

The omental tissue was threaded and beady, small peritoneal investments passing in different directions, hemmed by connective tissue frames in some situations, and lying free in others. Further traction brought ulcerated omentum, honey-combed, and attached to the spleen and pancreas, all being bound in one resisting, nodular mass. The transverse colon, in its middle and left two-thirds, was drawn transversely above the adherent organs. Its coats were normal and it was free from distension. The relation of the colon to the "tumour" heretofore described accounts for the low-pitched tympanitic percussion-note detailed in the later stages of the patient's illness. As tuberculous infiltration of the omentum progressed, contracting tissue caused ascent of the colon. Only that part of the omentum majus passing from the stomach to the colon was examined. The spleen and pancreas were normal in size and consistence. The stomach was felt high up in the interval between the fifth and sixth ribs, firmly bound to the omentum along the lesser curvature. Its length is $6\frac{3}{8}$ in., and depth 3 in. The serous coat is firm, thickened, and darkly congested, and lies closely adherent to the entire external surface of the stomach. A nodule the size of a filbert is situated in that portion of the lesser curvature half-way between the œsophageal and pyloric orifices; its outer surface is smooth and of a dark-blue colour—probably epithelial in character—and its internal structure is fibrous. The fundus is soft and easily folded upon itself; its outer surface is traversed by large veins which abruptly terminate at the middle third of the stomach. From the termination of the fundus to the gastroduodenal junction great thickening and increased firmness exist. The stomachal capacity is four ounces. Upon loosening a ligature thrown about the œsophagus a small quantity of muco-bilius matter, dark-red in colour, escaped. The stomach-walls in section reveal normal thickness of the fundus, from the margin of which increasing thickness and resistance are encountered till near the pylorus, where the anterior wall is five-eighths of an inch in breadth. Microscopically, no distinction can be made between muscular and mucous elements, for all are blended in one dense mass of fibrous tissue. This tissue is not so dense,