jaundice beginning to appear. Upon examining the abdomen, a large tumor was felt chiefly in right lumbar and hypogastric regions, which, by palpation, was recognized as enlargement of the liver and gall bladder. The stools were scanty and clay-colored; urine of very dark hue and loaded with bile pigment and biliary acids (Pettenkoff's test); the patient refused food on account of nausea and pain at the pit of the stomach.

Nov. 10.—The above symptoms, &c., were aggravated, and, in addition, there was exquisite tenderness over a small tumor lying a little to the right of the umbilicus. There was a good deal of fever; harsh dry skin. From these symptoms it was evidently a case of jaundice from obstruction of the gall duct, in all probability due to malignant tumor. The hot fomentations were continued, and aconite substituted for the nux vomica. This condition of affairs continued, with slight variations, up to the 22nd of November, when Dr. Sutherland saw the case in consultation with me. The history of the present state of the patient having been discussed, the only point undetermined was, whether the gall duct was occluded by the result of inflammatory action or malignant tumor. Although there were no indications of inflammation it was deemed wise to adopt a line of treatment suitable for this form of occlusion of the duct; he was placed upon alkalies and teraxicum. He was ordered nourishing diet, and the external application of an iod. of mercury ointment. This treatment was continued for several days without the slightest benefit; in fact, the skin became more deeply colored, and the urine more scanty, and high colored also. The pains at the pit of the stomach were more severe, and he refused to take more medicine. I may remark that, for some days past, there has been a great drowsiness, the patient sleeping the greater part of the time.

26th.—Patient very weak and rapidly losing flesh; urine still scanty; considerable fever, stools clay-colored as usual, and abdominal dullness of the tumor increased, also greater pain at the pit of the stomach. I prevailed upon the patient to take digitalis, and continue the abdominal application.

29th.—Patient easier; dulness of abdominal tumor and tenderness less marked; stools more natural color; urine more free and lighter color; skin not so dark.

Dec. 2nd.—Feels better to-day; not much pain; pulse full and less rapid; is able to take a larger quantity of food, but complains of utter prostration of his strength, and cannot move himself in his bed. He passed the day comfortably, but suddenly died at 6 p.m.

On the following day—twenty hours after death—assisted by my friend, Dr. Kennedy, I made a "post mortem" examination. As the abdominal tumor was the point of interest, we removed the liver, the head of the pancreas, and a few inches of the duodenum. The liver was much enlarged and weighed about twelve pounds; its substance was friable, granular, and darker than normal; the gall bladder, the gall duct, the hepatic duct, and the ductus communis choledochus, were greatly distended. The gall bladder contained about sixteen ounces of pale straw-colored fluid, and its walls were thin and semi-diaphanous. The hepatic duct was distended with the same fluid to the diameter of one inch, and the gall duct to about three-fourths of an inch. The common duct was but slightly dilated at its commencement, and not at all at its termination. Under the common duct, and in the head of the pancreas and adjacent tissue, there was a hard tumor, about the size of an egg, which pressed upon the walls of the duct and prevented the escape of the bile. The duct itself was pervious, as you see by the specimen now passed round for inspection. The malignant nature of the growth was demonstrated by placing a section under the microscope. There are one or two features in this case which are worthy of notice. 1st. The previous good health of the patient, who was, in fact, in better flesh when taken ill than he had been for years. 2nd. The absence of such severe pains as would naturally be expected in malignant growths. 3rd. The escape of the contents (in part) of the common duct, two days before his death. This fact was recognized by the diminution of the central part of the tumor of the abdomen, and a return of the natural color of the fæces. This anomaly was, in all probability, due to the absorption of the adipose tissue between the duct and tumor, and also in the neighboring structures, by means of which the pressure was so far removed as to allow of the escape of some of the contents of the gall bladder.

Montreal, Victoria Square,
December, 1872.

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*Case occurring in Practice. Charbon.* By Wolfred Nelson, C.M., M.D., Bishop's Coll.

Joseph C——, employed by the Montreal Warehousing Company, called to consult me, on Friday, October 18th, stating that he had a very sore arm,