

*Anatomical diagnosis*—Primary cancer of liver; secondary cancer of stomach, periportal glands, pancreas, vena cava; chronic gastritis; chronic interstitial nephritis; hypertrophy of prostate and chronic cystitis; arterial sclerosis.

*Necropsy* (performed eight hours after death)—The body was that of a large-sized, much emaciated old man, presenting the usual signs of death; the abdomen markedly distended, the legs very oedematous.

*Abdominal cavity*—Panniculus adiposus and muscles much wasted. About 200 cc. of turbid brownish-red fluid free in the cavity. The visible intestines normal. The *omentum* presented atrophic fat. The *liver* descended in the mammary line 7 cm. below the costal margin. Apart from slight perisplenitis the *spleen* was normal.

The *suprarenals* had pale centres. The *kidneys* were firm, their capsules adherent, the surface dotted over with cysts and of a deep red colour, the cortex narrowed and presenting much evidence of interstitial new growth.

The *bladder* wall was much thickened and the organ dilated; there were numerous small diverticuli, but no signs of calculi. The *prostate* showed moderate hypertrophy of the lateral lobes. The *testicles* were small and soft.

*Liver*—Weight 4340 grms. The common duct at the duodenal orifice showed some slight swelling of the mucosa, while above it the canal was markedly dilated. The cystic duct was normal. On the upper surface of the liver there were some loose adhesions to the diaphragm. The organ itself was much enlarged, the surface reddened and dotted over with varying sized nodules of a yellowish or reddish-yellow colour, the largest being 5 cm. in diameter. For the most part they were soft, some almost semi-fluid, their surfaces regular and their outline more or less well defined. The usual cyanotic atrophy surrounded the most of them.

The organ was of firm consistence, and on incision it showed that almost the *entire parenchyma of the right lobe* was replaced by one large, firm, rounded mass of whitish colour, more reddish-yellow towards the periphery. The mass was 18 cm. in diameter, more or less regularly spherical on section, and was covered at no place by more than 2 cm. of liver tissue. Incision at various levels showed that the mass was almost everywhere of equal consistence, that it radiated from a central point where a small cyst existed and around which the tissue was dense. The periphery, on the other hand, was softer and presented a few hæmorrhages and some bile pigment. The surrounding liver cells were pressed into concentric layers, and even here presented secondary nodules of infiltration. In the left lobe were a number of smaller nodules similar in character to those described previously.

The *gall-bladder* was flattened, pushed to one side and contained a small quantity of dark green viscid bile. The cystic duct was free and there were no evidences here of neoplasm.

The periportal glands were much enlarged, softened and irregular in outline, their centres broken down.

The *vena cava* as it passed through the liver showed on its inner surface three small areas where the neoplasm, extending through the vessel coats, protruded into the lumen, thus giving rise to parietal thrombi. The Portal vein was free.

The *mesenteric glands* and thoracic duct were free from disease.

The *pancreas* small, soft, without evidences of cancerous infiltration; in the immediate vicinity of the tail was an enlarged cancerous gland in size equal to a walnut.

The *stomach* was distended with gas and contained about 50 cc. of greenish semi-fluid material in which various tests showed the absence of free hydrochloric acid.

The mucosa was thickened and reddened in patches. Along the lesser curvature and situated on the posterior wall 4 cm. from the cardiac opening was a round, elevated, well circumscribed nodule 3 cm. in diameter.

The mass was only moderately firm and on section showed but little density of structure. The serosa was only involved from within, the external surface present-