

feeble. The abdomen is barrel-shaped, unequal on the two sides, most prominent in the epigastrium and upper part of the umbilical region. Several tuberosities can be readily seen, most prominent and gradually diminishing from above downwards. On applying the hand, a very large mass is found to occupy almost the whole abdomen, commencing on the right side; its lower border begins an inch and a half below the anterior superior spinous process, and extends nearly horizontally across the abdomen to near the left nipple line, where it courses sharply upwards to a level of about an inch above the anterior superior spinous process; here a distinct notch in the outline can be felt; and from that point the lower border extends above the crista ili of the left side, separated from it by the interval of an inch. The upper border of the tumour, on either side superiorly, is found to approach the nipple to within an inch, or thereabout. At the right nipple line, the mass measures vertically thirteen inches and a half, and the left eight inches and a half. It therefore occupies almost the whole abdomen. Fluid is now slowly accumulating; the urine has been febrile, but is changing in character. Has vomited on two occasions, but eats well. The bowels are behind the tumour. The circumference of the abdomen is thirty-three inches. Feels oppressed, weak, and languid, and can scarcely sit up. He is under treatment at the present time, but the sequel shall be given on a future occasion.

### ST. THOMAS'S HOSPITAL.

#### CANCER OF LIVER, PERITONEUM, KIDNEY, AND SUPRA-RENAL CAPSULE; FATAL RESULT FROM DIARRHŒA.

(Under the care of Dr. RISDON BENNETT.)

THE patient who was the subject of the present case had an attack of diarrhœa, followed by severe pain in the liver and by jaundice, the latter persisting throughout her illness, which was explained by the obstruction of the hepatic ducts found after death. There was an absence of tumour, and no indication of cancer of the hepatic organ, although the general symptoms pointed to this viscus as the one affected. Food gave pain, and was occasionally vomited; nevertheless the cancer had not extended to the stomach. In Dr. Hare's patient, obstinate diarrhœa persisted for three months after the cessation of pain, and occasionally recurred. In both, we may fairly assert that the cancerous disease commenced in the liver.

For the notes of the two following cases we are indebted to Dr. Stone, medical registrar to the hospital.

Sophia W—, aged thirty-seven years, single, admitted under Dr. Bennett's care, April 20th, 1858. Had been ill two months. There had been no catamenial appearance for four years. She dated her illness from a sudden severe pain in the right hypochondrium, which followed on slight diarrhœa. Some medicine gave relief, and there had been no recurrence of the pain. Within a day or two jaundice came on, and had persisted until admission. On coming in she was much emaciated, and complained of cough and profuse expectoration; the legs were swollen; the abdomen contained some fluid; the urine was scanty and of bilious tinge; the skin was jaundiced, but not of a very deep tinge; the appetite was bad, food gave pain and was occasionally vomited; the bowels were very costive, and the motions light-coloured. Respiration and the cardiac sounds appeared normal, though very feeble. The hepatic dullness was not enlarged; and there was no evidence of tumour. During her stay in the hospital, emaciation continued; there was no change of symptoms, except the occurrence of diarrhœa, which latterly became severe, and was the proximate cause of death, which took place thirty-two days after admission.

On examination thirty hours after death, there was found cancer of the liver, peritoneum, kidney, and supra-renal capsule. The orifice of the left branch of the portal vein was closed; the hepatic ducts were obstructed by cancerous matter, and were greatly dilated behind the obstruction, containing an accumulation of decomposing blood. The liver was atrophied, but slightly above the normal size, from the replacement of the anterior part of the right lobe by a series of cancerous tumours, which had coalesced into one mass. The matrix appeared to consist of tough, whitish, fibroid substance, yielding little or no juice. This was studded with masses of tough, opaque, yellow, albuminous material. In some parts there were tracts in a soft, friable condition, evidently undergoing degeneration.

#### ENCEPHALOID CANCER OF THE LUNG AND ANTERIOR MEDIASTINUM, SECONDARILY AFFECTING THE LIVER.

(Under the care of Dr. GOOLDEN.)

It will be observed that great anasarca [of the upper part of the body] was a prominent and distinctive feature in the following case; this was caused solely by the encephaloid cancer of the right lung, which extended upwards into the supra-clavicular region, and occupied the anterior mediastinum. The progress of the disease from first to last was remarkably rapid, which, perhaps, will explain why the liver was not more engaged than it was found to be after death. The three cases which we place upon record on the present occasion form an interesting and instructive series, and illustrate very clearly some of the phases of cancer of the liver.

James C—, aged sixty-eight, schoolmaster, admitted under Dr. Goolden's care on the 14th August, 1858. He stated that the left side had been partially paralysed from birth, but that otherwise his health had been good. The illness commenced four months previously, with cough and copious expectoration. Shortness of breath, and great anasarca of the upper part of the body only, had been coming on for two months. On admission, the lower half of the trunk and the legs were much emaciated; the arms, face, and upper part of the chest were highly oedematous; breath very short; lay entirely on right side. The left side of the chest was resonant, and the breath-sounds audible, but harsh, and accompanied by rhonchus. The right side was dull throughout, hardly any respiration to be heard. Fulness in left supra-clavicular region. The appetite was good, bowels regular, tongue clean; pulse equal in both wrists; urine not albuminous. He continued without much change, and died on the eleventh day after admission.

On examination of the body thirteen hours after death, there was found extensive encephaloid cancer of the anterior mediastinum, bronchial glands, lungs, bronchial tubes, and liver. The liver was of moderate size, presenting three or four tumours, from the size of a chestnut downwards, of a roundish form, well defined, white, soft, and yielding much juice on pressure. The tissue in other parts was perfectly healthy.

The cancerous matter, on microscopic examination, was found to consist almost entirely of small rounded or oval nuclei, sometimes free, but often presenting more or less distinct evidence of investing cell-walls. These were sometimes fusiform, sometimes caudate, and sometimes irregular in shape.

### CLINICAL RECORDS.

#### TRACHEOTOMY IN DIPHTHERIA.

THIS operation was performed upon a girl aged seventeen, by Mr. Prescott Hewett a few days back at St. George's Hospital, when she was apparently dying from diphtheria, having been admitted for that disease under the care of Dr. Bence Jones. When the canula was placed in the trachea, singular to relate, no air passed through it; it was therefore withdrawn, and the finger introduced as far as the bifurcation. When the canula was re-inserted, the patient gave a slight cough, and expectorated a distinct cylinder of croupy membrane, which was bifurcated, and possessed the form of the various ramifications of the larger bronchial tubes. This occurrence gave very marked relief; but the vital powers were already so enfeebled by the disease that she lived but a few hours after the operation. At a post-mortem examination, the minutest ramifications of the bronchial tubes were found filled with lymph.

At St. Bartholomew's Hospital, in January last, tracheotomy was performed at a very urgent moment by Mr. Helme, the house-surgeon, upon a woman, twenty-three years of age, affected with syphilitic laryngitis, under Dr. Hue's care. The patient survived nine days, and died from exhaustion, principally dependent upon secondary hæmorrhage on the second day, which was subsequently followed by profuse secretion of a pneumonic character in the larger bronchial tubes, and extreme difficulty of expectoration. No autopsy was allowed.

We have already placed upon record several cases of syphilitic laryngitis, in which impending suffocation was most effectually relieved by opening the trachea. In Dr. Hue's case the prospects of recovery were doubtful, in consequence of the existence of serious lung disease before the operation.