. In reviewing a very large number of cases a certain monotony in the clinical picture becomes apparent, and a rough arrangement of the clinical material into a few typical groups is suggested. Perhaps the classification proposed by Marfan is the most convenient.

I. Cancer pleuro-pulmonaire aigue ou galopant. The acute or galloping form; extremely rapid course—cough, dyspnea, asphyxia, death in a month or thereabouts. One is led to think of acute miliary pulmonary tuberculosis, and at autopsy both lungs and pleuræ are found studded with cancer nodules (acute miliary carcinosis). This form need not detain us. It is not only extremely rare, merely a very few scattered cases having been reported, but there is reasonable doubt of its primary character when found in the lung. Granted, however, that it does occur as a primary pulmonary lesion, it seems practically impossible to secure a correct ante-mortem diagnosis.

II. Cancer pleuro-pulmonaire chronique. The ordinary chronic form of cancer of the lung. This may again be divided into several subordinate types. It must be remembered, however,