

fined to the bed only a few days, and at the end of a month may safely undertake light duties." It is emphasized that a truss should not be applied after recovery.

Dr. Marcy has now operated about two hundred times, and reports that so far as he has been able to follow his cases, which is the greater majority of those operated upon, quite ninety per cent. have remained permanently cured. In no instance has he seen a patient approach what seemed to be the danger line where the intestine itself had not been involved. He has often removed large pieces of deformed omentum with seeming impunity. A modification of the above method is applied to the other varieties of hernia, and in umbilical and ventral hernia for a long period he has put into effect a method which might be denominated a flap-splitting of the abdominal wall for the purpose of inverting and everting of the coapted edges, thereby greatly strengthening and re-enforcing the parts involved.

### PRIMARY CARCINOMA OF LIVER, WITH DILATED STOMACH.\*

BY J. T. FOTHERINGHAM, B.A., M.B.

*Gentlemen:* The specimens that I have the pleasure of presenting this evening were obtained at a *post mortem* in which I assisted Dr. W. H. B. Aikins about ten days ago. They have been kept in strong brine until 24 hours ago, when I transferred them to methyl-alcohol. The body from which they were removed was that of a man of 31 years or so, who had been ailing since last December with stomach symptoms, and had placed himself in the care of some Christian Science healers. The death certificate was filled in by one of the oldest practitioners in the west end of the city, and the cause of death assigned was chronic indigestion. A correct history of the case cannot be obtained, as his physicians do not hold a diagnosis to be necessary in order to a cure. The liver was plainly visible through the thin abdominal parietes as an irregular nodular tumor in the epigastric and upper umbilical regions. On opening the abdominal cavity the organ was found quite adherent to the anterior

parietes, about the median line of the epigastrium. There were no adhesions to the stomach or any of the underlying organs, and no ascites. Jaundice seemed not to have existed, so far as one could judge from appearance after death; at any rate it was very slight. The distribution of the neoplasm in the specimen will explain the absence of ascites and jaundice. Fagge says that there are two causes, usually, for ascites in cancer of the liver; first, the involvement of the portal veins by extension of the growth along the channels of a large number of its branches; or, secondly, the chronic peritonitis which starts from the serous surface of the organ. Of course a broad distinction must be made between true cancer of the liver and cancer of the structures entering the portal fissure, the latter only acting mechanically, and producing possibly both ascites and jaundice. Fagge says also that, with the exception of cirrhosis, the only disease in which these symptoms are often found together is cancer of the lesser omentum or of the structures entering the portal fissures.

I should submit some reasons for calling this a primary carcinoma. First, perhaps, though it is not according to the precepts of the rhetoricians, I may give my strongest one, that there was no sign of cancer at the pylorus, or in any other organ or part of the body. The rectum was free, as also the gall-bladder, and the whole intestinal tract. Cases are on record in which carcinoma had been called primary when it was in reality secondary to disease of the vertebræ or os innominatum, the lesion in the liver being the only one detected clinically. In this case the examination for metastatic growths was also fruitless.

So far as the history is known it bears out the view that the liver was the first and only seat of the trouble, as the sense of illness had been of only short duration. The weight of the organ was 6 lbs. 10 ozs. The much greater weights on record, 18 lbs., 19½ lbs., and one case of 24 lbs., with a final record of 25 lbs. in another case, are, so far as I am aware, all secondary cancers. I should like to hear the opinion of pathologists of greater experience than myself on the question, whether in a man of ordinary strength of constitution, and with ordinary conservation of failing strength

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