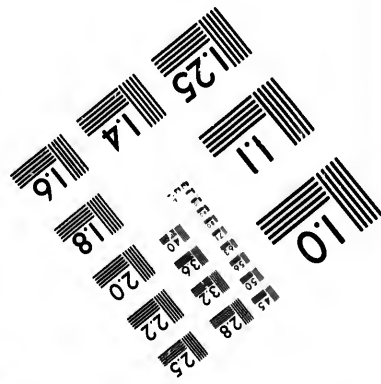
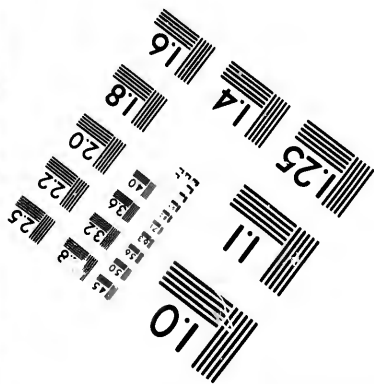
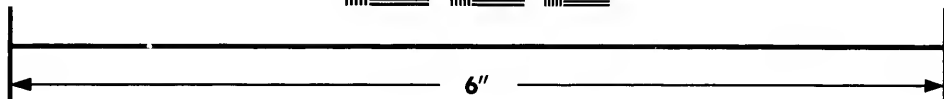
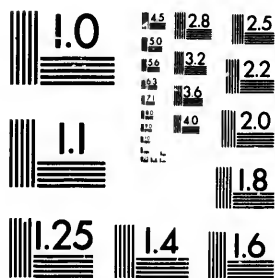


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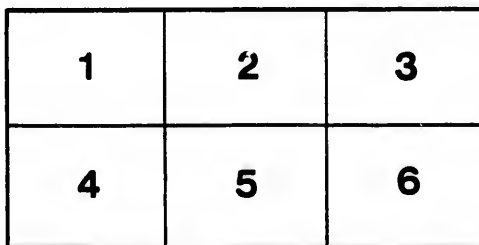
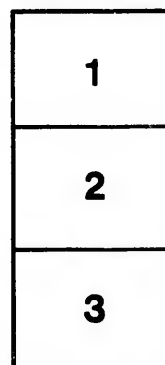
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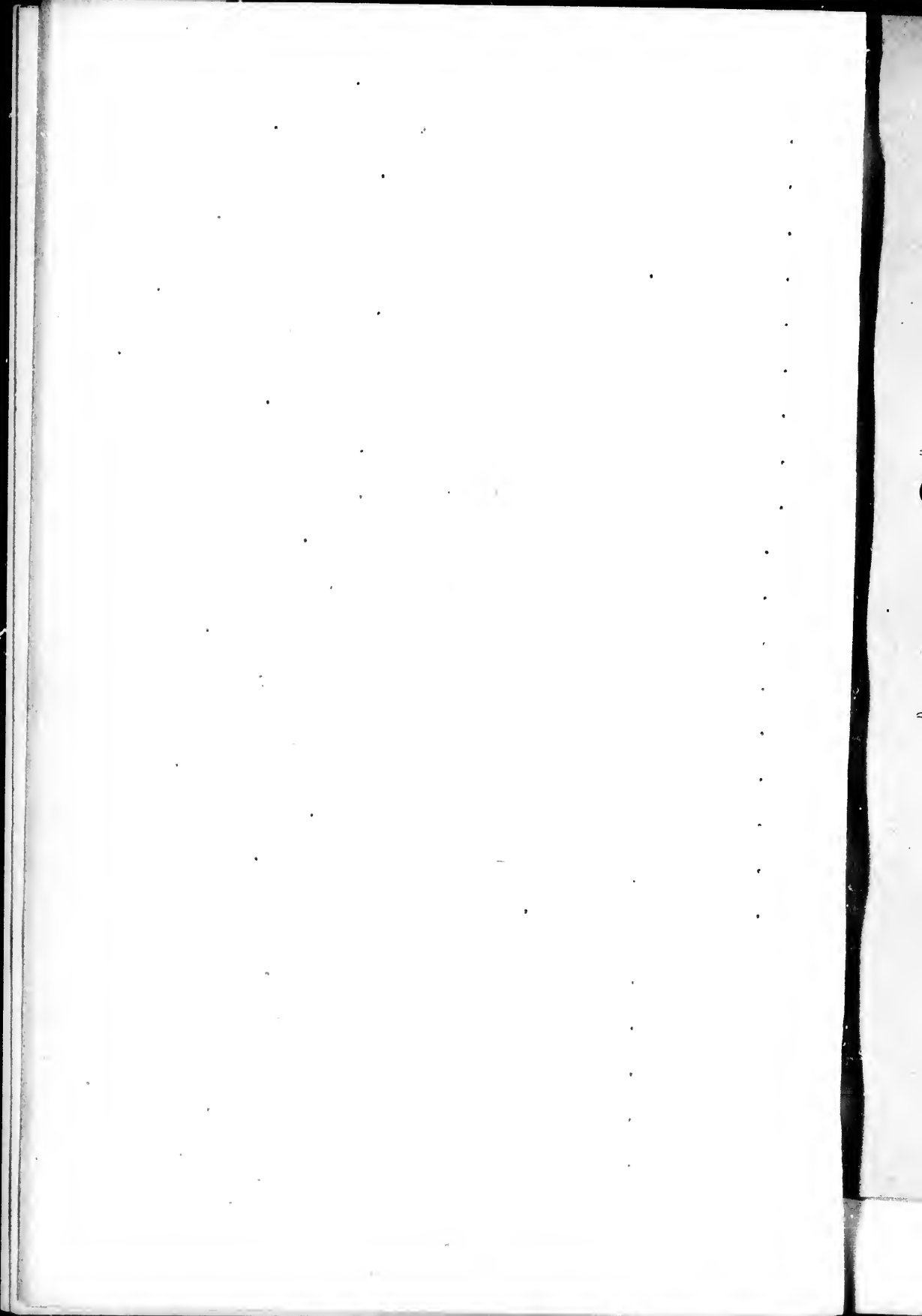
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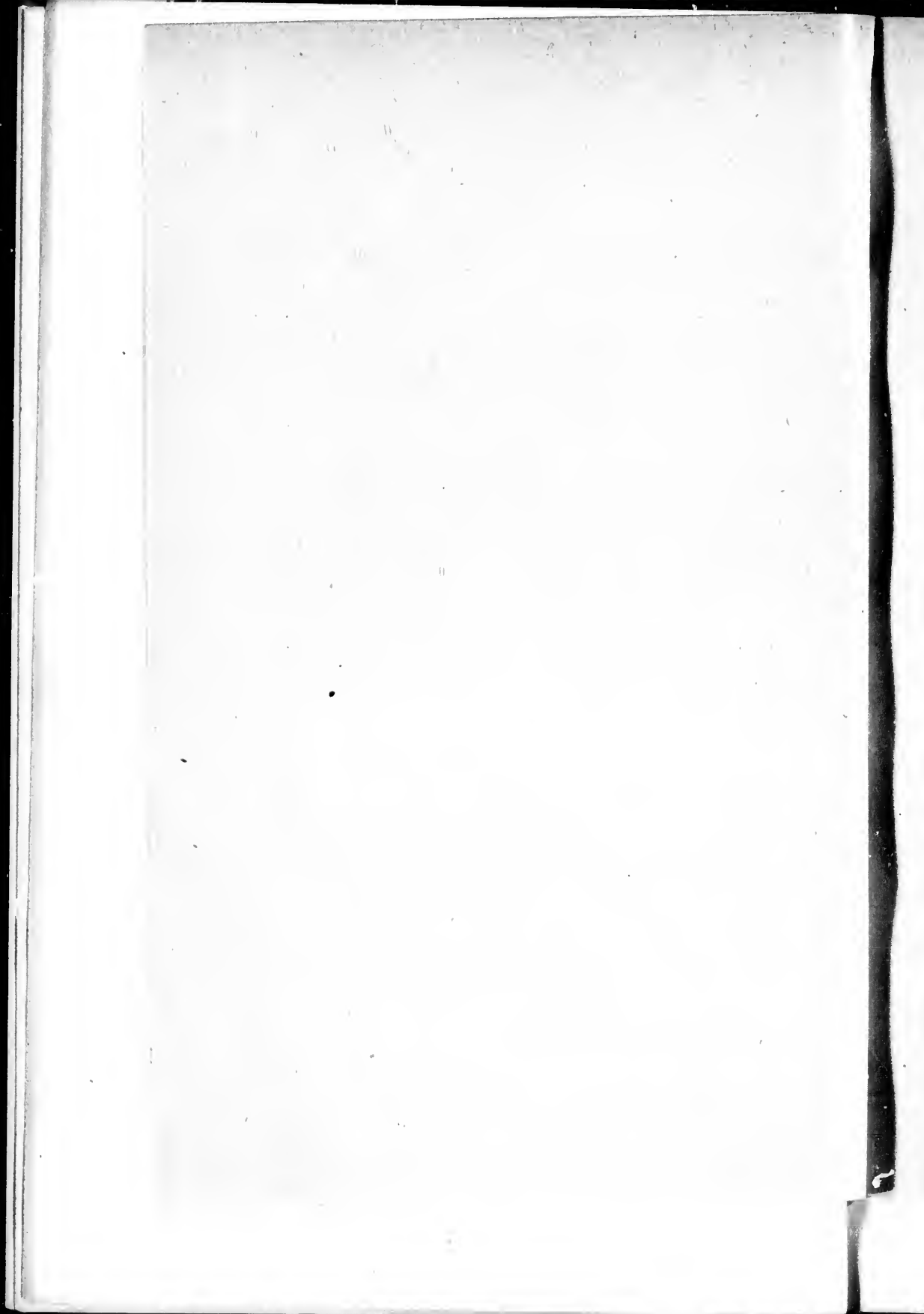
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CANCEROUS TUMOUR ARISING FROM THE
SUDORIPAROUS GLANDS.

*Charles
F. Martin*
BY
C. F. MARTIN, M.D.

(Reprinted from the Montreal Medical Journal, February, 1894.)



CANCEROUS TUMOUR ARISING FROM THE SUDORIPAROUS GLANDS.*

By C. F. MARTIN, M.D.

The patient from whom the above growth was removed was a contractor, 45 years of age, having a history of previous good health, with the exception of occasional attacks of dyspepsia. No history of syphilis, nor was there any family history of cancer or other tumour.

Early in 1890, the patient observed, for the first time, a small lump in the left groin, in size equal to a bean, perfectly painless, which he attributed to a blow received in this region some months previously.

The growth was regarded as some affection of the sebaceous glands, and no treatment other than the application of iodine was adopted for over a year, there being no appreciable alteration in the character of the tumour during that time.

Towards the end of 1892 it gradually increased in size, and was now for the first time painful, the patient at times suffering intensely. The skin too showed signs of irritation and became adherent to the growth. This condition became progressively worse and removal was recommended and performed November, 1893, by Dr. Roddick, who forthwith sent the tumour to the McGill Pathological Laboratory.

On examination the growth was found irregularly spherical in shape, $1\frac{1}{2}$ inches in diameter. On section it offered considerable resistance to the knife, while on the cut surface were seen numerous small points from which a greyish turbid fluid escaped. This fluid examined under the microscope presented masses of irregularly rounded or oval cells, slightly larger than pus cells, and many undergoing fatty and granular degeneration.

Stained sections of the tumour cut so as to include the adherent

* Shown before the Montreal Medico-Chirurgical Society, Nov. 17th, 1893.

skin, showed the epidermis to be only slightly affected, there being but a slight proliferation of the epithelium, while beneath it was increased fibrous tissue, a condition of chronic inflammation. Beneath this, in the subcutaneous tissue, was seen the tumour proper, presenting the usual appearance of a simple carcinoma, masses of large irregular cells amid extensive areas of fibrous tissue, in an alveolar arrangement.

On closer inspection of the parts, it was found that the growth took its origin from the epithelial lining of the sudoriparous glands, in whose ducts could be seen the various stages of proliferation of cells, while in the neighboring regions were the appearances of an alveolar cancer. The sebaceous glands presented no abnormal appearance, nor was there any evidence to point to the origin of the tumour, other than that suggested.

Although many cases of adenoma of the sweat glands are said to have been falsely regarded as carcinomatous, there is, however, in the present instance so typical an appearance of an alveolar carcinoma that such an error is quite impossible and the tumour cannot be regarded other than as a cancer arising from the sudoriparous glands.

