An Inaugural Dissertation "The record of microscopical observations of one hundred Tumors" Submitted to the Faculty of Jefferson Medical College. For the degree of "Doctor of Medicine" by J.H. Brinton of Phila.

John Hill Brinton

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My Inaugural Dissertation

"The record of microscopic observations of one hundred tumors"

Submitted to the Faculty of Jefferson Medical College.

For the degree of Doctor of Medicine

by

[Signature]

January 24, 1852
It is only during a comparatively recent period, that the microscope has been made applicable to the study of minute growths; and although many observations have been made, and a number of excellent works, published on this subject upon the Continent of Europe, still it cannot yet be said, that the morphological arrangement of tumors, more especially of those which are shaped under the general term malignant, have been sufficiently elucidated. The diagnosis of duct growths has ever been an object of much study and interest to the surgeon, and any means which can assist his diagnosis, or verify it, subsequent to operation, deserves his most careful consideration.
If not the microscope subordinate to
this most important end? I insist
on this subject is beginning now
to occupy the minds of the profession.

{

Generally throughout this country, I shall
make no apology for adding the
records of the comparability of cases I
have had the opportunity of examining to
the general stock of information; in
the certain expectation that at no
distant day, the careful and continued
investigation of this subject, will be
attended with results highly important
not only to pathologists generally,
but more especially to the practical
surgeon. The pathology of tumors
and of fungoid growths is at present
but in its infancy; the only basis
of classification hitherto adopted,
has been that afforded by the peculiari"ds
of external appearances, and of the appear-
ances of sections as discernible by the
unassisted eye; but there are not
sufficient. The transitions into each of
those general mechanical differences
which the external and internal surfaces
of growths present are so numerous that
the observation of these alone is not
sufficient, either for diagnosis, or for
affirmative evidence; we must go further,
and call in the aid of the
microscope.

During the last two
years, my attention has been turned
to the study of the microscopic
elements of tumours, and it had
seemed to me, that I could not
choose any subject more fit for
in inaugural dissertation, than the
record of these observations, a faithful
one, I can at least promise it to be.

I am aware that such observations,
are by many considered fruitless,
and unprofitable, but for my own
part, I do most sincerely believe, that
so useful, nay, necessary an
instrument has the microscope become,
that ere long, it will occupy a
post of honor in everyurgeon's study.
From time immemorial
hums, have been divided into
two grand divisions: Malignant,
or Heterologous humors, and Non-
Malignant, or Homologous humors.
Under these heads, divisions,
& subdivisions, without number,
occur.
mean by the term malignant? This term in all science, has been so much used, and I may say so much abused, it is in the mouth of everyone, and how few are they that can define it? The word "malignant" has generally been applied to any misuse or growth, which continues to make progress in spite of all the efforts of the physician or surgeon; perhaps it would be more correct to adopt— the definition of Dr. Bennett, and say that the most accurate meaning of the term malignant is "that which accepts it to a growth, having the power in itself of redevelopment, that is, once existing, it may spread to
other tissues, or organs, causing in them a disease or growth similar to itself, and analogous to that possessed by animalcules, or vegetable fungi. It has always seemed to me that too many divisions are made, that a subject is rendered difficult of comprehension by too great attempts to simplify; no two cases are exactly alike. And if we attempt to bring every case strictly under division I rule, we might continue our subdivisions ad infinitum. It is, as W. L. says, "It is important to see much, not in order not to lay too great stress on accidental varieties, certain peculiarities continually occur and I have arrived at the..."
Conclusion, that in all these instances, there are constant differences, which may be recognized with certainty.

If we bear this last sentence in mind, we shall be able, safely to steer through the sea of contending opinions. It is needless for us to think, believe in the existence or the non-existence of a cancer cell of buck, determinate, shape, and size; let us look for ourselves, and if we do, I am sure that no faithful observer, of many specimens will rise from his task, without verifying the truth of the sentences that there are constant differences which may be recognized with certainty.

Vogel's division of tumors, founded on their microscopical characters.
Seems to me to be the best of any of the divisions I have yet seen; Strange to say, he has however omitted the class of Epithelial tumors.

His division stands thus:

<table>
<thead>
<tr>
<th>Non-malignant</th>
<th>Malignant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vascular Tumor</td>
<td>1st Group</td>
</tr>
<tr>
<td>2. Fatty &quot; &quot;</td>
<td>Deposits in T. Typhus</td>
</tr>
<tr>
<td>3. Fibrous &quot;</td>
<td></td>
</tr>
<tr>
<td>4. Cartilaginous</td>
<td></td>
</tr>
<tr>
<td>5. Obscure &quot;</td>
<td></td>
</tr>
<tr>
<td>6. Melanotic &quot;</td>
<td></td>
</tr>
<tr>
<td>7. Gelatinous &quot;</td>
<td></td>
</tr>
<tr>
<td>8. Encysted &quot;</td>
<td></td>
</tr>
</tbody>
</table>

1st Group:
- Deposits in T. Typhus
  - 2. Arachnoid
  - 3. Tela-arachnoid

2nd Group - Cancer:
- 1. Fibrous cancer or Schirius
- 2. Encephaloid
- 3. Gelatinous W. Colloid
- 4. Melanotic

Note: I would add the class of Epithelial Tumors

Let us consider each of these groups separately, and first them of the Vascular Tumor's Synonymes.
Anastomosis. These tumours, on the contrary, are not merely dilated capillaries, but vessels may be distinctly made out of examined by a blow of the microscope. Care should however be taken, not to confound these tumours, with malignant growths which may be well supplied with blood vessels. M. Robic has described a case (Robert Pictet, Pictet, T. 17, p. 99) of a cutaneous tumour in which little, nulæ were ejected along the whole course of the artery, capable of being filled, and then emptied of their haemorrhage content.
kept in our arrangement, stand Fatty tumours. These by the older writers are divided into Dipoma, cholesteatoma, and Adipose cysts. Prickly fat tumours are generally easily discernible by the naked eye, but not so in the more complicated forms, here accidental cause, prepare, and the presence of fibrous tissue renders a resort to the microscope indispensable. The common external characters of the ordinary fatty tumours are so well known, as to need no description; under the lens, we find the fat vessels in a normal state, that is in most cases, e.g. in the Dipoma and cholesteatoma above alluded to, these fat vessels vary in size from the \( \frac{1}{200} \) to the \( \frac{1}{500} \) of an inch in diameter, and
The compound of a cell wall, analogous in its character which thickness the free fluid fat, the skin. By many writers, and among others, Vögel and Bennett, these fat cells, or adipose, are said to represent a nucleus; this is not borne a proper term, that darkened, tribe, and dotted as so-called nuclei is composed of. The reality, nothing but clumps of manganic acid, the fumaric acid which I attribute to chemical, and often I believe to cadaveric changes.

The nuclei, formations in their character, they certainly are not. Fatty tumours always represent an inclosing fibrocellular capsule, well-laid with blood vessels; the capsule is composed of the fibro, and an...
before off the part in which the tumor is developed, and serve as a bond of union to that part. In this capsule the vessels supplying the tumor ramify, and are then carried to their ultimate distribution. Fatty tumors do not occur alone, there is always more or less proportion of fibrous tissue present, when this proportion is large, it is often difficult for us to say to which class exactly the tumor belongs; indeed we cannot say that it belongs wholly to the fatty or fibrous class, one or the other for while externally it may yet have an microscopic investigation
to be composed mostly of fat which is pressed down in layers, resting one upon another. For my own part I believe that fatty tumors, after the degeneration into those of a fibrous character, for we know that if fat resides be placed under the compress of a microscope, the wall of the vesicle will be ruptured, and the free fat escaping as oil globules, the vesicle will, which I suppose to be illusory or amorphous but firm oil will remain. If therefore we have a process excited by the tension of integuments, such partial hard formation of a fatty tumor can easily be conceived of as taking place; and more than
Thus, it seems to me that the occurrence of adipose cysts may be explained on the theory I have been several instances in which the female breast has been removed and on ocular examination, pronounced to be a dermoid tumor. And yet, neither were the apparent cysts true cysts nor were their contents lumina; the walls of the cyst under the microscope proving of a coarsely fibrous character, and destitute of any epithelial membrane; showing these cysts to be not secreting, in their character, but acting as reservoirs. Their contents varying in color from yellow to dark purple and black, were nothing but oil, and granules.
chrysalis of manganic acid and
then being dispersed throughout the
whole mass, no vestiges of a
resisting membrane (if it had in its
channel) being visible. I have such
specimens in my possession now,
Jennett mentions the
presence of fatty lamellas, and chry-
salis of cholesterine in alternating
deposits on the arch of the aorta.
I have seen the same thing, not
only in the aorta, but also in the
semilunar, and auriculo-ventricular
valves. With regard to the two
divisions of thoracic and abdominal
I believe that their difference is the
result of a more accidental
pressure. M'cles in his work
"The Facts and Laws," and the former
I read from the text: Kochenstedt defined two classes: "Anschluß in Anät" and "Path, h. y. Path" does so also. Mueller says, "The cellular tissue bears no resemblance to the adipose cellular tissue in the healthy state... The fat cells are irregular in form, as in those of the sheep, some being pentagonal, others hexagonal or in form... The fat is more solid."

"I have examined several cases of what I presumed to have been Oldestatomas, and I must confess that I have not been able to notice the peculiarities described by the above authors, or at least..."
To the same extent, certainly
none that I have been aware
to be classified in a separate
group, it seems to me (and
I say this without all deference
to high authority) to be a
complicated simplification to
do.

At next come to
consider the general class of
fibrous tumors, which I would
define to be tumors composed
of fibrous tissue (yellow or white) in
any stage of development.
Including in this general division
the fibro-neuro-ectoderm of the fibro-cellular
of Paget, and the fibro-plastic of
Robert - in the most perfect form
of fibrous tumors it mean three.
In which the fibers are fully formed
by which we have an absence
of the fusiform cells: we find
when measured that the
fibers vary greatly in size, from
the 4400's to the 4800's or 5000's
part of an inch in diameter.
The yellow fibers are rather
larger than the white—the
white fleshy tissue in some
instances is collected into bands,
but more generally it forms a
close net-work, somewhat
like the ordinary tendons
before, the vessels however being
very much smaller. Some
times these bands take a
half-circular, or even a
completely circular form.
The yellow fibres here or the contrary is collected into many bands, or else the fibres curl in every direction, very much like the bare hair of cushions. In most humans, these two fibrous tissues are it has better combined, perhaps should say, that (we always meet the white tissue occurring with the) although we have fibrous tissues occurring alone, still I have never seen the yellow fibres occurring together daily. If the white, speaking have generally I would say that these two forms of fibre, mostly occur to gather
It is very easy to distinguish them by a glance at the microscope. Now what do he mean by the film-elastic growth just described by <del>deba</del>?

As I understand his description, it would seem that he would convey the idea that the term film-elastic should be applied to those cells, unattached or free, and to those free nuclei which go to the formation of fibre - either white or yellow, so that a film-elastic growth would be a fibrous tissue in proof of advancement; the French film-elastic cell being the same as the fastigial capsule.
of the English microscope.

These cells are long oval
nucleated, columnated, cells
very slightly granular, or
at least slightly dotted.
In their appearance they
may be oval shaped, or even
angular & oval in their form.

Those tumors present most
Genually a hand resisting
feet, although sometimes they
may be so Elastic, and dough
As to lead to considerable
Errors in the opinion. When

Cut with the Knife, they
appear Pearly white, I haul
may a less Ecoing may
often be seen caused through
them - vast Quantities.
of oil and fa, are always found in connection with fibrous tumors. Very often we have a crotchy cyst, which I have described when speaking of fatty tumors, of which I give several instances. Fibrous tumors are always supple. A sheath of capsule, of another tissue attached to it to that part of the body, which it may be located. Sometimes from the very position of the growth, it may seem to acquire peculiar characters, as for example in those hypertrophies of the sheaths of nerves, which we have
A tumor of neurona develops.

The whole subject of neuromatous tumors is very much confused, no two writers agreeing — how should we define neuroma to be any growth within the sheath of a nerve, this growth occurring in two different ways, either by the hypertrophy of the inner sheath of the sheath, or else by the deposition of connective tissue between the fibers of a nerve. Subcutaneous painful tumors are nearly a fibrous growth, a hypertrophy of the skin, which produces its characteristic pain by pressure when a filament of nerve is牵拉牵拉

Neurone — 1. By hypertrophy of sheath. 2. By deposit of nerve cells between the nerve fibers. Subcutaneous painful tumors (fibrous growth) press on the filament of nerve.
We now come to consider a new class of tumors, viz., the Carcinoma. These are comparatively rare, rarer than would appear from a cursory glance at the subject. Their growths are often confounded not only with fibrous growths, but also with old epithelial formations, so that indeed I believe it to be absolutely necessary to use the microscope before coming to any positive conclusion. To this class of tumors must be the first who really, and satisfactorily, proved, and that it has given the name of Enchondroma to a name which has since been almost universally adopted by authors all over the world.
We understand by this term, simply "that the growth is formed mainly of tubes like Cartilages." Generally we find such tumors are connected with the joints, often showing they are met with in the stiff part, &c. (For a full history of this subject, see Page's lectures, p. 61. Table 83.) It is only with the miscellaneous characters that I have now to deal, and these are found to agree pretty much with those of fatal Cartilages. A variety of Cartilages cells, of every variety and the grand eye, arranged in various manners. Nothing however had an opportunity of

Examining very many of these tumors, I do not feel competent to discuss the general histology of these growths, these tumors of studying the
Which we referred to Mühler, in T. O. Can. vol. i. 149. V. Jac. Herz. De Enchyma
somata, p. 43. Politzer, Falke. And
Mand. 1 s. 261. Letier, Bennett and
Others. General tumors I shall
also dismiss in a few words, as much
as I know but little about them.
A description will be given of each
case that I have seen, and I will
therefore generalize.
Melanotic tumors I believe to be
not true melanosis. I have never seen
any, occurring exclusively to that hand.
Melanotic fatty, fibrous, and carcino-
matous tumors I certainly have
met with, but I am inclined to
think before the independent growth
cells of nearly a complication of
the original growth, I would surely
Not make an other distinction.

Next let us look at cysted tumor, divided by Bögel into True, Simple Cysted T. (Tum. Cystici), and the compound combinations of that with other forms of tumor (cystoid) — "True Simple Cysted Tumors, are those just

- having a perfectly closed membranous 
- whose contents are imperfectly, or not at all organized." Under this class we have two subdivisions.

1. Simple cyst containing serum, & aqueous contents

2. Simple cyst, clear content, &

Epithelial scales, fatty matter of all kinds, 

Cholesterol, cholesterol, maganese acid 

&. Teeth, hair, of many other abnormal 

products, are often found.

The Cystoid T. the Compound Cystic 

T. are those in which we find a cyst, ov
Cyst developed within the sac, or the wall of the former, enclosing Cyst.

Packets (p. 13) divides cystic T. 1.

Cyst into 1. Simple or primary cyst, containing fluid or unorganized matter.

2. Complex or polyporous cyst, containing variously organized matter.

Cyst may be supposed to have three modes of growth. 1. Matter of origin. 2. Fluid, accumulating in cavity, exudation of fibers. 3. By the dilatation of ducts. Cyst, serous cyst (in some cases), lactiferous cysts, and to a certain degree ovarian cysts. — 2. are those of essentially mixed growth from reformed ephemeral structure. The investigation of Thiers 2d. Class of cysts is full of interest, and I may also say of
division of cysts.

1. Simple or Hartnup cyst. (Containing fluid or unimaginable)
   2. Terrous cysts.
   3. Tumoral "
   4. Mucous "
   5. Hymenial "
   6. Fibrous " with epithelial scales & cysts.
   7. Collod. of the pus and - doubtfull as
      how malignant.
   8. Gt. formed by dilat. of duct, orifice. &c.

2. Compound or Malignant cysts.
   1. Cyst. with other cysts growing in upon their walls
      (See Hodgkins's report at the Annual C.)
   2. " Vascular growth from walls of tunical layer
   4. Cancerous cysts. (Denning cysts)

be dividing cases I shall allude
11th division
new topic division
of non-malignant tumors. Etc. He
makes no mention of epithelial growth.
proper, after a most careful search, I am not aware that either any dysplastic
or continental tumour has actually
measurably affected this subject — a statement
alone induces me to be "handbook
an allusions to & eclogues Anatomic
of 1885, & he says "that although the
forms of these local sites that usually
so entirely with Cana, that they include
them under that subject to & to
The subject of Epithelial
Tumors, having been chosen by my personal
in addition to, or one to another, he had
given much attention, I shall not
enter into any of the particulars as to
the origin, mode of growth &c. of Epithelial
Tumors.
We have now arrived at the great class of malignant tumors. Without paying attention to the deposits included in the first group I will pass at once to the consideration of Cancer or Carcinoma.

The innocent tumors. The non-malignant tumors present but comparatively few difficulties, to the investigation of the microscopist; not so however with Cancer, where all is darkness and uncertainty. Little has yet been done towards lifting the veil of obscurity, which has for ages obscured this dark and most terrible disease. Its diagnosis is still uncertain; its treatment, yet grave to all.

And the great question of the present day, which forces itself upon the mind of the reasoner, and thence, is "What is Cancer? How shall we treat it?"
...
Cancer is to be met with in almost every portion of the human frame, we find it involving blood, skin, mucous membrane, muscles, fibrous tissue, and bone, and even deposited in the medullary cavities of the bones. If then the question be put, what are the elements of a cancerous tumor? the answer must be a general one. "The cells of cancer infiltrated into the minute structure of any tissue. In examining therefore any suspected growth, it becomes necessary, for us to bear in mind constantly, the appearances presented by the heart, not only when in a state of health, but also when affected by any other disease, which may yet be foreign to cancer."
Now common is it to hear such remarks.

In the following from the life of
there who to use a common phrase
relating to the microscope so you say
This is cancer; not what is your
standard of cancer? whence is
it derived? What are your data?
Have you any, or has it been arbitrarily
assumed, that this is cancer, and
that is not? Now there are
natural questions, and should be
answered. The only true and practical
standard is that deduced from the careful and
continued investigation, and
examination of such cases, whose
malignancy is undoubted, those
cases which destroy life either
directly or by returning after repeated
Examination of how it can be found that all those who have made this subject practically, their study; will be the result of their own investigations, establish for themselves a standard of their own, and moreover of the results of all experienced modern observers, be compared together, it will be evident that although they may differ in minute, they still agree on the main important, and practical points.

What is the progress of Cancer? And fact of its origin?

The majority of facts call which we are acquainted, lead to support the belief that the Elements of a Cancerous Growth I mean these
cells, filaments, and granules) originate in a coagulated exudation, proved but as all other exudations are by super Capillaries, this is the Common belief. But Bell claims it of opinion that cancer may exist primarily in the blood, and on how forcibly arrest (and his authority can scarcely be questioned) that in this case, as he had seen cancer cells in large numbers transmit, and he is therefore convinced that it may arise locally in the blood—Cline and M. Noury discovered cancer cells in the right hind vein, these cells being similar to those found in other diseased organs, and the walls of the vein being uninjured. But this evidence may be erroneous in some respects.
And even if correct, I do not think it to be sufficient to establish the doctrine that cancer starts as a poison cell, in the blood primarily, unless confirmed by future observation. If so, then we may suppose that under some circumstances the lesion may act as a master, as well within the vessels as without. In cancerous expectation, the patients are generally of an adult or advanced age, the part first affected is generally a glandular or fatty organ, the lymphatic glands are attacked secondarily (Matthew p. 205) and the rapidity of growth is in direct proportion to the number of cells, which are very perfect. Then it
Some tendency to ulceration, When this
does take place, we have the formation
of suppised abscesses. - In intercere-
bral abscess, on the other hand, the pa-
tients are generally young, the part first
affected is most often a lymphatic
gland, afterwards the deposit takes
place in the lungs, and on seminal
surfaces - There is not much
Tendency to cell formation, the cell
are abortive; but there is a great
Determination towards decomposition,
and ulceration. Take (just as a)
The product of inflammation as
a Standard (say pus) we would
Remark that cancer is alone
And tends to below that Standard
as. Cancer is highest in the scale
Then the product of true inflammation.
And that the intercular excursion is the lowest in the scale. Now the cancer cells, and nuclei thus produced, the cells propagate themselves, by the breaking down of the cell walls, and the liberation of the nuclei, which form new cells. As a general rule the more cells in a tissue, the faster it grows, the rule applies also to cancer. Cancer is a growth, and vascular, tunicula in a deposit (one would almost think excreta) in procession, to itself. My own injections of two other stitches show this relative 83 of vascular transit distinctly. Cancer is said to be incurable, but there is only the successful expectation (tumor) upon a motor of production.
Walter. I should say, the disease followed
the injection of cancer cells into a vein.
All other experiments of a similar
nature have since failed in the hand
of all experimenters, and it is well
worthy of remark here, that naturally
now state that cancer is as common
in the dog, as in the man, so that
such experiment can not be relied
upon. Perhaps it would be
well for me here to say a word with
regard to experiment of the lady of this
city some few months ago. He cut a
piece of fluffed hemolateral skin, and
burning it into the back of a dog, it
immediately, and after the lapse of time
Near the atheresia, were found to be
complete; from this fact, many have
inferred a confirmation of the small
Announced by Langbeek, from the 6th of June of this year, I would beg to differ, the mere
fact of union having taken place, prove
nothing as to the increase, for Dr. Delejy,
did not find the characteristic
Cela in any organ, or tissue of the frog,
more union alone better. This feeling
from he had found, there too a cancer cell,
is not the story of the low an order of
the annual rhythm, to draw any
deductions, the form, respecting the
Inscriptions of the disease in man?
- I think so - If Cancer is
meanwhile, by this form, either I
myself or some of my friends, could
have most probably been suspected,
for my own heart, being cut
surface, or my hands have
been exposed to the fluid of cancer for
shown, and yet no irritation has followed.  The generally received opinion now is that Cancer is not incurable, and the simple experiment of Sangenbeck goes for naught.  "Cancer may regenerate, the cells receiving a check in their development, and becoming inactive.  In other words, a healing process takes place, the result being a fatty mass, a fibrous cicatrix, or a calcareous concretion."

This has been especially demonstrated by Professor Rockedalst of Prague in 1845.  His observations were I believe confined principally to the liver.  Hence we need not always say that "Cancer must be fatal."
Cancerous tumors may be arranged for the convenience of study into three classes: first, the hermian, or hard cancer, second, the caseous, or soft cancer, and third, the cellular or gelatinous cancer. The first two forms seem to differ from each other, only by the presence of a greater or less proportion of fibrous tissue, and also of cells. Many fibers and few cells constituting hermian; few fibers and many cells forming caseous; hermian cannot be distinguished from fibrous tumors by the unassisted eye; in reality, it is only a fibrous tumor with the element repelled, and that element is the cells of cancer; the arrangement of these cells we see in cancer.
The que Hematbee, II nearly a
Hunting, a real town Encyclopedia.
They are infiltrated between the fibers of tissue, so that the name of "infiltrating growth" as applied to cancer by Dr. Warthin, is a strictly correct and extremely precise term. The acephaloid; the cells are in great abundance, and the consequent unfortunate absence of fibrous tissue renders the white tumor much softer, approaching to tissue as its name implies, a brain-like consistency. Schirren's and acephaloid may exist together, or the former has a natural tendency to fall into acephaloid, by the more rapid development of cells; or that we often find, both of these different forms of cancer (if different they be) united in one and the same tumor. The name of Mad. Cancer is applied to these conditions.
The text is not legible due to the quality of the image. It appears to be handwritten notes, possibly containing a variety of topics or ideas. Without clearer visibility, it's challenging to transcribe accurately.
of jelly, or gum-like matter, which occurs within or cysts, or between the
fibrous tissue, in this colloid matter; acting as a species of starches,
the cancer cells are developed in
the same manner as in Schirrus or
encephaloid. But little fibrous
tissue occurs in colloid cancer.
The synonyms of Schirrus
are Carcinomatous Sarcoma, Schirrus,
Pirma cancer, Bence-Jones cancer, those of
encephaloid are medullary Sarcoma,
Sarcomatous, Centrifugum Cancer,
Soft cancer, Sarcoma Carcinomatous, and
many others too numerous to mention.
White colloid cancer is described by writers,
as gelatinous and albuminous,
or gum cancer.
I have now arrived at that very interesting, and puzzling question. Is there or is there not a cancer cell? The existence and non-existence of such a cell has been an apple of discord to all microscopists. Some have answered positively to the affirmative, and others equally as positively to the negative. To the question, Is there a true distinctive and always characteristic cell of cancer? For my own part I believe that there is a true cancer cell, but whether it is possible always to distinguish such cells under all circumstances, with certainty, seems to me to be another consideration.
Subject has however been so well treated by Leeuwen in his "Traité pratique des Maladies Cancerosees et des Affectations Cutanées, contenant avec le Canea" that I may well be excused for translating immediately. "If the question be put in the following terms, "An isolated cell being given, is it possible to determine by microscopic observation whether or not that cell belongs to cancer? we would not hesitate to answer in the negative. But the (question) we have always sought to resolve, is this an isolated cell, but a tissue cell? Given, is it possible to determine by microscopic inspection, if that tissue is cancerous, or not? To this query we would not hesitate to answer in the affirmative;

always however
making the reservation, that there are exceptional circumstances, which we will discuss hereafter. In which the morphological examination alone (may be) insufficient."

In another portion of the same work, Lee added: "We have already insisted at length on the "Physiological Path" on the specificity of the cancer cell." and again: "The type of the cancer cell is a small, regular, spherical, with the spherical nucleus eccentrically placed, occupying about the half of the interior of the cell; and containing one or more nucleoli. But this type is not often pure, the cellular envelope takes the form of a triangular, heart, and candidate shape ... It would
be useless to recount here all the
shapes assumed by the cancer cell.
it is sufficient to remark that
no other cell as we observe
this multiplicity of the cell
and to the same degree.

The nucleus, as we have
already seen, the constant element
of the cancer cell.

Now it appears to me that
this little extract from Lloyd
[published only some three or four
months since] contains [the whole of]
the essential points, relative
to this much discussed, and
much abused subject the cancer
cells. — I have
endeavored in the foregoing
pages to give a short account
...of the present state of our knowledge of living anatomy, as derived by the means of the microscope. Therefore, it is at best, dangerous to truth. I have therefore avoided it as much as possible, and have stated the views of our best and soundest observers, from their nature of the subject. I have been obliged to quote largely, but I propose doing this, in increasing the value of the, who have been without utter effort, recent thought, or observation. In the remainder of this little paper, I rely on the record of my own observations; there at least I can promise to be both original and faithful.
The present article is a summary of the results of the investigation conducted by the committee. The investigation was carried out to determine the causes and effects of the recent economic crisis. The findings of the investigation revealed that the crisis was largely caused by a combination of factors, including international trade imbalances, government policies, and natural disasters. The committee recommended several measures to address the crisis, including increased funding for social welfare programs, reduction of government spending, and implementation of trade agreements. The report also highlighted the need for more research and collaboration between countries to prevent such crises in the future.
First Clinic on Non-malignant Tumor
1st Case - Mr. Callahan, about 40.

The tumor was about as large as an egg. Removed by Dr. Miller at the Clinic of Jefferson College Oct 19th 1840

Examined - The tumor was in grayish fat, a normal fatty tumor. The fat was in grayish fat, in grayish fat, a part of the skin in the region of the forearm. Many free fat globules were floating about the skin, but there was also present to some extent. The tumor was surrounded by the usual capsule of "fibrous cellular tissue."

See plate 1, fig. 1
I am indebted to the kindness of Mr. J. C. Morris for an opportunity of examining this specimen.
Care, 1877 Oct 8: S. Gilbert, at home.

The tumor on microscopic examination showed the usual fat bodies, but many of them possessed this peculiarity, viz. the presence of crystalline nuclei of manganic acid, assuming a stratified form, varying in size, some occupying the whole interior of the cell, while some existed as more forms. These crystals were in some instances also deposited on the external surface of the cell wall. Fibrous tissue, and the oil globules were also present to a great extent, the latter resulting from the breaking of the walls of some of the vessels, and the consequent escape of the oily contents.

See plate 7 fig. 2.

had experienced for several months prior to last June, occasional pain in the right breast, about the commencement of that month, a hard lump could be felt on examination, which gradually enlarged until the early part of July, when it was removed by the paracentesis. The wound healed firmly and the patient is now entirely recovered. - The breast when removed was of a medium size, and seemed to consist of a hard fibrous tumor, developed in a thick, layer of fat, presenting to the naked internally, numerous dense, nodulated bodies, of the almost cartilaginous consistency, covering under the skin. When cut, several cysts were also seen, filled with a thick, oily, fluid, varying
In color from a dark brown to a sepia.

With these, there were of different sizes, some being only as large as a pea, and others, minute and tasteless in size. A section made complete through the tannin from without revealed the following structures: Next to the skin, a layer of fat; then a hard, flattened, fibrous, matted; then the dense, nodulated bodies above alluded to, and lastly a layer of tinitus; somewhat hard in its character, and apparently fibrous, containing the acetylene. The layers of hard, matted tissue immediately adjacent to the superficial tannin gave, proved when examined by the microscope, to be fibers; the fibers interlacing closely one with another. By the addition of acid.
Acid, the whole mass was rendered transparent, and scattered throughout might be seen numerous, elongated oval nuclei, about the 1/1000 part of an inch in length, and about the 1/200 part of an inch in breadth (see Plate I. fig 3. a). The modulated masses presented the same fibrous appearance; no nuclei could however be detected even after the addition of acetic acid. The mass in which the cyst occurred, and which was situated directly above the great pectoral muscle, proved, upon examination, to be composed of merely condensed adipose tissue, the fat vessels being flattened and arranged in laminae one upon another, giving the whole a somewhat fibrous appearance. Many of the fat vessels contained Chylo fatty, flattened nuclei.
Of manganese acid. I use the term
mucin in the sense defined elsewhere.
In some instances the chrysalis seemed
to be deposited on the external surface
of the vesicle. The chrysalis, which was
puffed with the oily fluid, was surrounded
by thin walls, and I was not able to
detect, even after the most careful
examination, any vestige of a secre-
ting lining, epithelial membrane.
The contents of the chrysalis consisted
chiefly of oil globules, but there was
also a considerable quantity of gran-
ular matter - (c) - The substance
of the mammary gland seems to have
been almost entirely abraded, very few
of the glandular cells could be detected,
and those were situated only in the
posterior portion of the breast in this
Region the gallbladder later remained in a healthy condition. The analogy has been pointed out by some of the modern German writers, between coexistence of the liver and that condition of the mammary gland, here described, in which we have great and hyper trophy of development of the fibrous sheath of the gland, this sheath covering not only the external surface of the gland, but also finding its support in the substance and connections of the membranous fascia, permeating that substance in the same manner as the capsule of the liver does that of the liver. The same causes acting upon analogous tissues with produce like results; the development of a fibrous tumor, causing atrophy and absorption of the gland. The occurrence of this
Why cysts I would explain in the principle laid down in the introduction to these lectures.

This case is reported at length in the *Medical Examiner* Oct. 1851.

Case. Plate 1, fig. 1. Shows the appearance presented by a fatty tumor, about the size of a large pea, removed from the face of a student of medicine by Dr. Mittas. May 15th, 1856. The normal fat cells of large size about the 1500\textdegreeC to 1900\textdegreeC part of an inch in diameter.

Case. Let mot. has had a congenital tumor on the back of the thumb of the left hand. The case was brought to the clinic by Dr. Hig. hans and was operated upon by Dr.
Matters at the Clinic of DJF Med. Coll.
The tumor was found to be adherent to the
peristeam of the metacarpal bone of the
thumb. Upon microscopic exam,
I found the tumor to be composed of
fibrous tissue, interspersed with numerous
masses of fat vessels, the fibrous tissue
was for the most part of the yellow
variety. (See plate 1, fig 5.)
Upon the addition of nitric acid I
thought I was able to distinguish some
fusiform embolus, going to the formation
of the fibrous tissue but if this I shall
not be certain.
Examining
externally this tumor presented a
soft, deep, elastic feel, so as
almost to convey to the examiner
the idea of a cyst. The wound
healed kindly.
Case. — H. Y. Z., Oct. 27.

Dr. Müller at Coln. His tumor was situated upon the left posterior scapular space, and was as large as an orange, and resembled a characteristic with the usual investing sheath of fibrous tissue. The latter presented only the peculiar character of a mixture of a muscular acid, both internally and externally (see Plate I., figs. 6).

Case. — Mrs. White, aged about 50. She had a tumor on breast (the left) for some time a twelve months, with shooting pain, &c. — The tumor was removed by Dr. Müller and Vancouver, May 12, 1887. The tumor.
Each of the same side being hard and enlarged, they were also removed. Upon an examination of the breast immediately, the appearance presented was so exactly similar to that of the breast removed on July 1st by Sir J. Ridgway, and reported at page 174 that I have not found it worth while to make the drawing, which is plate 1, fig 3. I have not made the plate as taken from the case. See plate 2, Feb. 3.
20th Group.  Tumoral Tumors.

Cate. A. Mr. at 60. Has had a tumor
disturbing on the plantar surface, as a hard button,
like body for many years, but it was only
a few months prior to its removal that
it occasioned any inconvenience. It then
began to enlarge rapidly, and attained
nearly the size of a walnut. The tumor was
closely adherent to the skin, which has both
difficulty to dissect off, and appeared
to be of unusual thickness, upon which
a portion of the growth under the skin.
The membrane, it was deemed to consist
of a firm tissue, a rather a band of texture.
The bands in some instances running side by
side in a many manner, and the other, in lateral
the with another. The fibers, when separated by
the site of the section, appear to protect
of the character of yellow fibers or elastic.
nitude. Here and there might be seen the faniform capsules, described by Lister and Bennett, which were composed of a simple nucleus, with two and only two extremities, the nucleus being about the 1,400 part of an inch in diameter. These faniform capsules by their superposition evidently went to the formation of those fat vessels, their fat globules here to be found in abundance throughout the white tumour. (See Plate 2, Fig. 182)

Case. Harriette Williamson, 61. (Pleur.)

Her had for several months a hard lump forming in the pendunculum of the left ear, producing some little pain. This was removed by Dr. Tomelin at the clinic of Left. Med. College A.M. 9, 1832. Microscopic exam. showed the mass to be mainly fibrous. This case has been reported.
The text on the page is handwritten and contains several paragraphs. Due to the quality of the image, the text is not legible. It appears to be a page from a book or a notebook, possibly discussing a topic in detail.
If Dr. Keller in the "Treatament" Monatsh.,
the Natu. med. Jahrb. 1835, p. 258.
This tumor of the ear, is somewhat
rare, occurring only I believe in neglect
and amenia, and near the white.

Case. A. J. Z. a. salo, at the
Main hospital, the she left all the symp
otoms of cancer of the stomach. The
organ was removed at a Post mort.
held by Dr. McClennan M.D., and to
whom I was indebted for an oppor.
tunity of examining the specimen. The stomach
was about four inches long, and
about two, and a half wide. The
thickness of the arches was about
entirely white above; the walls of
the stomach, lining last varied from
a quarter to a half an inch
for the width of the cavity (of the) was
diminished to a space very little larger than an egg, the mucous membrane was opaque and corrugated —

When I examined the walls of the stomach microscopically, I found them to be composed almost entirely of fibrous tissue, and granular mucous (see plate 3, fig. 5). The proper structure appeared to have been entirely displaced. This was a case of extreme interest —

Case: P. G. R., a man of about 45 years of age, who had a swelling on the buttocks for 15 years, left.

Dartis in its fall, removed by Dr. Cliffe at 4th Clinic 1831 Oct 15. Throat microscopically fat removed, and yellow flame time of a very beautiful cham-

Act. See plate 3, fig. 6.
(Handwritten text not legible)
Case. Joseph Crute, 26. Present
himself at Jeff. med. coll. clinic
with a condylomatous tumor, removed
by Dr. Dulin. Microscopic exam., showed
simple white fibrous structure, so simple
that I have given no place. 1870. Oct. 26.

Case. Elizabett Gunn, at 24. year. small,
and fibrous tumor removed by Dr. at L.C. clinic.
White fibrous tissue. Nov. 27. 1870. No plate.
This tumor was not congenital.

Case. Tumor of neck, removed by Dr. Rauken.
Nov. 30. 1870. Yellow fibrous tissue, similar
to that represented at Plate 17, figs. 182.
Tumor brought to me by Mr. Ch. Neff.
Case — C. S. W., a student of medicine, has had for several years a little tumor on the left side of the cheek. Dr. Mutter removed it 1881 Nov. 9. Found to be a fibro-plastic tumor. Should say it was beginning to enlarge and to be a little painful. (The tumor was 32 by 5.7 cm. M. & Mr. 2. dec.) I found in it (Plate 3 fig. 1) fibrous tumor, two small worm-eaten nuclei, joint cells about the 30th of an inch in diameter, also fat nuclei, epithelial cells, and some filaments of nerves. These small worm joint cells, almost granules, will be found to be present in most growths involving the skin.

Case — X. Y. Z. An "Excitable tumor of the face." Had existed for some months. Removed at the Jeff. Med. Coll. Clinic on Nov. 12th 1881. Dr. Mutter (also 3d by Dr. S. W. M. & Mr. 2. dec.) The microscope examination I found the following...
cell as described by Robert in publication (see plate 3, figs 3 & 3) at (a) we have the long candelabral spindle shape plastic cell, with a distinct nucleus, about the 3000th pt. of an inch in diameter. Numerous shapers of these cells are to be seen in fig. 2 - at (b) I have represented the oval, granular cell, non-nucleated described in the preceding case, at fig. 2. I have drawn the film-plan, and oval cells more highly magnified, showing however the same peculiar thickening of the film-plan, cells even show nucleoli.

Case. 1837 Nov 19. Mr. J. C. Morris presented me with a section of lumen, hanging pendulous from the female breast, removed by Dr. Fox at the Penn Hospital. The history of the case was imperfect. The lumen was not productive of much pain. On examination I found the appearance
Deposited at Plate 3, fig. 4. Epithelial, fibro-plastic cells, connective and cells, and yellow fibrous tissue. The growth was about as large as a walnut.

Case: D.J. presented herself at the clinic of Dr. McConnel, with a tumor of the breast, giving considerable pain. The tumor had existed for years. The breast tumor removed by Dr. McConnel Nov. 19th, 1877. Precisely examined I found fat vessels, fibrous tissue, consolidation in some quantity (see Plate 3, fig. 5, c) and a considerable proportion of glandular matter. These cells are seen at (1), also oily globules free. The separation did not seem to that case to have grown on to nearly such an extent as I have often seen it. This is shown by the presence of such a proportion of gland cells. The tumor healed well.
Call. Dr. T. R. C. presented himself at the
Clinic of Jeff. Med. College complaining of a large
lump immediately at the lymphatic of the
finger. The tumor had been some months in
forming. The growth was removed by Dr. J. D. Miller
Nov. 27th. Microscopically examined it perased
the afternoon, Feb. 1st. Plate 43 fig. 182,
Beautiful cyst of yellowish serous tissue (a) Time
apparently empty but rather mucoid and cells, rare, measure
but dotted, such as are here described, at 10 are
then the epithelial cells, at c. I have shown epithelial
cells, in it usually and double nuclei — at fig. 2
It is then a large epithelial space, about 1/2
part of an inch in diameter, also the thin
epithelial cells (b). These epithelial cells are
about the 1/2000 of an inch in diameter, and
are very long, comparable. It is worthy of
remark, that this patient had had a tumor
of life (not examined) from three months. (B. S. R. Amb. Dr. D. R. 
and this).
Case. 1870 Oct. 10. - I procured the specimens of Mr. J. C. Morin's a section of mamma. Unmanipulated at hospital. I of the history I know nothing. The character of the growth was fibrous plastic (see plate IV. fig. 3)
at (a) I have shown a mother cell, with 7 or 8 daughter cells in the interior. This cell was about the
400th of an inch in length. at b we have plus plastic cell
ATC shows tissue. at (c) the epithetic scale, at (d)
one of the comp. granular cells described by Almquist;
which is found in all tumors, seeming to be a derivative
of them in such a thing of other cells. at (f) see at
globule.

Case. 1870 Dec. 14. Proc. from Dr. Pancratz
through Mr. E. Neff. a tumor in the residuum of the
Ant. Tibid emasc. I got it with Dr. Neff of
this city (see plate IV. fig. 4). This plate is better from a
drawing by Dr. Neff. at (a) we see the nerve fiber
with the white cylinder of Schwann. at (b) we
are to be circumscribed pelvinae cells, probably
The cells were faint, and indistinct, but still with care they could be discerned. This is one form of neurone, by a deposit of cells at the interface of the nerve fiber. There cannot be better than to group another.

Case. Oct. 8th, 1877. A girl at 20 presented herself at clinics, with a hand, painful, painful touch on the right temporal scapula. She had had a tumor of that region for a year, but only during the last 6 months had it occasioned much pain. It was removed by J. Panceast. The microscopic examiners proved to be masses of elongated cells. The tumor was removed (See Plate IV, fig. 4, 5).

Many fine, fibers could be seen.

I have now given the two forms of true neurone tumors. The Retronervous.
painful tumor, is a believe only a firm
 tumor pressing upon the filaments of a
 nerve, I have not however had an opportu-
 nity of examining such a specimen.

Case of Cicatrix. At Plate IV fig. 586
I have shown the appearance of a cicatrix removed
by Dr. Milton from the hand on Aug. 8, 1837 at
clinic of Jeff. Med. College. At fig. 5 (a)
I shown the yellow firm tissue of which the
 cicatrix was principally composed, at (b) firm
globe, and at (c) a vague cyst with firm
wall. At fig. 8 (a) is firm tissue, (b) a capillary
vessel, with a chondral dense of trabecular
material, not (c) the nerve tissue, with the white cat-
inder of Schwann. This cicatrix was
quite a large one, and was taken
from the hand, the result of a burn.
All cicatrices present similar appearance.
Case 1. At Plate 5 is represented the appearance presented by a cancer of the cheek in Tamuel Allen, aged 25, who presented himself at the clinic of the Nightingale College. The early history I do not know, but at the time of operation (Oct. 23, 1830), the tumor was a red, purplish, mass extending backward from the angle of the mouth. The mass was measured by Dr. Rancon. When I examined it, I found the appearance presented at ST. V, p. 1, 4, &c.

(a) Tumor cancer cells of every type from 1 to 1000; part of an inch in diameter.) (b) A presentable, the ordinary epithelial or epithelial cells, and it has always pleased me that these cells resemble much larger muscles when observed between them, than otherwise. (c) We have fibrous tissue, at (d) the compound granular cells, a mass of keratin. At (m) p. 6, we have the mother cells, making young cells, some very full, others as we see among only 5 a 6. — This tumor
[Handwritten text on the page, not fully legible]
Returned subsequent to operation, and was again removed on Dec. 11, 1830, less than two months after the first operation. I again examined the mass & found it preserving the same appearance as previously which I have figured at figs. 2, 3, & 5. p. 75. The wound healed of the patient returned home, but in 6 months died — No post-mortem. 

This was a very marked case of true Cancer — 

Case. 1870 Dec. 21. Received from Mr. Camac a breast removed by Dr. Poncelet in private practice from a lady near New York. N. Y. — Upon examining it in connection with Dr. Keller, we found such cells as are represented at plate VI, fig. (b) like cancer cells, and (a) peculiar cells, half formed, without nuclei but altered. Dr. Keller considers there as free nuclei, in a stage of development. By the addition
Acetic acid, the granules disappeared, a nucleus was brought into view, which was always about to the wall of the cell, but also instead of the form nucleus, I should say inclosed. These cells a few nuclei were about the good part of an inch in diameter. Throughout the substance of the whole tumour were found small flesh cells filled with oil contents - cells of flesh tissue were also to be seen filled with granules from the 1800's to 1800's of which we refer - a good deal of fibrous structure was present (see figs 3). Another cells, compound granular cells, and also columnar (in small quantities) could be found. Refer to Plate 6 figs 1-6. For full drawings.

Case. J. M. Hendricks, Nov 26. Thought to the Oct 12 & 1830. Clinic of M. E., with a tumour on the scalp as big as an orange. Has had this tumour for some months. Removed 4 1/2.
Mistle - On examination I found cells
As I have done at Plate VII, fig. 182.
Cancer cells, Fibrous tissue and
epidermal cells. This tumor has
Once come back, it has removed by
Chloride of Zinc. It has remained 1872
returned again. The Patient is under Euston's care.

Case - At Plate VII, figs. 3 and 4
I have drawn from a case at
The hospital. The specimen was
obtained from a post mortem made
by Dr. Seller & Brown in the 18th. 

Fig. 3. Cancer cell, & Epidermal cell.
Fig. 4. Same, also shows
better. I do not know the
History of the Case. Oct. 18th 1877.
لا يمكنني قراءة النص العربي على هذه الصفحة.


Sarvina Harpton, 5th Dr. near Ferral

A. S. presented himself at clinic of JMC

with an Espula of Left side Inflamed massula. On

the 26th Nov. 1850. The tumour had been some month

soreness (I think it 8 w or 9), at first of a white appear

ance. On the 7th more firm to the tumour at

cause of a purple hue. Removed by S. Miller

with a large portion of the upper massula shown.

Upon seeing the tumour with the microscope, I

found the arrangement as shown in Plate VII

Fig. 5. One mature cells, with multiple cells. (b)

Epithelial cells, and (c) perhaps cancer cells.

I am doubtful whether this tumour is really

cancerous or not, its history is not cancerous.

It may be fibro-pasteur, I think it is, although

the fact of its having returned during the

last 3 months (June 152) would the same more

in go against such opinion. After I am

not able to pronounce without further

observation.
Case. 1870 Dec 21. Acc to Dr. Keller, the mass
of diseased tissue removed at a post mortem
of a patient of Dr. H. B. 25 years. Of the history
I have nothing - at Plate VIII fig 1
we have shown at A the appearance of a
hard (gumm) branching mass removed from
the anterior mesothorax - at (a) the
panniculus cells in pea nuclei described before.
At fig 2 we have the ordinary cancer cells
when acted upon by acetic acid in the same
manner as described at page 79 in case of
Breast. At fig 3 I have drawn the appearance
of mass in great pectoral muscle. (a)
Muscular fibres altered in character. (b) Cell
as above. (c) Fibrous tissue. Fig 4 is a
RecyclerView of a similar character taken from the
thorax of same patient, showing fibrous cysts
filled with cells of cancer, and (6) true cysts.
Cancer cells. At fig. 4 we have the same action shown by acetic acid as been before—Fig. 6 is a same
acicular cell, (C) toiniferous duct, surrounded by cell. A. same cells more highly mag-
ified.

Case. Specimen presented to me by
Philipson. Mr. P. age 46, a laborer, 8th month
decided. Children has been ill for several years, complaining of
Pain, cutting, pains, feelings of hardness, &c., and all the
Symptoms characteristic of Ulcerous disease. Having
been in the house. Was told to look at the month
last- The epithelial layer increased by coming of a tendency
character, second department of the peneumatic tube;
the stomach dyspepsia to a more decided degree.
With the latter, constant vomiting occurred, & the patient
slightly fever. During all this period discharges of blood
similar to the catamenia took place. occurred
although at irregular intervals—Present p.m. fourth.
The thoracic organs were found healthy as also were the liver, heart, and kidneys of both sides. The brain was enlarged, the fallopian tube of the left side had ulcerated off from the uterus, while in considering the deposit had taken place in that of the left side, the

flanks of the uterus were much enlarged, and its posterior portion thinned and infiltrated with a thick purulent fluid, of a dirty brown color which could not be squeezed out by making pressure with the fingers. The left uterus was then

distended, its margin ragged and ulcerated, the cavity of the uterus was also enlarged. It was filled with a thick fluid, not pure. The upper portion of the vagina was much ulcerated. Upon

squeezing out from the cut female uterus, a portion of the fluid it contained, & submitting it to the microscope, I found it to present the appearance shown at PI. Fig. IX. Fig. 1. Monera.
All the cells seen vary greatly in their shape: some being round, some oval, and others broad and flat with a smaller failed extremity; these are larger than those occurring in most cases of cancer. Except in those of rapid development, it is in an advanced stage they appear from the foot to the head almost uniformly in diameter, and are surrounded with a thin capsule. The nuclei are all in the 1/3000 part of the cell body; the nucleus varies however in proportion to the size of the cell; a number of the cells possess more than a single nucleus, appearing as a granule in the interior of the nucleus. These cells all floated as it were in a sea of granular matter. I observed, also several peculiar cells, as fig. IV. Upon examining the roundest part of the fundus uteri, cells filled with cancer cells were to be seen, occurring in the fibrous stroma of the uterus, fig. IV. These cells were about the 1/1000 part of an inch in diameter and about the same depth.
[Handwritten text not legible]
and was formed by the interlacement of the fibers of the ordinary white fibrous tissue. The cells filling these cysts and when carefully examined be found to contain nuclei, compared with the other cells, however, they were of much larger size, and only about the vesicles of such in diameter.

This case is reported at length in Med. Ham.

for Dec. 1881.

Case 1871 April 7th. Esq., a polypus of the nose, which has returned after it removed. Found fibers, and fibro-elastic cells. Also some cells, resembling cancer, but yet I could not make up my mind as to it being positively cancer. I am inclined hence to call it so. See plate IX fig. 566.
Case. 1877 Mon. 27 5 Pm. A tumour formed at
clinic of left quad. college, a tumour situated directly
after the left parietal segment of a man at about
40. Upon examination, I found the tumour
to be such as is represented at Plate X (fig
1-2) at fig 1. The firm fibrous capsule filled with the
cancer cells, there after being about 2 inches in round
shape, and of various layers, one to be seen. at fig 2
in the depression of the third layer from the tumour.
Of the history of this case I knew nothing, but it
the result of the operation.

Case 1877 May 15 received from Dr. A. G. of Phila.
the specimen of cancer of esophagus. The cancer area
of the esophagus was almost circular, thickened, the wall of
the quadrant end of the esophagus being thickened, and the
area of the esophagus itself for the mean of 3 inches above the
esophagus, was very much thickened, all the crust,
participating, white to the burn. I examined this.
The specimen must carefully (see plate X. fig. 3 & 4.) at fig. 3 we have firm, solid, and cannon, also, the edges of cellular tissue at fig. 4. Spindle cells, cannon, and fibrous tissue. [lightly magnified] The history of this case was the same as that of all those cases of gunshot cannon. The patient died though undergone.

Case 1871 August 19. I read in Darwin's p. 25 Pallas, a portion of the pancreas removed at an operation. A case in the sister of Dr. T. Dickens, who had suffered severe abdominal symptom for some months. The mass was very much decomposed owing to the heart of the disease; but yet I feel satisfied that the blood was able to make out distinctly, what had been cannon. See plate X. fig. 5 & 6. The mass was necropath. Atrophic bفت، no

fibrotic in an advanced stage of decomposition. Once in the pancreas an embolism.

For, or at least few have been reputed.
Case. 21st June 1873. Rec'd from H. Logan of this city. Specimentlem taken from an arm amputated at the Shenton Park, where the ray formerly came supposed to be the thalamus. The history of the case was I think that the patient had ice on his arm. The arm from a fall, and that gradually a hernia developed itself about the middle of the trochanter, from the sternum. Upon removing it, it was found that a large deposit of a yellow mottled with brown collection, and not only extensive to the liver, but also in the intestines. Actually, it seems to a stone shell. The deposit seen might also within the muscles, latter, between them to very similar to some examined. The deposit depicted at fig. XI. Fig. 1 shows, a large cell, about one fifth of an inch in diameter, and a distinct hollow, and not much nucleated, but not all. At fig. 2, we have the disintegrated Malignant state. It also the same cell, at fig. 3, we have 3 other cells, more nucleated, at small
This cane would consist one of the collected clare.
in reply, about the "root" of the thing? The action then found in the nature of the North and to my attention. Upon down to this point by Dr. Erskine, the report them to be the nature of the root of, developed the root, for in T. Flageau, Long, etc., a case here found in the root as, a March, I am

Frederick to accept this opinion, although I

have never detected echo in root in any other

case than this. The wound be the backed

well, but the patient Fonte will August

following the operation. Upon pull and examine

(with the pen of the very soon found elongated;

particularly there in the box abdomen it was.

The defect (although I had not an opportunity of

examine it) was of peculiar the same abnormal

as first described above. This case is

one of great interest. It seems, when

with regard to the purpose of operation,

an amount of certain element.
Almost removed by Dr. Pancost from a lab of
previous practice of the tumor I knew with.
At 19, 11, 1 p.m. I have drawn at [1] gland cells.
At [6] cancer cells of all ages. At 1 p.m. 6.
C. Olsen only.

Case. Mr. Wanderer. at 60. On Feb. 18.
Pancost examined at clinic a portion of his lip. Mr. Wander
Examined, still pronounced it true cancer. The Mar. 19.
He again presented himself at the clinic. He but one of
left side having become involved, this was removed by
J. Pancost. I found an external gland entered State XI
[1] fat. Cancer cells, etc. Compressed upon, etc. True
Cancer. it will be seen. I lost sight of the case till
Dec. 1871. I then found he had died in Nov. 1871. The tumor
Having relapsed in the mouth. The patient died under
The care of Dr. Thomas. In a full 10.5 months.
Case. Henry Clifton, at 13. Was had for a year a tween without all the skill of Head, before he saw any threatenings of affection. They did take place. I made the post-mortem on 9th May, 1850. Found that the right upper and lower maxillary sinus, the glands of the neck, the parotid, submaxillary, sublingual glands were all involved. Upon microscopic examination found such cells as I have drawn at plate XII, figs. 2, 3, 5, 14, at fig. 2 large epithelial cells from mouth of T. Elane, at fig. 3. Enlarged, at globular, etc., at fig. 4. The same magnified 450 diameters. This was a most marked case of cancer.

Case. 1871 June 21. Received from another, a section of breast removed at Peacox at hospital. Examination of the history of case I know nothing. Upon examining, I found what I have described at fig. 2, 12, 14. Fig. 6 gland cells, fig. 1 cancer cells, fig. 6. Some more below.
magnified, it (a) lymphatic - (c) glandular.

Case 1877 tetty ree from a Lancet -

Post mortem examination, removed by him in practice. I do not know the history of the case.

Upon studying the case it was ascertained to be epithelial in its character, a squamous form of breast cancer. (See Plate XIII fig. 1.) a set of cells. 161 epithelial cells. (L Chaplin's Opthalmic.)
Cal. 1810 June, rec'd from Dr. Sennach a tuma
unty, what is generally called

Case. Mr. Elliott has had a slight tumor of the left tongue for many years, within the last year it had begun to enlarge. I cut the tumor and noticed it many times, up to May 10, and it seemed as if it might be a tumor or a growth. Plate XIII we have the appearance of the tumor, the most superficial cells at fig 1, the fresh cells and a simple epithelium.

Case. 1837 Sept 17, at the base of the tumor, the tumor was as large as an egg. I cut through many a small section of the base of the tumor, it contained not more than epithelial cells and some matter. From what I saw I am disposed to believe that the tumor was a more superficiality of epithelium, and not a cancer. I believe Record he wrote such things and many others.
Case. 1871 Aug. 16th. No. 9 from St. Pancras through St. Cöbb, an epithelial sac from uterine. A simple cyst, lined with epithelium, filled up with cells of the same kind as the other.

Plate XIII, fig. 6. (Other plates of cholic.

A. Epithelium. Cells from meninx of cyst.

Versated.

Case. 1870 Nov. 6th. T. another removed at clinic, a portion of epithelial tissue of tongue present similar to that of Mr. Clutter's tongue removed on page 40.

The same drawing will serve for both tumours. See for the

Plate XIII, figs 3 & 4.
Case No. 422. at 6 o'clock presented himself at clinic of Jefferson Medical College with a large red, vesicular tumor on the left face. The tumor was means of rapid the patient (a farmer) stated that he had had a tumor of the lip removed some months since. The tumor on the lip was removed 30 years ago. In drawing the plate XIV. figs. 1, 2, 3, 4 from the block, etc. also in albumen, etc. Tumoral cells. (With fig. 5, 6, 7, represents med: the fluid of tumor). At fig 7 we have the Outline portion of the wart. Having pharynx tissue and the gum cells we have been above. I believe, indeed I am sure, that this tumor is cancerous. But by the presence some doubt seems to be indicated. As to that I must leave.
Cahelia—a negro woman of 30.
A patient of Dr. Conner, presenting himself at 3 a.m. with a tumor of the breast, which had existed for several months. pain sharp and burning. The breast was removed by Dr. Parrott. The lesion appears thick and hard. I examined the specimen sent as a study to be connected with 5. Plate XIX fig 4. A 1/16th small cells fine, scattered bit gravel, about 20% of tissue present. They are not epithelial, nor glandular, nor like the cells of ordinary carcinoma. For instance, I have that have been able to come to any conclusion. It is believed it to be a variety of hyaline cancer. This tumor is entirely ice-like, much as ice one or two previous cases of cancer on record are the mor.

The drawings are very exact.
Case 1837 Oct. 11. Mr. J.C. Morrison brought me a section of breast removed by Dr. Ewen at University of Paris clinic. The history afforded the
Plate XIV. fig. 6. shows tissue, cell,
but globally 12. 12

Case. Mrs. G. 21. Has had for some
months a small tumor a moth a large one
on the left side of face. This tumor being
a disposition to enlarge and to ulcerate, it
was removed by Dr. Mutter Oct 28. 1837.
Mostly Epidermic. See plate XV. fig. 11 in
this see dry epithelial ulcer.

Case. Mr. H. 16. presented himself at
clinic of Dr. C. with what appeared to be
an enchondromata tumor on the part he
usually under the head. This tumor was
"Acarus" Ireland. At 8 s. came to clinic of H. E. with an enormous tumor of the lip, supposed to be epithelioma. Diagnosed on 2 year, but never caused much pain till lately. The whole lower lip was involved. To figure see Plate XV, fig. 30 4. At the fig. 3 when there was un

"Acarus" Ireland. At 8 s. came to clinic of H. E. with an enormous tumor of the lip, supposed to be epithelioma. Diagnosed on 2 year, but never caused much pain till lately. The whole lower lip was involved. To figure see Plate XV, fig. 30 4. At the fig. 3 when there was un
Owen, he however did not see any cells which
and I have done at (6) fig 4. I will not
positively state that the tumor is cancer.
Although I think that it probably is.
I know I could say it certain not
Concerning

Case 892, aged 40, a woman has
had for some 6 months a tumor of jaw.
Dr. Edward E. Mitchell, Oct. 17th, 1877, at clinic J.M.C. The tumor
extended far back behind the left upper jaw, if palpated
down the throat. See Plate XV fig 3, A. tumor.
(5) Epithelial cell, c. bean size and
non-nucleated cells. This tumor is
primarily an epithelial growth

Case 1887, Nov. 8, at Clinic J.M.C. D.
Mollie removed a mole from the
forehead. Mostly Epidermides. The mole

The bell
Of a hair is so beautifully shown that I have copied it. See plate XVi fig 6.

Case. 1871 Sept. 17. A hospital Dr. observed a cancer of the 2 year Duration from the arm of a 60 year old man. On Examining I found the cancer cell, Epithelium other than the plate XVI fig 4. This case is more particular needed to be an exact account.

Case. E.V.T. at 60 year presented himself at clinic of Dr. C. complaining of Hemorrhoids. He stated that he lost large quantities of blood. His desire of having the tumor removed. This man according to Dr. Vancour at Sept. 17 1877 Dr. C.'s Clinic. The tumor was about the size of a small orange, left to the touch, crumbling down.
Wth the uterus, and very vacuolar. It had
occupied only 4 weeks in attaining its present
dimension. The mucous membrane of the uterus
at the point, at which the pedicle of the tumor
was attached, felt hard, ochreous-like to the
channel. Judging from external appearance
across the tumor was chiefly connective, and
that its portaile return was related to the clasp.
Upon squeezing out the fluid of the tumor and
examining it, I found it to contain many
cancer cells, (see plate XVI fig. 2.)
In the more solid part of the tumor, some
although not very much fibrous tissue
could be found. This case is reported in full in M.D.S. No. of Medical Essays.
Case: I have not laid my notes of this case down, and have been unable to quote from memory.

Mr. Y. L. of about 30 presented himself at the Clinic of P.M.C. with a dense, nodular, yellow, opaque tumour of the upper lid, fixed to the globe, and perceived 15 Feb., 1837 (1st attack). The mass presented the appearance I have figured at Plate XV, Fig. 1. (A portion of the optic nerve with the tumour). I cannot call it

At Fig. 2 it is composed of granular cells, eosinophilic cells, the nuclei, granular. The deposit had also taken place in the vitreous of the eye. I expect that having

Instead my note, I am not able to furnish a full account of this case.
Case. Francis Carpenter. Oct. 30. Had had a
Cyst on the Liver for 13 years. Removed by M. Thomas Nov. 6, 1870. Upon
Examination found to be a simple Epithelial
Cyst. (See plate XVI fig V F6)
Fig. 5. 6. 7. 8. Chapter of Cholecystitis. 161 Old
Cells in the Centre of Mass. C. Fresh Tasting
Cells. Fig. 6. Chapter of Cholecystitis.

Case. 1877 June 21. D. Ranceat. at clinic
Admitted from a patient about 70 years old
A Tumor of the liver, measuring 1/2 in. of
the right side. The tumor had been some
months in forming, it involved not only the
Liver, but also the surrounding tissue.
Upon examining the Specimen I found
The appearance such as a Separated
ILL. plate XVII fig V. 68 E 4. Can be all.
Epithelial cells of the same nature as we have been before
And also some haemorrhage with all the disc coinciding.
Case. At Plate XVII fig 1-4 an area
the cells found in a tumor marking the base of the lower jaw. This specimen was left unan-
atomically at my son x. I do not know the history.
At fig 1. We have a few healthy and dead-
ly mixed, also some cells floating free.
At fig 2. Cancer cells of large size, first
particles indicated. Fig 3 & 4 Opal & Cells Thal-
besider them there be. This speci-
men I am of what might be
called true other cancer to

other cancers, as cancer
invading bone. This subject of cancer
in bone has been at various
periods much roused but it
seems to me to be simple

"A simple considered, as cancer and many cases"
1870. Case. T. T. O. Mütter

Müttel removed a papillomatous ulcer at Clinic 1. Mr. had been removed, it had been excised in two
and a good deal of ulceration had taken place to the nasal cavity. The plate [xviii] fig. 182
fig. 1 shows fibrous tissue and it cells, fig. 2 shows the same case highly magnified.
I have been led to believe this tumor to have been carcinoma, but I will not
be positive.

Case. 1870 Oct. 27th. At Clinic D.

Müttel removed from Peter Tumby at 92,
an Epithelial Tumor of the lip. The
plate [xviii] fig. 3. Epithelial cell,
small oval cells, which seem to be peculiar
Epithelial growth, a some cases in cyst or
cells. Rap - I think. I can't say
The least. This tumor is suspicious.
Bar. 1841 Oct 27th. Received from Dr. Schickacode. Phosos 1. Weekly almanac. 1st fluid from an ulcer on flank, I examined it and found it cancerous. See plate XVIII fig 4. This was also signed by Mr. de Costa and S. W. Mitchell. We agree with me in pronouncing it human cancerous.

Case 1. Spring of 1852 (April I believe). S. N. Hatte removed from the great of a patient (Male). A gouty condition, which been many years in deposit. I examined the bone microscopically and my friend Mr. de Costa tested it chemically. The result of the examination, will be seen at plate XIX.

Sep 1 2 3 4
هذا النص نص مكتوب باللغة العربية.

من الجملة الأولى:

"النص الأول".

من الجملة الثانية:

"النص الثاني".

من الجملة الثالثة:

"النص الثالث".

من الجملة الرابعة:

"النص الرابع".

من الجملة الخامسة:

"النص الخامس".

من الجملة السادسة:

"النص السادس".

من الجملة السابعة:

"النص السابع".

من الجملة الثامنة:

"النص الثامن".

من الجملة التاسعة:

"النص التاسع".

من الجملة العاشرة:

"النص العاشر".

من الجملة الحادية عشرة:

"النص الحادي عشر".

من الجملة الثانية عشرة:

"النص الثاني عشر".

من الجملة الثالثة عشرة:

"النص الثالث عشر".

من الجملة الرابعة عشرة:

"النص الرابع عشر".

من الجملة الخامسة عشرة:

"النص الخامس عشر".

من الجملة السادسة عشرة:

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"النص الثانية عشرة عشرة".

من الجملة الثالثة عشرة عشرة:

"النص الثالثة عشرة عشرة".

من الجملة الرابعة عشرة عشرة:

"النص الرابعة عشرة عشرة".
Case. Thomas Andrews of 70., Narrag.

In July 1870, he received a swelling of the right testicle. In the April following, he experienced considerable pain of an aching character. This continued all summer. At the commencement of that season the swelling was soft, but in April & May it became hard. On Oct. 26, 1870, the right testicle was removed by Dr. Mütter at Clinic S.M.

The patient being of a hemmorhagic disposition, great hemmorhage followed. During the spring & summer of 1871, the deposit returned in the left testicle, which was removed Oct. 11, 1871, by Dr. Mütter at Clinic S.M. D. Clinics I examined both testes. It was removed in 1870 I injected with Ethers & Vermillion. The non vacacia of testicle was well shown, proving it a deposit. P.H. in. (1st.) The preparation is in the museum of Dr. Mütter. Al Plate XX fig. 1, 82.
I have drawn the microscopical appearance of the deposit - Fig 1 is that of the right testicle removed in 1850 - at Fig 2, the deposit in left testicle at shown. It will be observed they are precisely similar. Small cells about 1/2500" of rich in chromo-, for the most part non-nucleated, dotted with APPARIS appearing, floating among an im-
 immense number of granules.

Capt. 1852 January 7th - Made a Pot. mat. of a
regular woman at 70. Hand felt to be with sile of head,
ecting into all the vessels. Left Lane felt to be with military tunicers etc. etc. Upon exam-
ing the cells of tunicers, I found the apper-
an shown at the upper fig. 3. Cells of
 tunicers & granules. This tunicer being in
an incipient stage, many a most of the cells
were nucleated, differing in that respect
from the preceding case.
1877 Mr. 19th. Dec. 19-a patient of Dr. More-
husi, has had a tumour the size of a Shilling on the skin. Had had the tumour 6
months—removed by Dr. Mütte. I found it only
Epithel—my friend Dr. Curtis pronounced its
cancerous not probably. Dec. 15 the
Tumour returned to the old site. Removed
by Dr. M. at office. Examined it again
but—not able to make up my mind.
Plate 3. fig. 6: Epithel cells, fibrous tissue,
+ Small oval cells. The few exception
If this Case, see Mr. de Curtis Mütte.

Case. 1870 Mr. 6th. Stephen Lee 34
Presented himself at the clinic of Dr. M. 8
With a tumor of the right Breast.
The whole mass was removed by Dr.
Mütte and on examination I found it
to be unantised, present the granules, and
cells of a low area of organisation. See plate XX, fig. 4.

Case. 1857 October 15th: received from Dr. Hewson with a specimen of the tumour, one of the lungs and one of the intestines. I do not know the history of the case. See plate XX, fig. 5 & c.

Case. 1857 November 1. Received from Dr. Schick 11th. Physician at the Montreal Alms house, a portion of a carcinoma. Note here, a portion of a carcinomatous tumour, received at 1 P.M. Examine this. History of Case Rhinomaxillar at Plate XXI. fig. 1.1) The tumour is coming, the cancer cells squeezed and the deposit on Judy with the many. 1.2) Mr. at fig 1 cancer cell, 2. the hard portion of broken teeth. 5. Figure 1 cells beneath cancer.
found near the orifice. (71) - can a cell.
(72) fibrous tissue. (73) - can a cell. 7708.
The patient was a woman 542 years. Symtotm
all those of cancer. was caused from
Exhaustion. At the autopsy, all were
found healthy except genital organs.

A b. Plate XXI fig. 3. Cell from cancer
of rectum, given me by Dr. Heaton
(74) 1871 has 202. No Hpror.

In consultation with Dr. Foreal a tumor of
The breast from M. C. C. - 3.5
The breast had existed for 3 year. Cancer, with
Mack was 9.5 breast. In February, since
that period it has enlarged very much
the breast and ulcer formed. What is
(75) Metastases large as a walnut - from the 6th to
7th ribs. Pain increasing another gland involved.
On the right side of the middle line, what may be called a sudden growth had taken place since last March. Post, & c., & c., & c., & c. This specimen is now in the cabinet of the college of physicians of that city. See plate XXI.

Figs. 1, 4, 5, 6, Fig. 4/41, cancer cells from soft part of tumor. (161 fibrous tissue. Peculiar cells/unknown standard.) Cancer cells. Figs. 5/56/ cancer cells.

Cancer. 1877. 5/50. 6%. D. Pancost removed from a lady, Mrs. G, a tumour involving the mammary gland which had lasted for 6 months. Parisian lancet. The swelling glands much improved. It has been removed by D. R.
The page contains handwritten text, but the content is not legible due to the handwriting style and quality of the image.
The auxiliary strand were also removed. See plate XXI fig 1 & 2. When examined some of the fluid of the tissues was examined. I found it to present the appearance shown at plate XXI fig 1 (A) compound inelastic cell. (B) eumelanin cell. (D) the harder portion of the soft matter we have such cells as are shown at e.

At fig 2 the structure of the auxiliary gland are shown. (A) cells perhaps superficial (B) staminal cells. (C) free at glandular. (D) in the structure of the staple (yellow Elastic woven thread).

(C) the fibrous structure of the tissue Enclosing cells.
Case Mr. Rose, a patient of Dr. Morris, of this city, some years ago received a blow in the head, a few months ago, a tumor began to form. On the 15th Dec. 1837 the tumor was removed by Dr. Norris. The cells found are shown at Plate XXII fig. 3. I believe them to be cancerous, but am not positive. I do not think the tumor will return; that is to say, if any cancer do not return, I should think this was one of them.

Case 1830 Oct. 12. Mr. Porter, aged 71, a farmer, had removed from near the umbilicus, a hard, irregular, apparently malignant. Under the microscope found it to be epithelial, not cancer. This tumor had existed for many years. Cause the pressure of a calculus to the gall, see Plate XXII fig. 4.
Case. A. Edie—on 6th inst. of Med. had aneurysm from his left posterior. He had & adn. the latter an Exostosis as large as a walnut which had existed for some years.

Unquestionably the Exostosis was found to contain internally a soft mass, & Malignant. But found to be much fat as fat venous & free as a Malignant. The Exostosis being also found in

Ambothere.

Case. R. Y. I. at 7 P. Heath good. Had had for 2 years a tumor on the breast which lately has increased so as to render motion extremely painful. Removed on the 6th of December 1851. Found to be a multilocular cyst, filled with Epithelial the loculus of the cyst contained & extending up between the tendons.
the leg. In this case I refer to the
303 uses of care of Frances Carpenter
page 101. The contents were exactly similar
Chapels of Cholesterol, and Esteriacal
Cell
Fig. 1. Fatty tumor of arm. See page 50
a. fat cells.
b. fibrous tissue.
c. free oil globules.

Fig. II. Fatty tumor of neck. See page 51.
a. fat cells.
b. fat vesicles with cholesterol nuclei of manganic acid.

Fig. 3. Fibro-fatty tumor of breast. See page 52
a. fibrous tissue showing oval nuclei after the addition of acetic acid.
b. fat vesicles with cholesterol of manganic acid.
c. free oil globules.

Fig. 4. Fatty tumor from face. See page 57.

Fig. 5. Fibro-fatty tumor of thumb (congenital)
a. fibrous tissue (yellow). See page 57.
b. fat vesicle.
c. free oil globules.

Fig. 6. Fatty tumor showing Cholesterol of manganic acid both on the interior of exterior surface of cells walls.
a. free oil globules. See page 59.
Fig. 182
Fibrous tumor of Stalk. See page 61.

Fig. 1. a. Fibrous tissue.
  b. One ac. ep. Epithelial tissue.
  c. Many strands of fibrous tissue.

Fig. 2. a. Stain form corpuscles from fibrin.
  b. Fat cells.
  c. Stain from corpuscles, magnified more highly, showing nuclei.

Fig. 3
Fibro-fatty Tumor of Brain. See page 59.

a. Epithelial cells from brain.
  b. Fat vesicles.
  c. Free oil globules.

Fig. 4
Chloroid of Ear. Healthy fibrous tissue (yellow).
This tumor is always described as cancer.
It is simply a tumor of yellow fibrous tissue and occurs as in that case in the life of the Ear. See page 62.

Fig. 5
Fibrous thickening of wall of Stomach. See page 63.

Fig. 6
Fibrous tumor of Bladder. See page 64.

a. Fat vesicles.
  b. Free oil globules.
  c. Fibrous tissue.
Fig. 1
 Fibroplastic tumor from face. See page 66
 (a) Firm structure
 (b) Fibroplastic cells, non nucleated, 1/300 of such action.
 (c) Nerve filament and nuclei.
 (d) One a, Epithelium cells.
 (e) Fat, vesicled.
 (f) Old glistening free.

Fig. 2
 Tumor of face of a fibroplastic character. See page 66.
 (a) Fibroplastic cells.
 (b) Yolk cells, of a peculiar character described in kit.

Fig. 3
 Fibroplastic tumor of breast. See page 67.
 (a) Epithelial cells.
 (b) Fibroplastic cells.
 (c) Peculiar oval cells.
 (d) Fibrinous tissue (cytoplasm).

Fig. 4
 Fibrous tumor of breast. See page 68.
 (a) Fat vessels.
 (b) Connective tissue, the vessels of an inch in diameter, a grain.
 (c) Blood in the same, bigger branches in color.
 (d) Granular cells, about 1/4000 of inch in diameter.
 (e) Free oil globules.

Fig. 5
 Tumor of chin. See page 107.
 (a) Epithelial cells.
 (b) Fibrous tissue.
 (c) Small oval cells.
Fig. 1  Fibro-fibrous tumor of Chin. See page 67.

Fig. 3  Fibro-plastic of Breast. See page 70.

Fig. 4  Two cases of Mamma. See page 70.

Fig. 6  Fibrinous from hand. See page 72.
Cancer of Cheek: see page 73.

Figs. 1

486 (After 1st
Division)

(a.) Cancer cells
(b.) Epithelium of mouth.
(c.) Fibrous tissue
(d.) Complete granular cell.
(e.) See at 75 times.
(f.) Mother cells, or cancer cells.
(g.) Candicated cell.

Fig. 2

3 + 5 (After 2nd
Division)

Annotation: The same as above.
لا يمكنني قراءة النص العربي في الصورة.
Fig. 1. Tumor of Breast. (Cancer) See page 74.

Fig. 2. Cells represented at Fig. 1 are alive after the addition of Acetic acid. Cell wall is magnified still higher showing its nucleus on the cell wall.

Fig. 3. (a) Comp. promate cell.
(b) Free oil globule.
(c) Mem. globule on cell.
(d) Chromatin.

Fig. 4. Fig. 5. Breast showing cancer cell.

Fig. 5. Tumour structure (Cancer cell).
(a) Parent cell.

Fig. 6. (a) Parent cell. 1/600 photatism.
(b) Simple cancer cell.
Fig 1. Cancer cells

Fig 2. Fibrous tissue

Fig 3. Cancer of Parotid. See page 76
Fig 3. Cancer cells + Epidemic cells.

Fig 6. Action of X-rays in cells.
Fig. 1-6. Cancer from cutis mediatum, pectoral muscle, & rib. - See page 78.

a. Pectoral cells. (See Text)
b. Cutting cancer cells.

Fig. 2. Same action on by acetic acid. 430 x.

Fig. 3. Mass from pectoral muscle
a. Muscular fiber.
b. Pectoral cell.
c. Pectoral tissue.

Fig. 4. Fibrous cyst from blister.
a. Cyst.
b. Blister.

Fig. 5. Same treated with acetic acid.

Fig. 6. (A) cells surrounding (C) a small

minor duct. (A) same more

highly magnified.
لا يوجد نص قابل للقراءة في الصفحة المقدمة.
Fig. 1. Cancer cells, from tumor of human. See page 79.
Floating in a sea of granules. From this of
fusible albumin.

Fig. 2. Cancer cells, granules, fibrous tissue.

Fig. 3. The tumor (from the harder portion of the
fusible).

Fig. 4. (a) Filled with cancer cells.
(b) granule cells.
(c) comp. granule cell.

Fig. 5. Fibers. The phagocytic cells. Arrested Cancer cell.

Fig. 6. Fibers. Degenerated cells. Fibs. phagocytic cells. Phagocytes also
Cancer cells.
Fig. 1. Cancer of Pancreas. See page 83

Fig. 2

No. 3

Cancer of Spleen. See page 83

The chart of common cold

Fig. 4. Same. Same type as map 3.

Fig. 5. Cancer of Pancreas. See page 84

Cirrhosis distinctly shown, owing to the composite having taken place.
Fig. 1-4  Colloid Cancer of arm. See p. 85
Fig. 1. Cells from depot. From March to June, 1937 in 4 cases.
Fig. 2. Nucleated plasma cells. From March to
Fig. 3. Single type in needle film. From March to
nucleated
Fig. 4. Blood cells found to be non-nucleated
likely the nuclei. See text.

Fig. 5. Cancer of breast. See p. 87
1. Hand cells, non-nucleated from back.
2. Cancer cells.

Fig. 6
1. Acts of Kitchen
2. Capt. filled with coal
3. Cells
Fig. 1. Cancer of Submaxillary Gland. See page 88.

1. Canal cells.
2. Granul cells.
3. Composed glands.
4. Canal cells.
5. Gross cells.
6. Capsular cells.

Fig. 2. Osteosarcoma. See page 88.

3. Fig. 3. (a) Section of bone with large nuclei.
   1. Cancer cells.
   2. Canal cells.

Fig. 4. (a) Cancer cells.
   1. All fibrillary.
   2. Composite amniotic.
   3. Epithelial cells.

Fig. 5. Cancer of Breast. See page 88.

1. 1. Fat.
   2. Canal cells.

Fig. 6. 1. Lymphatic.
   2. Composite glands.
   4. Canal cells.
Fig 1. Epithelial linings of tongue. See page 89
(a) par. orv.
(b) epithelial cells.
(c) epithelial of choanae.

Fig 2. Epithelial lining. Epithelial lining. See page 90 (human tongue).

Fig 3. Epithelial lining. Epithelial lining of tongue.

Fig 4. Fresh.

Fig 5. Epithelial of tongue. See page 91
(a) fresh cells
(b) old.

Fig 6. Epithelial lining of alveolar. See page 92
(a) cells forming lining membrane
(b) old cells, epithelial of choanae.
Fig. 1. Cancer cells. Compare granular cells.

Fig. 2. ... 410 diameters.

The above two figs. represent cells found in the fluid squeezed from the tumor.

Fig. 3. Head portion of same tissue, showing fibers similar in appearance to the cells.

Fig. 4. Cancer of breast (?). See page 94.

Fig. 5. A. Panclonic cells divided at rest. B. Compare granular cells.

Fig. 6. Cancer of breast. See page 95.

Cancer cells, art globules, & fibrin threads.
Fig. 1: Epith. of face. (See page 95 - a note - Epidemic)

Fig. 2: Epithelium of Toe. (Apparatus enchondral)

Fig. 3: Tumor of Lp. (Cancer?) (See page 96)

Fig. 4: (a) hair
   b. muscle
   c. Epithelial base
   d. muscle cells (or bony?)

Fig. 5: (a) hair
   b. muscle
   c. fibrous tissue

Fig. 6: Hair bulb &c. (to make the page 97)
Fig. 1. Cancer of Eye & Sclera. 

- Tissue - see page 100
- Filaments of fibrous tissue
- Cancer cells
- (C) cancer cells

Fig. 2. Cancer cells, compound.

- C. etc. - 45D 0.
Fig. 5 From human Fau. See page 101.

Fig. 6 Carcin. Cancerised cells.

G. Carcin. a nod?
Malignant Syphillis? See page 103

Fig. 1 (a) Cancer cells
(b) old stroma,
(c) comp. granulae cells.
Fibros tissue + cyst.

Fig. 2
Fibros tissue cells + comp.
Granulae cells.

Fig. 3
Epithelial Tumour of life. See page 103
Showing epithelium cells, fat, &
cyst in fibrous tissue.

Fig. 4
Cancer of Stuit. See page 104.
Showing epith. cells, cancer cells, comp. granulae
Capsule, granulae, &

Figs 17

Gouty concretion from toe. See page 104

2+3

Fig. 1. Most probably a double salt of

Urate of Soda and magnesium - part is bone.

17. The bone.

Chap. 1

Fig. 2 (4 X 4). Urate of Ammonia.

Fig. 3. 1b. Chap. 1 chlorite of ammonia.

The common form: 1A. a rare form of

Chap. 1 of Chlorite of Potassium.
Fig 1. Turoticle of Testis, see page 105.

Fig 2. Cells of turoticles for most part with nucleated, 2 to granular matter.

Fig 3. Turoticle of liver, see page 105.

Fig 4. Cells of turoticles (many nucleated, with much of this deposit and two just comming) 2 to granular matter.

Fig 5. Turoticle from breast of sheep, see page 107.

Fig 6. Turoticle of liver, see page 108.
Fig. 1. Cancer of the uterus. See page
[1. cancer cells. 31 fibroplasia]
[2. cancer cells. 11 fibrous tissue] odd arrangement

Fig. 2. Epithelial cells, perhaps cancerous
[1. cancer cells]
[2. fibrous tissue]
[3. cancer cells. 450 x]

Fig. 3. Cancer of the uterus. See page.

Fig. 4. Cancer of the breast. See page
[1. cancer cells from 94 percent of tumor]
[2. fibrous tissue]
[3. peculiar cells. 75 percent of tumor]
[4. cancer cells]

Fig. 5. Cancer cells from 40 percent of tumor.
Fig 1. Cancer of Breast—see page.

(a) compound gland cell
(b) cancer cells
(c) epithelium carcinoma of tumor.

Fig. 2. Carcinoma cells (see text) from breast gland.
(f) free oil globules
(p) passion tissue (yellow of nipple)
(E) stroma carcinoma of tumor.

Fig. 4. Effusion—tumor of breast—see page.

V. Emulsified cells & passion tissue.