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VILLOUS CANCER.

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At the meeting of the Boston Society for Medical Improvement, November 24, 1873,* Dr. J. B. S. Jackson is reported to have said, *appropos* of a case of villous cancer of the bladder, "that this disease was always found in the lower half of the bladder. As far as he knew, there was no reason to suppose that it ever affected any other part of the body than the bladder." It is to correct this idea, which, proceeding as it does from such preëminent authority as Dr. Jackson, might have a mischievous effect on the general professional mind, that I shall ask the publication of this brief article.

Villous cancer *does* affect other parts of the body, and it was from want of this conviction that I have seen it confounded, clinically and microscopically, with the so-called glandular polyp. Follin† says:—"There has been described, under the name of dendritic cancer, villous cancer, a kind of cancerous tumor characterized preëminently by the development of villositities which resemble those of the chorion. It is most often observed upon the vesical mucous membrane, although it *has been seen* in the stomach, the rectum, the gall-bladder, the interior of ovarian cysts, within the cavity of the peritoneum. These fine villositities hang within natural cavities, and rest on a firmer base, having the consistence of encephaloid, which renders, upon pressure, a creamy juice. They are hard, of a red or blackish color, and enclose many vessels. . . . The cellular elements of cancer are deposited either upon the exterior or the interior of the dendritic vegetation. In the former case, they form a soft deposit around it."

I may add to this statement of M. Follin, that villous cancers follow the same law as other kinds of cancer, namely, that being once removed they tend to return again and again, operation being useless.

I beg leave to introduce here some very remarkable observations upon this subject, quoted by Mons. F. Villard:‡ "Villous cancer is the rarest form of cancers which are developed in the biliary canals. None of the observations that we have collected have produced an example of it. We borrow from Frerichs his description, in order to give an idea of this variety of alteration:—

"Villous cancer of the gall bladder occurs most frequently upon the anterior wall, where it is implanted in the sub-mucous tissue,

* JOURNAL, Feb 12, 1874, page 174.

† Traité Élémentaire de Pathologie Externe. Tome premier, page 314.

‡ Étude sur le Cancer Primitif des Voies Biliaires. Paris. 1871. Page 21, Sec. iv.

sometimes by a narrow pedicle, sometimes by a base. At the points where the young productions of this nature develop themselves, the mucous membrane appears as if covered with a whitish velvet. The older present a cauliflower appearance. The warp of this cancerous tissue is formed of elongated excrescences, some arborescent, some club-shaped, consisting of connective-tissue, and containing a great number of large vessels. These excrescences are covered with cylinder-epithelium. The wall of the gall-bladder upon which they are developed is thickened, transformed into fibrous areolar tissue, which is soaked with cancerous juice. This form of cancer follows, identically, the same march as other varieties of cancer of the biliary canals with which it may coëxist.' "

The author quotes* a case of villous cancer of the gall-bladder, with consecutive degeneration of the liver, originally reported by Dr. R. Heschl, in the *Wiener Zeitschrift* (Tome viii. 1852, p. 9), "This case was that of a woman, 62 years old, who offered, besides the pre-cited affection, a whitish, cancerous nodule of the liver, and a croupal pneumonia at the right. The gall-bladder was about five inches in length, its walls were from two to five lines in thickness, and presented areolæ of different dimensions. The latter contained a reddish-green liquid, which, in places, was of a puriform, yellow color. Upon their internal surfaces, there was no trace of mucous membrane, but one saw there vegetations, of which some were small and velvety; others, large and numerous, were formed like cauliflowers. All were soft; the youngest, white; the eldest, vascular; of a dirty-yellow color, with a greasy look. By the microscope, one saw, first, that these vegetations were covered by a layer of cylindrical epithelium, which glued them, here and there, into little masses; secondly, that, in some, one recognized masses of the muscular fibres of organic life; thirdly, that the substance of the greater part was transformed into molecular fat; fourthly, that the creamy, yellow and reddish liquid was formed of cylindrical epithelium and fatty granulations. Moreover, one found, near the summit of the gall-bladder, many biliary calculi. One, in the ductus choledocus, was the size of a large nut."

To conclude, I would draw attention to villous cancers of the rectum. I have seen one such case. From their rarity and peculiar appearances, they give rise to contradictory and mistaken opinions as to their true nature, to false prognoses as to their curability, and, by consequence, to painful and useless operations.

Since the above was written, the subject of villous cancer has been discussed by, at least, two London Societies, various opinions being elicited, pro and con, as to its cancerous nature, Dr. T. Snow Beck being one of the most positive opponents of its malignancy; others, quite as eminent, were less strongly committed to his opinion. As to its appearance in the rectum, Mr. Peter Gowland, of St. Mark's Hospital, in a discussion at the Clinical Society, speaks of having met with four cases, some of which, having been operated on, had not returned. I would, therefore, so far modify the opinion advanced by me in the foregoing article as to hold the question of its fatal return after removal, as still an open one. I believe even the most fully accepted malignant growths, scirrhus, &c., have, in some very exceptional cases,

* Op. cit., page 95, Observation xvii.

not returned after removal; therefore the cases given by Mr. Gowlland may be held, for the present, not sufficiently conclusive to warrant a decidedly favorable prognosis for cases in general, where removal may be proposed.

NOTES OF CASES OF PLEURISY AND PARACENTESIS THORACIS.

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I.—P. C., aged 32, currier, entered the hospital March 18, 1873. Family history good. Constitution and general health good. No previous illness. Habits temperate. Four weeks before entrance, the patient had two chills, followed by fever, and frequent vomiting. He had a cough, which became severe at once, with half a pint of expectoration in twenty-four hours. For a number of days, the sputa were streaked with fresh blood. These symptoms were accompanied with some lancinating pain over the left chest, particularly on coughing, and with deep inspiration.

March 21st.—Resonance good over nearly the whole of the left back, though there is dulness in its lower portion. The line of dulness varies with the position of the patient; but above the fourth rib, in front and over the upper portion of the scapula, is a faint, respiratory murmur, accompanied by sub-crepitant râles. Throughout the entire left chest, the succussion sound is distinct. On the right side, there is dulness from the fourth rib down to epigastrium, extending from the median line as far as the right nipple, and the heart is felt beating in that situation. Good resonance and exaggerated respiration over the rest of the right lung. The chest was painted with tincture of iodine.

April 8th.—The left chest measured seventeen and a half inches; the right, sixteen and three-quarters. The patient was tapped, one inch below the angle of the scapula, and two quarts of clear serum were removed.

April 17th.—Some want of tone in lower portion of right back. Respiration heard in lower fifth, but indistinct. In the axillary line, it still has rather an amphoric character. Discharged, well.

II.—T. T., aged 48, laborer, entered hospital April 16, 1873. His family history is obscure. Patient came to the hospital for the first time about two years ago, and has since been here ten times, on each occasion fluid being withdrawn by paracentesis thoracis. His disease is chronic pleurisy. He is generally warned of an excess of fluid in left side of the chest by a stitch-like pain there, and by considerable cough. The average time for "filling up" of the chest has been three months.

Patient is now up and about, feeling quite comfortable. Temperature 98.6°. Left chest completely flat over lower two-thirds, with want of tone in the upper third. By the aspirator, half a pint of bloody serum was withdrawn, when the valves of the instrument became clogged and the flow ceased.

April 19th.—The left chest was again tapped, and three pints and a half of a dark, reddish-brown fluid were withdrawn.