organ. The main interest centred in the liver.

Liver.—The liver was enlarged; deeply congested, and the diaphragm was adherent to its upper surface. On removing the adherent diaphragm several small cavities were opened containing a deeply bile-stained thick fluid. These cavities were not present in all parts of the organ, but some were seen on the under surface. Microscopical examination showed these cavities to be mainly dilated bile ducts. Two varieties of cavities were to be seen, one apparently an advanced stage of the other. In the first stage the wall of the bile duct was greatly thickened and infiltrated with polymorphonuclear leucocytes. which had caused the separation of the epithelium, which appeared detached in the centre of the duct. In the second stage the epithelium had disappeared and a cavity was left, the walls of which were composed of polymorphonuclear leucocytes and large fattily degenerated cells. The appearances were therefore those of infective choleangiectasis.

The lobular structure of the liver was not lost, but there was some increase of connective tissue in Glisson's capsule.

Gall Bladder.—The gall bladder was not apparently dilated, and did not project beyond the liver margin. The walls were somewhat thickened, but not markedly so, and the lining membrane showed a small oval erosion about one-third of an inch across. There were no gall stones. The cystic duct was perhaps slightly dilated, but contained no gall stones. The common bile duct was greatly dilated from its origin down to its entrance into the duodenum, being at least one inch in diameter.

The hepatic ducts were also greatly dilated.

The hepatic artery and portal vein were normal.

Duodenum.—On opening the duodenum the biliary papilla were seen to project three-quarters of an inch into the duodenum and it was seen to be occupied by a whitish hard mass, which extended along the duct as far as the outer wall of the duodenum. This mass was a new growth, which on microscopical examination showed the appearances of a columnar epithelioma.

At the apex of the growth the opening of the dilated duct could be recognized by its edge being stained green. The ob-