

Metastases in left 4th, 5th and 6th ribs, in right humerus, in skin over right 3rd rib.

Oedema and congestion of lungs.

Calcification of thyroid gland and isthmus.

Oedema of right arm and hand, also left hand.

Atelectasis of lungs; Broncho-pneumonia; Bilateral hydrothorax.

Hypertrophy of right ventricle.

Old fracture of right femur.

Atrophy of liver and spleen.

Omental adhesions.

MICROSCOPIC.

Heart: Moderate injection. There is a slight diffuse increase of connective tissue.

Lungs: Marked injection. The pleura is covered with a thick layer of fibrin, the meshes of which contain numerous polymorphonuclears, with mononuclears, and red blood cells. The lower layer shows beginning organization of the exudate, new capillaries with young connective tissue cells. Pleura thickened, contains many injected vessels and is infiltrated with lymphoid and plasma cells.

Humerus: Shows newly formed bone, resembling callus, and in the connective tissue separating the bone trabeculae are groups of carcinoma cells. The proportion of bone, connective tissue and tumour mass varies greatly. Process is apparently bone formation in the stroma of the carcinoma metastasis. Section contains some old bone undergoing absorption in contact with the tumour.

Rib: Shows a similar picture. The marrow, with exception of some fat, is entirely replaced by tumour.

MICROSCOPICAL DIAGNOSIS.

Organizing pleuritis.

Cloudy swelling of kidneys.

Carcinoma in humerus and ribs.

Case 2. L.B., aged 36, unmarried. Admitted to the Montreal General Hospital in October, 1902, for removal of breast tumour which was diagnosed cyst-adenoma, non-malignant, by the pathologist. The tumour was situated in the outer lower quadrant of the left breast; the breast itself was not removed. About a month after leaving the hospital the edges of the incision were noticed to be indurated. This induration increased until at the end of five months it was about the size of a silver dollar.

Re-admitted November 27th, 1903. In left breast, lower outer quadrant, was an indurated mass about the size of a small egg, attached to the skin, but free of the deeper tissues. Axillary glands enlarged, hard and palpable. The left breast was amputated and axillary contents and pectoral muscles removed.

The patient noticed nothing abnormal about the breast until 1906, when a recurrence took place in the old scar in the upper outer quadrant. This has been allowed to go on, no treatment being sought.