

## PATHOLOGICALLY CONSIDERED.

## CASE I.

Scirrhus Carcinoma, affecting Pylorus and Duodenum.

Secondary ("radiated") Cancer of Liver. Moderate stenosis of Pylorus.

Cancer confined to Pylorus, Duodenum, Liver, and Pancreas and adjacent glands.

## CASE II.

Sc. Carcinoma, affecting less the P. and more the C. end of Stomach.

The same.

Food, to reach Pylorus, required to pass through a narrow channel created by the growth inwards.

Really a case of disseminated Carcinoma, the growth being found also in the Lungs, Heart, Intestines, Diaphragm, and omentum; the T. Colon involved and narrowed (explaining the constipation.)

*Diagnosis.*—Disease of the carina was excluded from the infrequency of vomiting, and its character and period of occurrence, some time after a meal. There was no difficulty in swallowing, moreover, at any time.

Inasmuch as primary disease of the liver is rare, from the symptoms present in both cases it seemed fair to conclude that the growth originated in the stomach.

*Pathology.*—At the autopsy in the first case, from the position of the new growth, the extensive puckering, &c., there was no difficulty in concluding that scirrhus of the parts existed; a conclusion the microscopic examination proved to be correct.

In Case 2 there was more room for doubt as to the form of carcinoma present.

On the one hand, the disease had left free, almost, a part, to say the least, very commonly attacked.

Again, in the mucous surface of the organ at one portion there was the exact appearance presented by medullary cancer; but then, though soft, it lacked the pultaceous consistence of that form. Colloid was excluded, inasmuch as neither the proper colloid (gelatinous) matter was present to the naked eye, nor on microscopic examination were the *roundish* cells peculiar to this form to be seen. These sketchings

(shown to the Society) will give you an idea of the shape of the cells as found in different parts of the growth on the inner aspect of the stomach. The appearances suggesting encephaloid, epithelioma, &c., were probably due to the rapid retrogressive changes that take place in such foreign growths as cancer on a mucous surface, exposed as it more especially is in the stomach to the influence of the digestive fluids, food, &c., &c. No more striking picture is needed to impress upon the mind the aggressive, infiltrating, and disseminating character of malignant disease than that furnished at the autopsy in the second of the cases detailed.

CASES UNDER THE CARE OF DR. GRAHAM,  
TORONTO GENERAL HOSPITAL.

## PROGRESSIVE MUSCULAR ATROPHY.

[Reported by Mr. EDMUNDSON.]

R. D., *et.* 48, born in Ireland; admitted into the hospital February 10, 1880. Patient has lived in Collingwood for the last 12 years. He has been a fisherman by occupation since he was 18 years of age, having followed the business, first in Toronto and then in Collingwood, until three years ago. During this time he was very much exposed to cold and wet, and in salting the fish he had his hands and arms a great deal in cold salt water. For the last three years he has been a lighthouse-keeper; but the lighthouse was some distance from the shore, and he was frequently much exposed in going to and from it.

He has been 21 years married, and has ten children living, all quite healthy. He lost one child at the age of two years, but does not know the cause of its death. He has always been quite healthy until this trouble began. His parents are both dead. His father died at the age of 54, of some liver trouble; and the mother at 64, of paralysis.

Patient when about 20 years of age met with an accident, which resulted in permanent ankylosis of the left knee.

He has been a very moderate drinker, but has been a heavy smoker. Has latterly smoked more than ever.

About May, 1879, he noticed that the thumb of the right hand began to get weak. When