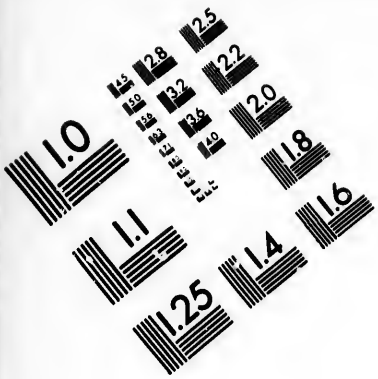

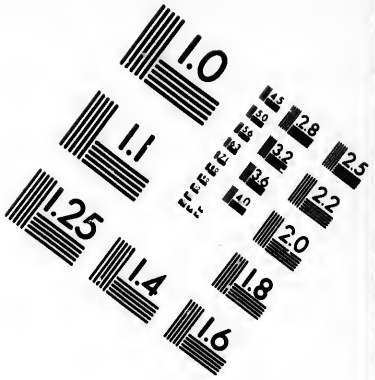

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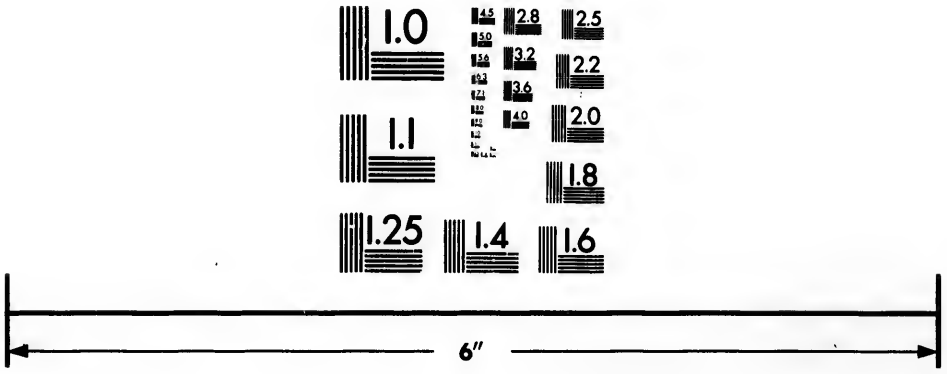

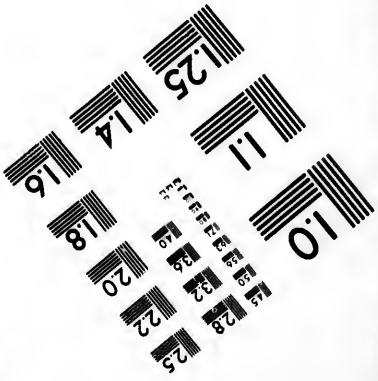

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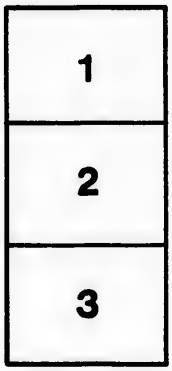

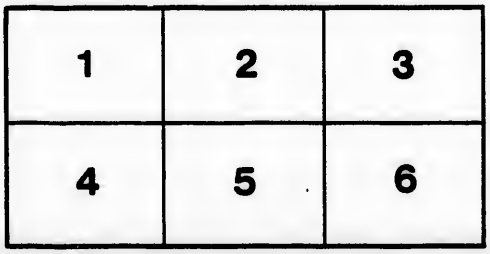

(*Reprinted from the Montreal Medical Journal, March*, 1896.)

A CASE OF PRIMARY CANCER OF THE GALL-BLADDER.

By C. F. MARTIN, B.A., M.D.,
Assistant Physician, Royal Victoria Hospital.

The points of interest in the subjoined report are as follows :

1. A very incipient primary cancer of the gall-bladder.
2. Cholelithiasis and perforation of gall-bladder.
3. Presence of gall-stones free in the abdominal cavity.
4. The absence of any special localizing symptoms.
6. The right hydronephrosis induced secondarily to the cancer of the gall-bladder.

Clinical Report.—(Notes by Dr. A. A. Robertson.) The patient, Mrs. T., aged about 65, who was admitted to the medical wards of the Royal Victoria Hospital, manifested great weakness. Her only remarks were that she was "slowly sinking away," and no further history could be obtained from her or her few friends. She was apparently uncared for and would seem to have been ill for some weeks previously.

On admission she showed much emaciation. Pulse 120 ; respiration, 28 ; temperature, 101°.

Physical examination revealed almost total consolidation of the right lung with a few crepitations and prolonged expiration at the base of the left.

Pressure over the abdomen caused pain in all regions, though most marked in the right iliac fossa ; there was no palpable tumour. Fever continued for forty-eight hours ; some diarrhœa ensued and weakness progressed till on the third day after admission death supervened.

The Autopsy (made 18 hours after death).

Anatomical diagnosis.—Acute lobar pneumonia ; cholelithiasis ; perforation of gall-bladder ; primary cancer of gall-bladder and localized peritonitis inducing right hydronephrosis ; secondary cancer of liver and dilatation of the bile ducts ; general arterial sclerosis ; subacute parenchymatous nephritis.

Body was that of an emaciated elderly woman presenting the usual post-mortem changes. On opening the abdominal cavity, which was dry, the *duodenum* was seen to be markedly distended and irregularly bent upon itself in the first and second portions and matted together with surrounding tissues, moderately recent adhesions being formed to gall-bladder, liver and abdominal wall. There was further

a slight sloughing of tissue in the immediate neighbourhood of the gall-bladder. The hepatic flexure of the colon was collapsed and pushed downwards. Four black, mulberry-like *gall-stones*, each 6 mm. in diameter, lay free in the abdominal cavity amid the sloughed tissue below the gall-bladder and seemed here loosely held amid the mass.

The *spleen* was small, soft and atrophied.

The *left kidney* showed evidence of subacute parenchymatous inflammation.

The *right kidney*, as it lay *in situ*, presented a thickening of its capsule, chiefly in the upper and anterior portion, with infiltration of the adipose and other neighbouring tissue. There was, however, even lower down, considerable inflammatory adhesion of the parts. The organ itself was fluctuating to the feel, evidently hydronephrotic, while the ureter itself was normal from pelvis to bladder opening. On removing the kidney, adhesions were found binding down the pelvis to the adjacent parts, evidently inducing a damming back of urine and thereby dilating the calices and causing great thinning of the kidney tissue. Average diameter of dilated pelvis was 10 cm., its walls much thickened. The fluid was slightly turbid and bile-stained; the mucosa injected, no stone could be detected.

The *bladder* presented some signs of slight chronic cystitis. The orifices of the ureters normal.

The *liver* and *gall-bladder* weighed together 1425 gms. The common bile duct, as well as the pancreatic and cystic ducts, were pervious; the latter greatly thickened. The *liver* itself small, very soft and rather paler than normal.

The *gall-bladder* was much diminished in size. The wall of greyish-white colour and very much thickened, especially near the attached margin. Towards its lower and outer portion was a perforation 1 cm. in diameter with smooth rounded edges, and through this evidently the gall-stones had escaped. The tissues about it showed localized sloughing where the organ impinged upon the duodenum. Where the gall-bladder was thickest there was much new tissue formed, connecting together the gall-bladder and the liver substance. It extended irregularly into the adjacent liver substance, being apparently continuous with and arising from the similar conditions of the wall of the gall-bladder itself. The average diameter of this irregular area was about 4 cm., while the liver tissues in the immediate vicinity presented a few smaller nodules of the same character. Elsewhere the liver contained about nine or ten greyish-white rounded nodules of comparatively small size, all firm on section and not penetrating deeply into the tissue of the organ. On section the liver was soft, many of its

bile ducts were greatly distended in both lobes, though apart from any evidence of cancer or tuberculosis.

The periportal glands were enlarged, soft and somewhat pigmented. The portal vein and vena cava were free.

Throughout the *alimentary canal*, beyond moderate congestion, there was no evidence of disease.

Thoracic cavity—In the *lungs* bilateral adhesive pleurisy, with double lobar pneumonia.

The *heart* was both dilated and hypertrophied, showing evidence of fatty degeneration and interstitial myocarditis. The coronary arteries were atheromatous.

Cultures from the consolidated lung gave the diplococcus lanceolatus. From the kidney and spleen were obtained the staphylococcus pyogenes aureus. Cultures from the liver pulp remain sterile.

MICROSCOPIC EXAMINATION — *Gall-bladder* — The walls showed chronic fibroid thickening, the mucosa in some parts much necrosis, in others deep irregular proliferation of epithelial cells of a distinctly glandular type. The adipose tissue external to the gall-bladder was likewise infiltrated. There was, in addition, some hæmorrhage, with thickening of the vessels in the neighbourhood. Sections of the cystic duct show involvement similar to that of the gall-bladder.

Examinations of the nodules in the liver showed the ordinary condition of metastatic glandular carcinoma.

There was no evidence of tuberculosis anywhere in the liver substance. The periportal glands were distinctly cancerous, glandular epithelial cells lying amid a moderately abundant fibrous stroma. Large masses of dark green or orange pigment of a granular character were distributed throughout the sections. There was elsewhere no evidence of carcinoma and the microscopic examination confirmed, in the other organs, the macroscopic appearances.