IV.—A CASE OF PRIMARY SARCOMA OF LIVER; RAPID PROGRESS; DEATH; AUTOPSY.

By W. Scott Lang, F.R.C.S.E., Lecturer on Surgery.

M. B., a female, aged 57, first came under my care on 26th November 1888. She complained of a swelling or lump in the abdomen. The patient's history of her case was to the effect that she had been losing flesh for some little time before applying for advice. She stated that her illness began about two months previously by severe pain below the right mamma. She applied a mustard poultice, which gave relief, but the pain returned again. She had first noticed a swelling below the margin of the right costal cartilages about the mamillary line. The swelling next passed across towards the epigastrium, and then more towards the umbilicus. There was not constant pain, but a disagreeable, uneasy feeling which was most marked when she lay on her back. Her appetite was diminished, and after taking food she felt swollen and uncomfortable. There was no difficulty of breathing; no sickness nor vomiting. The bowels acted regularly, and the feces were normal in colour.

Physical Examination.—The abdomen was somewhat distended, and slight bulging could be observed at the flanks. A large projection with two rounded summits could be seen in the right hypochondriac, epigastric, and umbilical regions.

Palpation elicited slight tenderness. The swellings were distinctly felt to be rounded and smooth, probably connected. The projection in the epigastrium could be traced farther to the right than to the left. On the right it was lost in the hypochondrium, and on the left it could be traced for two inches beyond the middle line. Below this there was a depression. Still lower down and immediately to the right of the umbilicus there was another swelling, rounded, hard, and circumscribed. Later on another slight prominence could be felt to the right of this on deep palpation. The mass reached downwards to within about one inch of the iliac crest. The whole mass moved upwards and downwards with the diaphragm in respiration. No fluctuation could be detected. No enlarged glands were felt.

Percussion.—The note was dull over the epigastric swelling.
Over the umbilical swelling the note was impaired, but not completely dull as in the epigastrium. There was dulness in the right lumbar region round to the spinal column. In the mid-axillary line the dulness extended to the iliac crest. The note was continuously dull from the right hypochondriac region to the epigastric swelling.

No enlargement of the spleen could be made out.

Urine about 30 ounces daily, s.g. 1024; no albumen, blood, nor sugar.

Mr Duncan kindly admitted the patient to the Royal Infirmary under his care. She was subsequently transferred to the care of Dr Brakenridge, and I am indebted to Mr Abernethy, M.B., C.M., resident surgeon, and to Mr Boyd, M.B., C.M., resident physician, for the use of valuable notes of the case.

Subsequent Progress.—The patient returned home on 18th December 1888. She grew rapidly worse, and died exhausted on 4th February 1889. For some time before death she lay persistently on the left side, and refused to be moved from that attitude.

Autopsy.—I performed the post-mortem examination on 6th February. The body was much emaciated. There was marked ascites; no general dropsy; no jaundice. The abdomen having been opened, a large quantity of straw-coloured fluid was removed. The liver at once presented itself with several large yellowish-white nodular masses visible. It was removed without opening the alimentary canal. There were some slight adhesions to the duodenum; when removed it weighed 13½ lbs. It was evidently almost entirely filled with large rounded masses of new growth. These masses, where they were visible at the surface, were soft and semi-fluctuating. One mass, on the posterior aspect, burst during removal, and thick, caseous, purulent material escaped. The other organs were unaffected. The liver is now in the Museum of the Royal College of Surgeons, Edinburgh. The growth proved to be round-celled sarcoma, undergoing degeneration and caseation.

V.—CASE OF INGUINAL HERNIA IN A FEMALE CHILD, WITH CURIOUS COMPLICATIONS.

By J. CRAIG BALFOUR, L.R.C.P. and S.E., Redbourne, Lincolnshire.

On Wednesday, the 30th January, I received a letter from one of my patients asking me to call and see her youngest child, a girl about two years and a half old, as they had discovered a "swelling between her legs," which appeared to cause her a good deal of pain. On my arrival I was informed that she had been very restless, and had shown great disinclination to be moved or touched, at first attributed to feverishness arising from a slight cold and sore throat which had troubled her for some days; on undressing her at night,