Dec. 12. Cancer of Stomach, Liver, Spleen, and Mesenteric Glands.—Dr. Edw. Rhoads exhibited the specimens and made the following remarks:—

Amos Noe, aged 54 years, a blacksmith of unusual strength, and without hereditary tendency to disease, began, in 1863 or the early part of 1864, to suffer pain in the right hypochondriac region with marked dyspeptic symptoms. He emaciated and lost strength quite rapidly, and assumed a markedly cachectic appearance. He continued able to work until a few months before his death; but his bowels became very much constipated, and he began to vomit frequently, with troublesome hiccough.

He took to his bed about two weeks before his death, which occurred December 11, 1866. For some time previously he had great oedema of the lower extremities and considerable ascites. His constipation became obstinate, and towards death he suffered from hiccough and constant vomiting of large quantities of grumous dark-coloured fluid; no severe pain was complained of at this time; there was no bronzing of the skin, though over the right iliac region from the pubes almost up to the edge of the ribs, there was discoloration, with dryness and cracking of the epidermis; this, however, was probably due to counter-irritants applied over this part; there was no jaundice at any time.

About a week before his death, the ascites suddenly disappeared within a period of thirty-six hours, leaving the belly flaccid; there was no simultaneous discharge of fluid, either from the skin, bowels, or kidneys, the only avenue of discharge being the excessive vomiting.

The above history was obtained from Dr. Stroud, under whose care the patient was during the last few weeks of his life, and to whose courtesy I am indebted for the opportunity of presenting the specimens.

I am also indebted to Dr. William Pepper, who assisted in the post-mortem examination, for his aid in describing the various lesions.

Autopsy twenty-four hours after death.—Brain and spine not examined.

Body small and much emaciated; belly scaphoid, the skin lying in folds.

Thorax.—Lungs entirely free, and contained a few calcareous nodules, but were crepitant throughout.

Heart small and flabby; the valves healthy; no traces of pericarditis or pericardial effusion.

Abdomen.—On laying open the abdominal cavity, the liver was found to extend one and a half inch below the ensiform cartilage, but on removing it, it was found not to be enlarged, its position being due to the adhesions described below. Over its convexity, especially over the right lobe, the diaphragm was very strongly adherent; but upon being separated, the adhesion was found to depend upon the development of five or six firm cancerous nodules in the substance of the diaphragm. These nodules varied from the size of a small hazel to that of a walnut, and as they increased in size had encroached upon the tissue of the liver, until they had formed cup-like depressions, the largest being three-quarters of an inch in depth. The peritoneum was smooth over these depressions, slightly opaque and thickened, and was moderately adherent to the peritoneum covering the nodules. Over the posterior part of the convexity of the liver, there were intimate adhesions between the liver and diaphragm, and in one place there was a cancerous deposit involving them.
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both. There were also several large nodules, three-quarters of an inch in diameter, of firm, almost scirrhous, cancer in the right lobe of the liver. The lobulous quadratus was much enlarged and prominent, and upon being incised was found filled with whitish softened cancerous matter.

The gall-bladder was very small and empty; its duct was compressed by the mass formed by enlarged glands in the fissure of the liver.

The stomach was large, distended, containing a large amount of dark slate-coloured, grumous, pasty fluid. The mucous membrane and walls appeared healthy, excepting towards the pylorus. This opening presented, internally, a nodulated, ragged, whitish or discoloured mass, with a sinuous irregular opening, through which the little finger could scarcely be passed. The pylorus and the neighbouring glands were involved in the cancerous deposit, forming an irregular oblong mass, several inches in diameter.

The pancreas was strongly adherent to this morbid mass, and contorted on itself, but apparently was not involved in the disease.

The exterior of the mass was smooth, and presented a beautiful arborescent distribution of vessels.

The vessels entering the fissure of the liver, the portal vein and hepatic artery, became involved in this growth, which involved the glands in the fissure of the liver, and were much compressed. The cystic duct was also pressed upon, and the pancreatic duct was distended with glairy secretion. It is not probable that the common bile duct was much compressed.

The kidneys were congested, but otherwise healthy; the right kidney was drawn upwards from its position by adhesions of its supra-renal capsule to the under surface of the liver, where it lay horizontally and strongly adherent.

The supra-renal capsules were enlarged, especially the right one, and very hard. Upon being cut open, however, there did not seem to be any abnormal deposit in their walls.

The spleen was of normal size, colour, and consistence; there was, however, a firm, cancerous nodule, the size of a filbert, on its edge just under the capsule.

The intestines were contracted, rather pale, and presented no adhesions. The mesenteric and mesocolic glands were cancerous, some of them being half an inch or even more in diameter, very hard and of a dull whitish colour on section.

The urinary bladder was healthy.

There was no peritoneal effusion, the cavity being, indeed, almost unusually dry.

Microscopic examination.—The supra-renal capsules did not present any characteristic appearances of cancer.

The nodule in the spleen was of a dense scirrhous nature, with a waxy, dead-white appearance on section. It appeared to have no true fibrous stroma, but contained numerous granule corpuscles, and large cells of irregular shape, oval, round or tapering, with one or two large nuclei, with distinct nucleoli. In addition to these, there were smaller cells, free nuclei, and cells resembling connective-tissue corpuscles.

Stomach.—1. Glands outside of the pylorus were whitish on section; less dense than the nodule in the spleen. The juice obtained by scraping the surface contained a few granule cells, as in the spleen, and irregular
granular cells, with one or two large nuclei; nuclei either free or imbedded in a granular stroma.

2. Internal surface of the mass around the pylorus was of consistency of cerebriform cancer, and contained many varieties of cells with one or two nuclei. Fragments of gastric glands were also seen. The denser portions of this mass contained the same forms of cells with numerous connective tissue corpuscles, but no regular fibrous stroma.

Liver.—The structure of the liver was quite healthy between the nodules of cancer, the hepatic cells being distinct, with clear nuclei, though perhaps with slight excess of granular fat. The lobulus quadratus presented a most beautiful demonstration of cancer cells, of all shapes, with one, two, or three large nucleolated nuclei.

Contents of stomach.—Quite numerous starch granules, oil globules, very varied forms of epithelial cells; masses of hematin; a few blood corpuscles and fragments of vegetable and muscular fibres. No sarcinæ ventriculi were found.

Contents of intestines.—A great deal of hematin, in finer granules than in stomach; epithelial cells; granular matter, fragments of vegetable fibres, and very abundant torulse cerevisiae.

Dec. 26. Tuberculosis of Lungs, Bronchial Glands, and Abdomen.—Dr. Wm. Pepper read the following report of the case:—

Fanny——, æt. three, a delicate, poorly developed child, with strong hereditary tendency to tuberculosis, was admitted to Children’s Home about Sept. 1, 1866. She was suffering with a mild attack of measles at time of her admission, and after the symptoms of this disease passed over, she continued thin, weak, and without appetite, with occasional cough and looseness of bowels. The diarrhoea resisted ordinary remedies, and reduced her strength extremely; the cough became more troublesome, and from Nov. 6th she was confined to bed.

Her treatment at this time consisted of ol. morrhue f3j ter die; tr. cinch. comp. f3ss ter die; a small quantity of stimulus and nourishing diet.

Nov. 16. Abdomen rather distended, but apparently indolent. There is marked dulness in the right hypochondrium, for one and a half inch below margin of the ribs. She has several stools daily, of consistency of mush, dark-coloured and very fetid. Respirations are 64 to 72 in the minute; pulse 150, small and feeble. The entire anterior part of the right thorax is deficient in resonance as compared with the left; this is especially marked over apex toward sternum. There is also dulness over the manubrium. Respiration on right side is accompanied by fine mucous râles; toward the apex the breathing becomes bronchial, mixed with larger moist râles. Posteriorly, inspiration is rather harsh and hissing, with fine râles. In the left side, the inspiration is exaggerated, but unaccompanied by any abnormal sound, save a few moist râles under the scapula. She picks constantly at her nose, and this morning has a quite free attack of epistaxis; tongue smooth and reddish; no vomiting.

19th. Somewhat more comfortable; pulse about 140; respirations 55; percussion yields the same results, but the râles over the right side are rather smaller and less abundant; the cutaneous veins of thorax appear somewhat prominent; bowels still opened three or four times daily; passages very offensive; no more epistaxis.