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PART I.

ORIGINAL COMMUNICATIONS.

ART. I.—*Case of Retro-peritoneal Cancer, accompanied by Cancer of the Navel.* By CHARLES A. MACMUNN, B.A., M.D., Univ., Dub.

THE following case, although deficient in its clinical history, is interesting pathologically, especially from the occurrence of cancer of the navel:—

S. N., a widow, aged sixty-three, was first seen on March 8th, 1876, at her own home. On entering the room her attitude arrested my attention. She was stooping and quite unable to stand upright, as any attempt to do so caused severe pain in the back and abdomen. Her complexion was sallow, but the sclerotics were white; face not much emaciated; tongue red; pulse 90. An unpleasant mouse-like smell filled the room, which followed her when she crawled upstairs to her bed. On examining her there the legs were found enormously swollen, pitting on pressure, the skin had broken on the inner aspect of the left leg, just below the knee, and serum exuded from it. The lymphatics in left groin were of stony hardness, and considerably enlarged. A hemispherical, purplish tumour, about the size of a plum, of firm consistence, having two small ulcers with uneven edges on its surface, occupied the position of the umbilicus; it could be easily isolated by taking up a portion of the surrounding integuments in the fingers, and hence appeared to have no deep-seated connexion. The skin surrounding

it for a small distance was harder than natural. Abdomen clear on percussion; hepatic dulness normal; on endeavouring to feel the edge of the liver the fingers sank into the abdominal integument, and this œdematous condition prevented palpation yielding a satisfactory result. No evidence of ascites; splenic dulness normal; heart and lungs healthy. The urine was not examined, as the patient, a few hours after she was first seen, became comatose, and died on the 10th. She informed me that she had passed very little water for ten days previous to my having seen her. A few hours before death a strong urinous odour was perceptible from the body. She died after a slight convulsion. From the little that I could learn from the patient I found that she had been ill for two years; that her illness commenced with abdominal pain, followed by swelling of the left leg and a "lump in the groin." In May, 1875, she consulted Dr. C. A. Nankivell, who investigated the case with great care, and who has been kind enough to inform me that he found œdema of the left leg, enlarged lymphatics in left groin, the uterus and rectum healthy, and that a careful examination of the abdomen gave negative results; his diagnosis was "a deep-seated, malignant tumour in the abdomen."

A friend of the patient informed me that the latter told her that she had hurt her abdomen fifteen months ago leaning over the back of a chair, and soon after noticed "a swelling and tenderness of the navel."

Autopsy, 13 hours after death.—No rigidity; emaciation moderate. On cutting into the umbilical tumour it "creaked" under the knife. It was of a glistening bluish- or grayish-white colour, mottled with yellow, and of very firm consistence; it had extended through the abdominal wall, and formed a slight projection on the peritoneal surface of the latter; it was not connected with any other growth. A few small, round, whitish nodules were noticed midway between the umbilicus and pubis. The omentum—considerably shrunken—was studded with nodules of small size, and one large one, measuring $2\frac{1}{2}$ in. $\times$ $1\frac{1}{2}$. It was identical (to the naked eye) with the umbilical tumour.

The mesentery contained similar deposits. The small intestines were glued together, and any attempt to separate a portion of them was unsuccessful, as the intestine gave way with the force required to do so. The liver, stomach, and pancreas were healthy. The spleen contained a small nodule of the growth.

The pelves of the kidneys and the ureters resembled intestine

distended with gas, being enormously dilated, and an accidental puncture with the point of the scalpel gave exit to some decomposed urine, which squirted out with great force. On tracing down the tortuous and dilated ureters towards the bladder, they were found surrounded by, and involved in, masses composed of degenerated glands. The medullary portion of each kidney was occupied by pouches formed by the dilated calyces, with thin septa between them, and the thickness of the cortical part was much reduced. A spherical mass (exactly 12 mm. in diameter), forming a slight projection on the surface of the organ, about the consistence of cheese, was found in the left kidney.

Running down from the crura of the diaphragm and resting on the bodies of the lumbar vertebræ, to which it was firmly adherent, was an exceedingly hard, slightly lobulated, *cylindrical* mass. The scalpel met with considerable resistance when pushed into it, and when cut it "creaked;" it was also grayish-white in colour and glistening, and numerous yellow spherical masses were abundantly scattered through it. Imbedded in this mass were the descending aorta and vena cava inferior. The mass could not have been less than 4 inches in diameter from before backwards. The pelvis contained a considerable number of degenerated glands. The uterus and rectum were healthy.

Microscopical examination.—The fresh specimens yielded an abundant juice, which was composed of oval, tailed and angular, nucleated cells, measuring from $\frac{1}{3300}$ to $\frac{1}{2000}$ of an inch in diameter, granule cells—Gluge's corpuscles, and granular cells. Sections of portions of the growth (removed for subsequent examination and hardened in chromic acid) having been stained with carmine and mounted, some in glycerine jelly, some in balsam, presented the following characters:—

1. The tumour of the navel. An abundant alveolar stroma, remarkable for the great number of elastic fibres scattered through it. Alveoli, measuring on an average $\frac{1}{140}$ in their long and $\frac{1}{200}$ of an inch in their short diameter, and containing the cells mentioned above.

2. The omental mass was identical with (1), in most points, stroma more developed in proportion to number and size of alveoli.

3. The retro-peritoneal growth. Here the stroma was exceedingly great (comparatively). The alveoli were much longer and narrower than elsewhere, on an average $\frac{1}{50}$ of an inch long, $\frac{1}{400}$ broad, and were much less abundant in a given space. Nuclei

were visible in the stroma. The yellow masses were mainly composed of the above-mentioned cells, granule cells, and granular cells, free oil globules, &c.

The general and microscopic characters of the umbilical, peritoneal, and retro-peritoneal tumours, were those of scirrhus.

Although the course of the disease was different from that of "Lobstein's retro-peritoneal cancer," as described by Walshe,^a who says:—The mass spreads upwards, extends to the stomach, passes under the liver, penetrates between laminæ of transverse mesocolon, twists round duodenum and pancreas, and, pushing forward the stomach (with the small curvature of which it contracts adhesions), forms a tumour in the epigastrium." I think this difference of result is explicable, when we take into consideration the mode of death. As the ureters became compressed by the cancerous masses, at first a partial, and finally a complete arrest of the flow of urine through them took place, leading to the condition of hydronephrosis and at length to uræmia, the immediate cause of death. Had this not taken place the patient would probably have lived much longer, the disease might have run the above course, and death from exhaustion or some other cause would have resulted.

One cause of death, spoken of by Walshe,^b is that due to interference with the functions of organs. He says:—"The common effect of these tumours is, however, to act mechanically upon various of the abdominal viscera, and interfere thus with the discharge of their functions. This functional obstruction leads to irritation and inflammatory action. The nature of the symptoms will, of course, vary with the organ or structure which may more particularly have felt the compressing influence of the growth."

That the disease, in the present instance, commenced in the retro-peritoneal cellular tissue is beyond doubt, for a careful examination convinced me that the disease in that situation was of much older date than elsewhere.

According to the author quoted above, "retro-peritoneal^c cancers" are a mixture of encephaloid and scirrhus; according to Jones^d and Sieveking they are sarcomata, and Wedl,^e in his woodcut representing the microscopical appearance of a (typical?) case, figures

^a The Nature and Treatment of Cancer (ed. 1846), p. 310.

^b Loc. cit.

^c Loc. cit.

^d Manual of Pathological Anatomy. Second edition, pp. 557 and 558.

^e Rudiments of Pathological Histology. Trans. by Busk, p. 589.

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bone and cartilage as well as cancer cells. But in the present case (as stated above) the growth was true scirrhus, presenting in different situations minor points of difference due to the influence the normal histological structure of the parts had upon the heterologous formations in them.

With regard to cancer of the navel (which appears to be a pathological curiosity), Dr. Kupfer^a has been able to collect from various sources only 8 cases. Dr. Wulckow, of Pirna,^b has published one; and in the latter case an alveolar carcinoma of the navel co-existed with a myeloid tumour of the stomach.

The drawing illustrating the present paper represents the microscopic appearances of the tumour of the navel under a power of 250 diameters.

ART. II.—*Notes of a Case of Scleroderma.* By ARTHUR WYNNE FOOT, M.D., T.C.D.; Senior Physician, Meath Hospital; Fellow and Censor, King and Queen's College of Physicians, &c.

THE following notes relate to a case of the sufficiently rare disease scleroderma (Kretschmar), or scleriosis (Virchow). In this disease the skin undergoes an idiopathic morbid change, which is chiefly known by a diffuse and remarkable induration, rigidity, and comparative shortening of the part, without any marked disturbance of function in other organs. At the present time more than fifty cases of this disease, first named (though previously described by others) as sclerema adultorum by Thirlial, in the year 1845, have been carefully recorded. Although Kaposi^c states that in the six fatal cases hitherto observed death has never been a direct result of the skin affection, Hilton Fagge^d has reported a case in which the patient could not move her jaws, and really died of starvation. On account of the good state of their general condition and the general inefficiency of any treatment, very few patients affected with scleroderma remain for long under the observation of the same physician. This remark of Kaposi is borne out by the subject of the present notes, as he has since been under observation in another

^a Langenbeck's Archiv. für Klinische Chirurgie. Band XVI. Heft i., p. 234.

^b Berliner Klinische Wochenschrift. No. 39. Sept. 27, 1875. See for a good abstract by Dr. Woodman (of Wulckow's paper) the London Medical Record for Feb. of this year.

^c Hebra. Dis. of Skin. Vol. III., p. 116. Syd. Soc. Trans.

^d Trans. Path. Soc. Lond., 1871. Vol. XXII. p. 309.