

*Portal vein* normal; no thrombosis.

*Kidneys*: Small, contracted, capsule strips off with great difficulty, leaving a slightly roughened, puckered surface. On section the fibrous tissue is much increased.

*Pancreas*: Normal; no hemorrhages.

*Spleen*: Not enlarged; capsule is soft, pale, and smooth. On section cortex and medulla are paler than normal.

*Suprarenals*: Normal.

*Bladder*: Contracted and muscle-wall thickened; mucous membrane normal.

*Prostate*: Enlarged and fibrous.

*Brain*: Meninges normal. The Sylvian artery on the left side just at its branching is occupied by a rather firm thrombus, whitish or grayish-white in color, slightly adherent to the walls of the vessel. On section the brain is normal. No areas of softening to be made out in any portions.

*Microscopical Examination of the Liver.* Microscopical examination of various portions of the liver reveals almost pure fibrous tissue infiltrated with small round cells and small spindle cells, only a few liver cells being left intact. In some areas there is a well-marked fatty degeneration of the liver cells, with considerable injection of the capillaries where the liver lobules can be made out; the cirrhosis is seen to be *interlobular* in character, while in much of the organ the lobules have been quite destroyed by the new tissue, thus representing a condition of *intra-lobular* cirrhosis as well.

Microscopical examination of the tumor in the right lobe of the liver shows the central part to be composed of necrosed, broken-down, sarcomatous bodies, and the periphery to consist of dense fibrous tissue infiltrated with small round and spindle cells. The central part stains badly, but shows chiefly sarcomatous cells—both spindle cells and round cells.

Nodules in the peritoneum are found to be composed of similar spindle cells, with many bloodvessels scattered through the matrix of fibrous tissue.

*Anatomical Diagnosis.* Hypostatic congestion of lungs; congestion of larynx and trachea; sclerosis of mitral valves; cirrhosis and sarcoma of liver, with secondary nodules in mesentery, omentum, and peritoneum; hypertrophy of prostate and of muscle-wall of the bladder; thrombosis of Sylvian artery, left side.

The presence of cirrhosis of the liver in this case is explained by the intemperate habits of the patient, who had evidently been a chronic alcoholic. The liver corresponds in type to the ordinary *atrophic cirrhosis* of Lænnec or the alcoholic cirrhosis, and the clinical history of the patient and the development of ascites are both explained by the condition of this organ.

The presence of the huge mass of sarcomatous tissue in the right lobe of the liver is somewhat more difficult to explain. It is a definite sarcoma of a combination of round and spindle cells. Sarcoma of the liver occurs in two varieties, primary and secondary. The primary sarcomas are exceedingly rare, and it has often been doubted by pathologists whether they ever do occur. Genuine cases are recorded, however,