most suitable case for removal of a carcinoma of the pylorus, and the liver, as far as it can be seen or felt before removal, presents a perfectly healthy appearance, and yet there are nevertheless, a few small nodules of growth on its upper surface, while in other cases of a much less promising appearance no secondary growth in the liver or other parts are to be found. This form of primary cancer of the liver, in which the cancer cells are uniformly diffused throughout the organ, and in which there is a great increase of fibrous tissue, closely resemble a coarse cirrhosis, and no doubt some cases which have been described as cirrhosis would have proved to be "cancerous" in nature if the microscope had been used.

In regard to Case 1 it is to be noted that small secondary nodules were found on the pleura, a rare condition in this class of case, but one which fixed the diagnosis in the *post-mortem* room, even without the use of the microscope. There are certain other points which may now be briefly alluded to.

Pyrexia.—It is stated that pyrexia is commoner in primary than in secondary carcinoma of the liver, and that therefore this fact might be of some use in diagnosis. In our case there was no elevation of temperature during the time the patient was under observation; it was at no time above 98° 6°.

Jaundice.—In recorded cases this symptom is sometimes absent, and when present generally slight. In our case it was well marked.

Enlargement of Liver.—The enlarged liver is generally painful and tender. In our case it was quite painless. In recorded cases the average weight of the liver is 120 to 130 oz., the largest recorded weight in primary cancer of the liver being 200 oz. The weight of the liver in this case was 272½ oz. As to its diagnosis during life from hypertrophic cirrhosis the following points may be noticed. The absence of pyrexia, the rapidly fatal issue, the presence of marked ascites, the increase of size while under observation, the size of the nodules on the surface of the liver, and, of less importance, the absence of any enlargement of the spleen. The absence of any history of alcoholic excess was not trustworthy.

Case 11 has been introduced for the purpose of illustrating two points:

1. The small size of the primary growth in the stomach, and, therefore, the importance of not assuming carcinomatous growth in the liver to be primary, especially if it be nodular, until after a most careful necropsy, as the primary source may be an insignificant one, and consequently apt to be overlooked.

2. The difficulties of diagnosis during life of some cases of carcinoma from alcoholic cirrhosis. In this case there was a very marked history of alcoholic excesses; there was no jaundice, but well-marked ascites; the liver was not palpable, and there was an absence of both pain and tenderness; the spleen could not be felt, and there were no other symptoms except slight haematemesis on one occasion.

CASE OF PRIMARY CARCINOMA OF THE OVARY.*

By MAY THORNE, F.R.C.S.I.

THE following notes on a case of primary carcinoma of the ovary are of interest, as they show two unusual points—intense localized pain due to salpingitis and absence of fluid in the pelvis or abdomen.

History.—M. L., single, aged 46, stated that she had had pain for several weeks low down on the left side of the body, that the onset of the pain had been sudden while doing a heavy wash, that she had never been free from the pain since, and that it was always worse when the bowels were moved. She had been treated by hot applications, but had not received any benefit. The bowels had been opened every two or three days. The menopause had been established fifteen months previously.

Condition When First Seen.—The abdomen moved freely, and nothing was felt on deep palpation. Bimanually the uterus and right appendages were felt to be normal and caused no pain on manipulation. The left ovary was enlarged to about the size of a walnut in its shell, was somewhat irregular in outline, and very tender. The patient was sent to bed and the bowels freely opened. There was much pain just before and during defaecation, but considerable relief from severe pain for three or four days afterwards.

Progress.—A week later the vagina was hot, and the swelling had considerably increased, so that there was now a rounded thickening at about the level of the internal os, running out to the pelvic wall. The part was so tender that a complete

bimanual examination was difficult, and the upper limit of the swelling was not well defined. No fluctuation was detected and the vaginal mucous membrane was freely movable. The swelling was so low and so close to the side of the uterus that it suggested being between the layers of the broad ligament. There was no vaginal discharge at any time, nor was there at any time tenderness over the uterus or right appendages. A week later the swelling was harder, and more irregular. It seemed probable that the case was one of pelvic cellulitis though the cause was uncertain. The history of the sudden onset of pain while doing heavy work seemed to point to the possibility of some slight rupture and leakage from a diseased tube into the broad ligament. The pain and tenderness were so localized that it seemed as if there must be some definite focus of infection. The temperature was about normal all this time, and the patient's general condition was somewhat improved by rest and treatment. At the end of three weeks the temperature began to rise at night, the mass in the left side increased, being now the size of a large orange, and as exquisitely tender as ever. I decided that an exploratory laparotomy must be done, and Miss Aldrich Blake, M.S., who kindly saw the case, agreed that operation was desirable.

Operation. The peritoneum was healthy. On the left side of the uterus the pelvis was filled with an irregular mass with numerous small cysts on its surface. The mass was hard and densely adherent to the pelvic wall. The growth was felt to extend between, and to distend, the broad ligament. The left round ligament was enlarged to the size of the little finger, and intensely congested. The right appendages were slightly thickened, but quite free. The uterus was not enlarged, quite smooth, and movable to some extent, being anchored on the left side. The anterior layer of the left broad ligament was adherent to the bladder, obliterating the utero-vesical pouch in that area, and the growth had infiltrated through the posterior aspect of the broad ligament. There was very little bleeding throughout the operation, and no fluid was found in the abdomen or pelvis.

Description of the Growth.—It consisted of a mass the size of a tangerine orange, together with the intensely inflamed left Fallopian tube. The surface of the mass was irregular from the presence of numerous small cysts, the largest of which had ruptured during the manipulation of the tumour. On section the growth was pale, yellow, and dense. No area of suppuration was seen. Mrs. Flemming, M.D., kindly examined the growth, and reported "Solid growth of ovary, carcinoma, groups and masses of cells in a fibrous stroma. The cells are in parts arranged around a lumen (adenomatous type), and in parts form solid masses. The Fallopian tube shows small-celled infiltration throughout the coats, but no new growth seen."

After-history.—The patient made an uneventful recovery, and for a couple of months was relieved. Then a plaque of growth appeared on the abdominal wall, beginning at the lower angle of the scar, where a gauze drain had been placed for twenty-four hours. There was rapid emaciation, and she died four months and a-half after the operation.

Necropsy.—The report kindly supplied to me by Dr. Myler, of the Middlesex Hospital, was as follows:

A large carcinoma of the left ovary; there was also a deposit in the right ovary. To the primary growth the ileum was adherent and had ulcerated through, so that even during life gas had been escaping from the upper part of the growth which came through the abdominal wall. There was some localized peritonitis leading to matting of the coils of the ileum. There were several secondary nodules in the liver.

A CASE OF PRIMARY SARCOMA OF THE LUNG, SIMULATING EMPYEMA.

WITH REMARKS ON THE NATURE OF PRIMARY MALIGNANT DISEASE OF THE LUNG.

By

H. D. ROLLESTON, and R. S. TREVOR,
M.D., F.R.C.I., M.A., M.B. Cantab.,
Physician and Lecturer on Curator of the
Pathology, St. George's Hospital. Museum,

History.

A LITTLE girl, aged 13, "caught cold" and suffered from sharp pain in the right side of the chest, which was made worse on inspiration, about March 14th, 1902. Under medical advice she stayed in bed for three weeks, and improved so much that she got up and went out. About April 10th she caught another cold, and the pain returned with greater severity than before, and she came into St. George's Hospital.

* Read before the Association of Registered Medical Women.