cussion. There was also a vague sense of fluctuation over this area but no "thrill." The flanks, especially the right, were a little more resonant. The abdominal wall was still quite thick in contrast to the general emaciation. As to her symptoms, pain was now much more marked, requiring moderate doses of morphine; it was referred chiefly to the old site and was occasionally felt with great severity in either groin. There was continual regurgitation of food and bile, from compression of the stomach. There was a trace of albumin in the urine. Urination and defæcation were difficult, and marked œdema of the sacrum and lower limbs had supervened.

Before the patient had arrived at such a pass the question of laparotomy had been mooted more than once. In view, however, of the patient's age, the anomalous physical signs, the disinclination of herself and relatives, unless some permanent and definite result could be promised, and the rather unsettled state of present medical opinion as to its value in such a case, the idea was reluctantly abandoned. A fortnight before death, permission was given to introduce a trochar to try and reach the encysted fluid, which was presumably present. This was promptly done, midway between pubes and umbilicus, and it was felt to pierce a greatly thickened, gristly peritoneum, but, in spite of various manipulations, I failed to strike the fluid and did not again have an opportunity to try. The patient lingered for two or three weeks and finally died from simple asthenia, owing to continual vomiting of food. In the last few days of her illness the left pleura was noted to contain some fluid.

Autopsy. A considerable deposit of fat in abdominal wall. Lower part of omentum adherent to abdominal wall, forming with intestine the front wall of a cavity containing a large amount of turbid serum in the lower central zone. Sparsely scattered miliary tubercles on peritoneal surfaces, in mesentery, etc. The resistant mass in epigastric and umbilical regions was composed of laminated adhesions, between thickened omentum, colon, liver, etc. The adhesions were firm and fibrous, and only a few scattered miliary tubercles were detected in the laminæ. Subdiaphragmatic adhesions were also present. Liver moderately enlarged and markedly fatty. Stomach compressed closely under diaphragm. It showed only signs of slight chronic gastritis. Pancreas, spleen