

how to get the patient well again, and with this view I enjoined absolute rest in the recumbent position, and warmth. This was accomplished by having the limb enveloped in a great thickness of carded sheep's wool, with the addition of hot bottles; and by this means the foot and leg gradually recovered, until at the end of fourteen days they had regained their normal appearance, and thereafter the surface temperature of the foot rose to one degree higher than that of the corresponding foot.

The patient was able gradually to resume her ordinary duties, but complained of pain in the back, which was somewhat intermittent in character, but she never felt well. In the following July she went to the country, and there she complained of an obstinate diarrhoea. Her diet, which had been unrestricted, was gradually altered, until finally reduced to milk and lime-water. On this she seemed to thrive, but the pain in her back increased, and became continuous. It had also changed its position from the left to the right side, and extended round towards the front. On her return to town in September I examined her, and found a large tumor occupying the right side, and extending from the liver, with which it seemed continuous, down the right iliac space. The outer two-thirds were dull and palpable, the inner third resonant with the overlapping colon, and where this terminated a hard elbow-like projection could be felt. The manipulation of the tumor was unattended with pain.

The motions from the bowels were soft and clay-colored, the urine dark and scanty. Rest was tranquil, and the intellectual powers unimpaired. The breathing was interrupted by occasional sighs, and savored somewhat of pyæmia. The feet and ankles presented no appearance of œdema. The existence of very serious malignant disease was manifest; and Dr. Wyllie, who concurred in this view, kindly assisted me with the further treatment of the case. This consisted chiefly of palliatives, rest, and warmth, with the promotion of gentle action of the skin and bowels. Operative procedure was inadmissible. Ten days after her return to town the kidneys refused to act, and there was no urine passed during the remaining ten days of her life. On the fifteenth day the motions suddenly changed color to an

olive-black, and became very loose, copious, and frequent for thirty hours. Thereafter the hard knuckle at the edge of the liver could no longer be felt, and for a time she seemed to rally. Behind the uterus there was a hard mass, to which it was adherent; and Dr. Wyllie suggested that a gynecologist should make an examination, in order to ascertain whether, in the event of the ureters being involved and blocked in this way, operative procedure could be entertained. Dr. Berry Hart kindly made the proposed examination, and found the broad ligament adherent on the right side, and the condition already described, but could offer no hope from an operation.

She gradually sank, and died on the morning of the twenty-second day. A *post-mortem* examination was conducted in due course by Dr. Russell, and I will leave him to describe what he found. I asked him to pay special attention to the site of the ligature, and he examined it with great care. He also examined the part where the hard, bony-like projection had been felt. It was the site of the gall-bladder.

#### PATHOLOGICAL REPORT.

Owing to the operation which had been performed, attention was first directed to the uterus and its appendages. The pedicle on the left side presented no signs of prolonged irritation, there being, in fact, a marked absence of thickening either in or around it. The right pedicle had, on the other hand, been the seat of much and prolonged irritation, the evidence of this being found in the presence of dense fibrous adhesions in its neighborhood, especially posteriorly, where the pedicle was incorporated with the parts in front of the sacrum and adjoining pelvis. On the uterine side of what looked like the seat of ligature there was a four-chambered cyst about the size of a small walnut, which contained purulent-looking material. The bladder and parts in front of the uterus appeared normal, but behind the uterus, and in the pelvis round the rectum, there was much fibroid induration and thickening, the thickening extending to and involving the walls of the rectum. This condition, extending upwards along the connective tissues in front of the spine, produced a like thickening and induration in them; and in it both ureters were