to two inches below the costal margin, the edge was sharp, while the anterior surface presented a nodular mass the size of the fist, movable with the liver.

This lump in the right side, noted now to be in connection with the liver, was first observed five months ago.

Without dwelling fully upon the condition of the other organs, it may be added that there was much ascites. The patient was tapped twice, and each time a blood-stained ascitic fluid was removed containing both red and white corpuscles and urea; it was highly albuminous.

With this history a diagnosis was made of cancer of the liver. The autopsy fully confirmed this diagnosis.

In connection with the liver within the substance of the right lobe was the large pale-colored mass seen in the specimen handed round. Upon the surface were several semi-transparent nodules of new growth in the capsule, but upon section the only recognizable focus of new growth within the organ was the one large, well-defined mass. This mass was 10.5 cm. broad and 14 cm. long, sharply separated off from the surrounding liver tissue; it was placed anteriorly at the left extremity of the right lobe and to the left of the gall bladder. This last was greatly thickened and pressed to the right by the growth. Upon opening, it was found to be full of thick, brownish-grey pultaceous mass of mixed pus and bile, with such intense staining power that even now upon November 2nd the nail of my left index finger is stained from exploring the gall bladder of this case upon September 4th. In this mass lay several soft small facetted gall stones, which easily crumbled and broke down when handled. Two larger and firmer stones lay at the opening of the cystic duct, and appeared to completely block it.

The great omentum was greatly thickened and of a deep blood-stained tint, very nodular and brittle. The small intestines presented numerous semi-transparent nodular growths upon their serous surfaces. There were further numerous small nodules scattered through the mesentery, and imbedded in the fat. There was no sign of new growth anywhere within the intestinal tract.

Beyond œdema of the lungs and interstitial nephritis, there was little calling for additional remark.

Upon microscopic examination the new growths here described were typically carcinomatous, of the medullary type. The great size of the mass in the liver, as compared with the minute nature of the nodules elsewhere, appeared to indicate that in the liver was the primary growth, and microscopic examination proved the correctness of this suggestion. More especially towards the growing free surface the mass could be seen to be composed of characteristic liver cells, large, tending to be cubical and pigmented, possessing a tendency to be arranged in an alveolar manner. Elsewhere, deeper down in the tissue, the cells became smaller and the collections were separated off from each other by well formed fibrous stroma. In parts there was a tendency for the cells to be arranged around a central lumen.

The sections, in fact, possessed all the characteristics of an adenoma, or new growths of the liver tissue which had taken on malignant characters. This malignancy was further demonstrated by the abundant new growths in the abdominal cavity.

Primary carcinoma in the liver may be of three types:

1. Generalized carcinoma, the cirrhosis carcinomatose, of Peres.
2. Localized carcinoma orginating from the liver cells proper.
3. Localized carcinoma originating from the smaller bile ducts.

A fourth form, not truly hepatic, invades the liver after primary origin in the larger bile ducts.

Here in this case we are dealing with the second form, that is to say, with a true liver cell cancer, which is of sufficient rarity to be placed on record.

Finally, it is interesting to observe the relationship that in this case appears to exist between the inflammatory disturbance of the gall bladder, which dated back a year, and the cancer which has arisen in close juxtaposition to the inflamed bladder. The suggestion is that some relation exists between the two. It is noticeable that the gall bladder itself exhibits no cancerous growth; it is only chronically inflamed, but immediately outside it, in the region that is of congestion, and over-nutrition of the tissue has originated this new growth.

Primary Carcinoma of the Kidney.—Dr. MARTIN then exhibited a specimen which had been removed from a private case of Dr. McCarthy's, who, with Dr. Finley, in consultation, had diagnosed primary carcinoma of the kidney. The autopsy confirmed this diagnosis. The kidney shown appeared enlarged, the capsule, Dr. Martin declared, was in some parts stripped off with difficulty, and on section a large cancerous tumor was seen infiltrating the medullary portion, filling the pelvis, and extending to the suprarenals. Thrombi were found in the renal vein, although the vena cava was free.

Dr. A. LAPTHORN SMITH presented the following specimens, and related the histories of the cases:

Case 1.—Multilocular Cyst of the Right Ovary.—The tumor measured 24 inches in circumference. The patient, Mrs. L., nullipara, married two years, never pregnant. Abdom-