

[342] stools, 39 per cent. Discharged April 10, 1913, without marked change in condition.

(57.) No. 89781. J. T., age 45, male, white.

Clinical diagnosis: Primary cancer of liver. For two months weakness, loss of weight, abdominal pain. *Exploratory laparotomy*: extensive inoperable primary cancer of liver. At time of test (post operative) great weakness and emaciation. Hb., 88 per cent. June 20, 1913 injected 400 mg. Amount in urine, trace. Amount in stools, 6 to 7 per cent.

(58.) No. 87983. M. B., age 27, male, white.

Clinical diagnosis: Suspected amebic abscess of liver. Ill about two months. Septic fever up to 102° F. W. B. C., 12,000. Liver dulness from fifth interspace to 6 cm. below costal margin in right mammillary line. Edge blunt, round. Surface smooth and tender. Careful *exploration* March 19 by Dr. Hulsted "was negative, with the exception of the enlargement of the right lobe of the liver, and the finding of a few adhesions between the right lobe and the dome of the liver." The peritoneum at "the lower portion of the right lobe which presented in wound was very soft and almost fluctuant." Blood examination: Hb. 75 per cent; R. B. C., 4,000,000. March 10, 1913, injected 400 mg. Amount in urine, 0. Amount in stools, 33 per cent. Death. No autopsy.

(60.) No. 88925. F. R., age 40, male, colored.

Clinical diagnosis: Hepatitis, perlostitis, syphilis, tuberculosis (?) tuberculous peritonitis (?) and perihepatitis (?). Ascites of obscure origin, large hard spleen. No evidences of collateral circulation. Liver just felt at costal margin, indefinite, not hard. Impossible to tell extent of anatomical liver change. No clinical signs of hepatic insufficiency. Blood examination: Hb., 40 per cent; R. B. C., 2,600,000. April 27, 1913, injected 400 mg. Amount in urine, 0. Amount in stools, 30 per cent. Case not followed after leaving hospital.

(61.) No. 88861. E. P., age 19, male, colored.

Clinical diagnosis: Tuberculosis (eye test). Splenomegaly. Liver easily felt one finger's breadth below costal margin; edge smooth and firm. Spleen easily felt; edge firm and sharp. Diagnosis not clear; chronic malarial infection suspected. No parasites found. No clinical signs of hepatic insufficiency. Blood examination: Hb., 90 per cent; R. B. C., 5,000,000. May 10, 1913, injected 400 mg. Amount in urine, 0. Amount in stools, 23 per cent.

(62.) No. 89082. J. McC., age 52, male, white.

Clinical diagnosis: Tuberculous peritonitis? Hepatitis? Syphilis (w). Mitral insufficiency. Arteriosclerosis. Symptoms: For about a month weakness, shortness of breath, abdominal pain,