

pain in one leg. It did not seem located in the joint exactly, but was more particularly along the course of the sciatic nerve. The leg then began to draw up a little, and any movement of it was excruciatingly painful. Dr. Walton was then asked to see the case on account of the nervous symptoms. The leg of the same side as the original cancer was the one involved, and it had wasted away to a small size, with some swelling only at the head of the femur, indicating that the metastasis might be at that point. A year ago it seemed as if she might die at any moment, and when I went away last Summer I bade her good-bye, never expecting to see her again. When I came home in the Fall she was much better, and from that time on has steadily gained a little, until within the last month or two she has been able to be out of bed and to take an interest again in some of her household duties.

Dr. Bloodgood: There is very little to add to Dr. Osler's observations, which make me feel that the surgeon should be a physician and look after the ultimate results of his breast carcinoma cases. At Dr. Halsted's clinic we have had now over 300 cases, but we have been seldom able to observe our cases in regard to metastasis. We have had very few autopsies, as those dying outside of the hospital or out of the city are beyond reach for that purpose. I remember the first one I was ever able to get, for I had to travel thirty miles from here, and then drive ten miles in the country. The few I have had since have been upon patients who, for some reason or other, considered themselves under great obligations to the surgeons and promised an autopsy in the event of death.

I have just been over our records of these cases and they fall into the groups suggested by Dr. Osler, except that metastases of the bones are more rare than I had thought from my reading of the literature—I mean metastases of the bones that manifest themselves clinically, for you may have metastases of the long bones without any clinical manifestations. In this group of 350 cases there are only six of fracture of the neck of the femur, and the probability is that all of these were due to metastases; one case, which I saw myself, I am positive of. The tumor had been removed five years before, and suddenly, after a very slight trauma, a fracture of the neck occurred. Extension was used, but a definite tumor occurred at that point and, later, she died with nodules in other parts of the body.

Recently we have had our first autopsy on the brain in this group of 350 cases. In three cases, after the patients had seemed perfectly well for two or three years, death suddenly occurred after hemiplegia.

Cases of metastases of the abdomen associated with obstruction are very rare; I have only observed one case. They are