

site of the gall bladder and in the median line below the umbilicus respectively.

The lungs were healthy looking, except the right lower lobe, which showed evidence of terminal pneumonia and also a cluster of small abscesses along the anterior margin of this lung containing streptococci. The heart was small but showed nothing special. In the abdomen the small intestine was adherent to the recent median wound, and was covered with flakes of slimy lymph which yielded streptococci. There were about 350 c.c. of bile stained fluid in the abdominal cavity. In the duodenum, the site of the bile papilla was the seat of a shaggy necrotic ulcer measuring 3 x 2 c.m., into which the bile duct opened apparently without difficulty. The pancreatic duct opened 4 c.m. below the ulcer and admitted a probe readily. The common bile duct was tortuous, but a probe could be forced through it from above. The edges of the ulcer were somewhat undermined, leaving a continuous tag of mucosa overlapping it. The mucosa seemed uninfiltrated by any growth and was soft right to the edge of the ulcer. The liver was rather small, of a dark green colour with a deeper pigmentation in the centre of the lobules, giving the organ a dark green nutmeg appearance. The organ was firm with a smooth surface. Edges of the right lobe were sharp showing evidence of atrophy. The gall bladder was partially distended with dark fluid bile while the common bile duct was dilated and tortuous, and was constricted by several infiltrated glands along its course. The duct was patent as it passed through the duodenal ulcer, which appeared to be of the nature of a broken down primary cancer of the papilla. The common bile duct showed no involvement in the new growth, except at the lower end. The pancreas was relatively larger than normal, firm and fibroid, but at no point did it show the presence of secondary growth. The mesenteric glands in this neighbourhood and at the root of the mesentery were cedematous, but only a few along the bile duct had the appearance of being involved in secondaries. With the exception of having canalized thrombi in the iliac veins, and a left-sided inferior vena cava to the height of the left supra renal vein, the other organs were normal.

*Anatomical diagnosis.*—Cancer of the bile papilla with ulceration; secondary growths in the periportal lymph glands; obstruction and dilatation of common bile duct; icterus; aberrant orifice of main pancreatic duct; subacute purulent peritonitis; abscesses of lower lobe of right lung; aberrant situation of inferior vena cava; old canalized thrombosis of the iliac and pelvic veins; chronic interstitial nephritis with recent parenchymatous nephritis.