CARCINOMA OF LIVER AND GALL-BLADDER.

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[Read in the Section of Pathology, March 23, 1888.]

MRS. T., aged thirty-five years, admitted into hospital December 30th, 1887. She was a total abstainer, and had always enjoyed good health until about three months previously, when she began to complain of pain in the right side, towards the back. The pain was of a dull aching character. After it had continued for a month or so, the skin became tinged with yellow, and this discoloration gradually deepened in intensity. The appetite remained fairly good, but she had an unpleasant coppery taste in the mouth, and before admission she was liable to vomit food soon after it was taken.

Except for the jaundiced appearance, she bore little sign of being seriously ill. She was well nourished, yet she felt weak and poorly. Her sleep was not good, but there were no other nervous symptoms. The bowels were regular; motions devoid of bile; there was no albumen in urine. After a few days' stay in hospital, the debility increased. She complained of a persistent, dull pain in the small of the back, and upon several occasions she vomited, with traces of blood in the vomit. The liver dulness was increased upwards, and the lower margin could be felt two inches below the ribs; no tumours or irregularities of its surface could be felt. The abdominal veins were not prominent. She was annoyed with piles, and a fortnight after admission passed a considerable quantity of blood *per rectum*. Next day the right ear was attacked with inflammation, was swollen and tender, and of a dusky red colour, the redness extending over malar bone. An abscess seemed threatening; however, all subsided in two or three days.

Towards the end of January a small amount of ascitic fluid had collected in the peritoneum, and gradually increased up to the time of her death. She now sometimes vomited blood, and the feet and legs became oedematous.

Early in February she became extremely prostrate, hiccough troubled her, and nervous disturbances, evidenced by drowsiness, loss of memory, and subsultus, set in. She repeatedly vomited blood, and the day before her death she passed through the bowels a large quantity of disintegrated blood.

She died at 4 a.m., February 12th.

Post-mortem examination 6½ hours after death.

Stomach contained a quantity of thick blood. There was no sign of ulceration.

Kidneys appeared to be healthy externally and upon section, except for being stained with bile.

Peritoneum contained a large quantity of limpid, straw-coloured fluid. Beyond slight thickening and opacity, the membrane exhibited no evidence of inflammation. The mesenteric glands were enlarged.

Spleen was adherent to the parietes. Upon section it appeared to be healthy.

Pancreas was very hard upon section, and was fused with some lymphatic glands into a dense white mass.

Liver.—On the upper surface of the left lobe a cancerous mass, about the size of a florin, was exposed to view. The right lobe was completely adherent to the diaphragm and abdominal walls. When removed from the body, the right lobe was found to be considerably enlarged, especially in thickness. It was quadrilateral in shape. Its upper surface was studded with numerous cancerous nodules, the largest being about 1½ inches in diameter. A number of similar nodules were found on the lower surface also of the liver, and some through the substance of the organ. In colour they were mostly cream-coloured, and often depressed in centre.

Gall-bladder projected as a hard, white, pyriform body below the anterior edge of the liver. Upon section its walls were found to be greatly thickened, and *completely calcified*, except at the tip of

the fundus, where the coats were thin. Its cavity contained a quantity of thick grumous matter, of a dark yellow colour. Scattered through this were a number of small calculi, and the thick, paint-like substance was seen under the microscope to consist chiefly of *cholesterin*. The cystic and hepatic ducts were much dilated, resembling a piece of small intestine.

Intestines.—Mucous membrane healthy. Microscopically the carcinoma was of an irregular polygonal epithelial type.