

by food and treatment, death should have occurred while there was still so large a portion of the liver acting normally and no metastasis? The whole right lobe, or nearly all of it, is apparently uninvaded by the new growth.

The microscopic specimens submitted are not nearly so good as I could wish, but show atrophy and pigmentation of the small amount of liver tissue persisting, with dilatation and thickening of the interlobular vessels (cirrhosis). The new tissue shows the characteristics of great malignity, the fibrous tissue being small in amount, and the invading cells being very large, and round in prevailing shape, while there are no signs of degeneration or change in cancerous cells, which from their position in the centre of a large focus of growth would show such change if they were not still young and growth rapid.

*The Stomach:* Apart from moderate dilatation and slight catarrh, it was normal. It may be that death was due to simple inanition; this, again, being caused by the weight of the overlying tumor causing obstruction and compelling vomiting. The latter was the symptom on which, mainly, the death certificate was given. There was nothing in the condition of the stomach *per se* to cause vomiting. One can at least advance the theory that whereas in partial obstruction by cancer of the pylorus vomiting occurs regularly after a varying length of time, during which food enough could pass on into the intestine to make death by starvation a very slow process, there might still be in this case sufficient mechanical obstruction to prevent the passage of almost any food through an otherwise normal pylorus, and so cause vomiting at so early a stage of digestion as to prevent nutrition almost altogether.

## Selections.

ALARMING ATTACKS OF DYSPNŒA POSSIBLY DUE TO TEA—DIAPHRAGMATIC ANGINA?—I saw with Mr. Hewer, of Highgate, and in consultation with Dr. Gowers, a gentleman who had suffered from some peculiar and very alarming attacks allied to angina. He was a rather delicate man of nervous organization, and with a history of gout in his family. He had recently suffered from rheumatic stiffening of

his right shoulder-joint with secondary atrophy of the deltoid, and for this he had been under treatment by massage just before the attacks which I have to record occurred. Both of the attacks referred to had happened after breakfast. He had taken for breakfast eggs and bacon and tea. Mr. Hewer, who lived near to him, had seen him in both attacks, and had relieved him very speedily by the injection of morphia, and after the attack had passed off Mr. M—— had appeared tolerably well again, though weak. The attacks had occurred on each occasion whilst in bed. Mr. Hewer described the attacks as very alarming, and said that the patient had a corpse-like pallor, and was apparently quite unable to make an inspiration on account of the severe pain caused by it. He said that it appeared to him that the diaphragm and chest muscles were fixed. He did not consider that the attacks were ordinary angina, since the pain was referred more to the epigastrium and lower part of chest than to the shoulder, and inability to inspire seemed to be the prominent condition. The pulse during the attacks was very feeble, and the patient was only able to speak in a whisper. On the first occasion he expressed his belief that he was dying. On each occasion the attack had lasted, as I understood, about an hour, and was terminated by the use of morphia. On asking the patient himself how the attacks came on, he said that on each occasion he had thought that his breakfast had disagreed and given him flatulence, his first feeling being a sensation of distension of the stomach, which soon increased to great discomfort and then to great pain. With the latter came a sense of inability to draw breath, and of impending death.

Dr. Gowers made a careful examination of the chest and heart, with, for the most part, a negative result; at any rate, it did not reveal any organic disease of a nature to explain the attacks. The heart's action was feeble. The patient was admittedly a very nervous man, and one in whom all sorts of pain produced exaggerated results. Making, however, all allowance for this, there was no doubt that his attacks had been very alarming; for his wife and all who saw him, Mr. Hewer included, thought that he was dying. I was interested in noting that both the attacks had occurred just after eat-