

ENCEPHALOID CARCINOMA OF THE SKIN OF THE THIGH.

By EDMOND J. M'WEENEY, M.A., M.D.

Pathologist to the Mater Misericordiæ Hospital ;

Lecturer on Pathology, Catholic University Medical School.

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THE specimens I lay before the Academy this evening seem to me to exemplify this unusual pathological condition. The patient was a female, aged about forty-five, and the tumour, which was about the size of a hen's egg, was situate on the front of the right thigh, rather towards its external aspect, and about six inches below Poupart's ligament. When carefully examined the tumour gave one the idea of projecting through an aperture in the skin, and presented a red fungating aspect, with considerable liability to bleed. The duration of the growth had been six months, before its removal at the Mater by Mr. P. J. Hayes, under whose care the patient was. During the operation a number of enlarged and very much indurated glands were removed from the corresponding groin, and a greatly enlarged lymphatic vessel, which extended from the growth itself to one of the glands, and could be felt like a piece of whipcord beneath the skin, was carefully dissected out, and removed.

The naked-eye specimens which I show are, therefore, the tumour itself, with the surrounding area of skin ; the enlarged lymphatic vessel, and, lastly, the swollen and infiltrated lymphatic glands.

The sections of the tumour show it to be composed of large circular or polyhedral epithelial cells, provided with vesicular nuclei, and lying collected in small groups in the meshes of a fibrous stroma. The latter is composed of highly vascular connective tissue, with numerous round and spindle-shaped nuclei. On the free

surface of the tumour there is a stratum of granulation tissue, the upper layer of which is neurotic; at the base of the tumour the rete Malpighii makes its appearance somewhat suddenly, and a little lower down still the stratum corneum is apparent. Examining the central portion of the section from apex to base, corresponding to the similarly-named parts of the tumour, we find that beneath the surface layer of granulation tissue come the groups of epithelial cells, &c., just described; these groups grow more discrete as we go deeper, and, finally, on a level with the cutaneous surface of the limb, they disappear altogether, and a somewhat dense layer of fibrous tissue, infiltrated with numerous small cells, form the deep boundary of the neoplasm, cutting it off from the subcutaneous tissue. In fact, the tumour resembles a sort of large carcinomatous wart. The neighbouring cutaneous glands and hair follicles display a certain amount of small cell proliferation in their vicinity; but I was quite unable to make out from what source the epithelial cells composing the tumour took their origin. There was no intermediary step observable between the typical arrangement of the neighbouring gland-cells on the one hand, and the extremely atypical arrangement of the tumour epithelia, on the other.

The lymph glands removed by Mr. Hayes from the inguinal region displayed the same features as the primary growth. The periphery was occupied by the same groups of cancer-cells separated by bands of the same delicate and vascular stroma. The medullary centre of the gland was occupied by lymphoid cells, closely pressed together, with here and there a few cancer cells with caryomitotic nuclei.

The lymphatic vessel did not prove to be stuffed with cancer cells, as I had rather expected from its density and hardness. Microscopically, the only departure from normal it showed was the extreme fibroid thickening of its wall; the minute lumen was quite empty.

I have now given a brief description of the specimens from this case which I am inclined to look upon as exemplifying the unusual condition of glandular encephaloid carcinoma of the skin; and, in conclusion, I wish the members present, by examining the specimens, to form an opinion on the accuracy of my interpretation.