

From an examination of these cases it would appear that primary sarcomatous growths of the pleura may appear as a single large growth, or as a diffused nodular thickening of the pleura with effusion of fluid, usually tinged with blood.

Examples of the former class are cases 1, 3, 4, 6; whilst the second is exemplified by cases 2, 5, and our own.

The physical signs differ materially in the two classes. In the case of single large tumours there is often bulging of the chest wall, dulness, absence of respiratory movements, feeble, sometimes blowing respiration, and occasionally cardiac displacement.

In the diffuse cases the signs are essentially those of unilateral pleural effusion. In our own case and in Deruschinsky's the recurrence of fluid after aspiration was extremely rapid, relief being often obtained for two or three days only. Of the other symptoms, pain is usually prominent, dyspnoea is present on exertion, and sometimes at rest; there is commonly a dry cough, and in two of the cases there was enlargement of the glands in the axilla and clavicular region, to the size of a bean or walnut. The temperature is afebrile, and there is a marked tendency to cardiac weakness. In two cases (1, 5) pressure symptoms in the arm, on the nerves and vessels, were prominent, and afforded material aid in the diagnosis. It is somewhat remarkable that in all the cases quoted, with the exception of Leube's, in which no statement is made on the point, the disease was on the left side.