

and firmness. The abdomen is greatly distended; the surface is covered with scratch marks, showing a slight dilatation of the superficial veins. There is dullness in both flanks, which changes to resonance with the shifting of the patient's body. The liver dullness extends from the fifth rib to the costal border, measuring three inches in nipple line; neither liver nor spleen is palpable.

The heart sounds are distant and feeble, apex impulse not palpable; pulse small and feeble, 120 to the minute. There is slight cyanosis of finger nails.

Complete left hemiplegia, the face being slightly drawn to the right side, the left labio-nasal fold shallower than the right. The left hand and arm and the left leg are quite powerless, the arm is held flexed across the chest; there is no rigidity of either extremity. The patellar reflexes are increased, the plantar present on the right side, absent on the left.

The day after admission the patient's condition became much worse. He developed great restlessness, and a dull, drowsy stupor; articulation was greatly impaired, and the pulse much diminished in strength and frequency; temperature between 97° and 98°. The patient died about midnight of the second day.

*Diagnosis during Life.* Cirrhosis of the liver and abdominal ascites, left-sided hemiplegia, and right-sided thrombosis of the cerebral vessels.

The autopsy was performed the day following the death of the patient.

*Autopsy Notes.* Body of a large, well-developed man of medium height; no jaundice; lips and mucous membranes pale; mouth and pharynx filled with clear watery fluid; marked lividity of dependent parts of the body, and complete rigor mortis in arms and legs; no petechia of skin; external genitalia normal.

*Thorax:* A few pleural adhesions at apex of right lung. Hypostatic congestion of both bases with slight acute inflammation of the walls of the larger bronchi. No areas of pneumonia or tuberculous consolidation. Pleural cavities free from fluid.

*Larynx:* Congested and slightly oedematous.

*Thyroid:* Normal.

*Heart:* Not enlarged; no pericardial adhesions; a thick layer of pericardial fat. Mitral valves thickened; aortic valves normal. Aorta not calcified. Heart muscle brownish.

*Abdomen* contains 4000 c.c., pale-yellow ascitic fluid, not blood-stained. Mesentery and omentum filled with small nodules the size of a pea, white or reddish; similar nodules scattered over peritoneal surface of abdominal muscles and of the diaphragm. The omentum was so filled with these nodules as to form a hard, stiff, ridge-like swelling, palpable just below the costal margin. Stomach and intestines normal; rectum normal.

*Liver:* The edge does not reach the costal margin. It is considerably shrunken in size, the surface hard, very rough, and granular. About the middle of the liver is a band of more nearly normal hepatic parenchyma which projects some distance from the otherwise hard and cirrhotic organ. On section the liver cuts with great difficulty, the fibrous tissue being greatly increased. The fibrosis is irregular in distribution, practically no normal hepatic tissue being left. The cut surface is a pale gray in color. In the right lobe of the liver is a large tumor mass about 5x8 cm. in dimensions. About a soft, white friable centre is a dense, hard peripheral zone, grayish-white in color.