

the costal margin in the mammary line. On palpation of the epigastrium, 2 in. below the ensiform cartilage, a lump could be felt. This lump was smooth, not painful to pressure and moved up and down with respiration, being evidently in the left lobe of the liver; no umbilication could be made out. The lymphatic glands above the left clavicle were enlarged, but they were painless and distinct from each other. On December 4th, Dr. Bingham removed one of these glands and microscopic examination showed tuberculous caseation. The condition was therefore, considered to be tuberculosis of the liver, with secondary glandular involvement, though the primary seat of the disease or the point of entry of the organisms could not be determined. The patient continued to grow worse and died February 24th, 1900.

The autopsy was performed by Dr. Dwyer. The liver contained many masses scattered throughout its substance, varying in size from a walnut to a hen's egg. The primary source of the trouble could not be determined, the liver showing much the most advanced process, unless an old fibrous pleurisy, which was found in both sides, be excepted.

Subsequent examination of the liver showed the condition to be a tuberculous cholangitis. Many of the caseous masses were practically free in smooth-walled cavities, which were considered to be the dilated ducts, and surrounded by a thin mucopurulent-looking fluid. The fluid contained myriads of tubercle bacilli. This case is interesting, owing to its rarity and from the fact that the diagnosis was arrived at by removal of one of the enlarged glands. The condition of the thoracic duct, however, was not noted at the autopsy.

CASE 2.—J. M., aged 49, teamster, entered St. Michael's Hospital under my care August 22nd, 1905. Family history unimportant. He had never suffered from any serious illness. Had used tobacco and alcohol in moderation.

Patient had been running down in health for the past four years, but had been able to work until a month before entering the hospital. For some time past he complained of feeling weak across the stomach, and the taking of food was followed by severe pain. No vomiting ever occurred. Bowels were constipated. He had often noticed of late that the stools were tarry in color. About five weeks before entering the hospital he noticed enlargement of the glands above the left clavicle. These were quite tender on pressure. He was sure that they were smaller when he entered the hospital than they had been sometime previously.