

cumscribed peritonitis, with slight involvement of the liver, and treated him accordingly. On the 10th of March I saw him with Dr. Patterson, and found him in the condition last described, as his symptoms had undergone no change. In addition to the symptoms already detailed, I noticed that he coughed hard and frequently, but the most minute examination failed to detect anything more than the crepitation of bronchial mucus such as might be produced by extraneous irritation.

According to the entry made in my day book at the time I find that I diagnosed acute hepatitis with involvement of the upper peritoneal surface of the organ, being assisted in this by the acute pain which he suffered in that region. On the 12th of March I saw him again with Dr. Patterson, but I could perceive no change except increased weakness, the chills were continuing violently two or three times in the 24 hours, and his general suffering, as shown by his extreme restlessness and jactitation was extreme. On the 20th of March I saw him again, and introduced a hypodermic syringe needle into the liver to ascertain the presence of pus; but as one of the small abscesses did not happen to be punctured, no pus was obtained. A day or two afterwards Dr. Patterson introduced the needle again and obtained a minute quantity of pus; this confirmed our diagnosis, namely, that he had pus in the liver, but in what condition it existed was not so easily decided. There was no fluctuation to indicate an abscess of any size, and our conclusion was that the pus existed between the peritoneal layers in front of the liver. How correct we were the sequel will show.

Two days after this he died, and we made a post mortem examination.

*Post-Mortem Appearances.*—Abdomen flat; slight prominence in region of liver; body greatly emaciated.

On opening the abdomen and bringing the liver into view, signs of inflammation were distinctly visible. The peritoneum covering the liver was inflamed, and covered with a thin layer of pus; the inflammation extending over the whole front and upper surface of the liver, and upon the under surface of the diaphragm for a short distance, and down the lesser omentum on to the anterior wall of the stomach; the peritoneum lining the abdominal wall over the liver was inflamed, but the inflammation was not at all general. The liver its-

self was considerably increased in volume, and through its peritoneal covering appeared numerous projecting pustules of sizes varying from that of a mustard seed to that of a pea. On removing the peritoneal covering of the liver pus oozed from each of these various little abscesses, and the organ itself was a much darker red, and more friable than in health.

On raising up the liver to remove it from the body a peculiar shaped stone broke loose and fell back upon the intestines; one of the gentlemen assisting at the autopsy picked it up and exclaimed, "What is this?" We looked at it for a moment, but did not attempt to explain just then; after raising the liver high enough to get a view of its under surface, the first thing that struck our notice was the absence of a gall bladder; the right and left hepatic ducts were there, and the ductus communis choledochus, but the cystic duct and gall bladder were not. The hepatic ducts and common bile ducts were all patent, the two former being somewhat enlarged, and containing bile mingled with pus; the cystic duct, as already stated, was obliterated so that the bile passed directly downwards from the hepatic ducts into the common bile duct; the larger branches of the hepatic ducts on being cut across, poured out the same mixed fluid of pus and bile that came from their larger portions, and such a condition of affairs seemed to continue into their smallest ramifications.

The fissure for the gall bladder was marked by a deep narrow groove, into which this stony formation exactly fitted, and which explained the nature of the latter; there was nothing abnormal in the formation of the other fissures or lobes of the liver, only that its whole under surface was studded with various sized abscesses. On cutting through the substance of the liver in every direction the cut surfaces exhibited abscesses varying in size from a currant to a cherry—the largest perhaps being an inch in diameter—filled with creamy looking fluid pus. The lungs, pancreas, and spleen, looked healthy, and the stomach had not suffered except from inflammation of a part of the peritoneal coat on its anterior aspect. The cause of this condition is to me very obscure. The state of the ducts—filled with pus and bile—and the formation of this monstrous biliary concretion would place this case in that somewhat doubtful class known as "biliary abscesses."