

—have progressed rapidly. A small quantity of bile and pus has been spat up since the 20th inst. The pulse is small in volume, and the voice weak and husky. While the distress incident to systemic weakness is marked, ease of stomachal sensations has been procured by the morning use of irrigation—a procedure most difficult because of obstruction to the passage of the tube. The physical signs in the epigastric region are these : an ovoid tumour, nodular and hard, exists, its highest level being between the cartilages of the ninth ribs ; its lowest left border just skirting a line a little to the left of, and parallel with, the navel, and its lowest right border passing to the right and somewhat below it. The percussion-note over the region occupied by the swollen mass is tympanitic, but low in pitch. I cannot understand why this should be, unless it indicate a stomach contracted in one situation and dilated in another. Yet the note does not possess the high pitch characteristic of gastric resonance, nor does it ascend : it is situated in an area limited by the navel below, and passing upward an inch and a half.

*July 1st.*—The general conditions pertaining to the patient are as before. The tumefied mass in the epigastric region has enlarged, and occupies fields advanced to the right and left of the navel. The abdomen below the epigastrium is retracted, and the note upon forcible percussion is dull. Palpation reveals no condition that should render a note dull over the entire belly.

*July 6th.*—The patient died at midnight.

*Post-mortem Examination of the Stomach and Omentum Majus.*—It must be explained at the outset that a post-mortem examination in the country is usually curtailed by the expressed desire of relatives that there shall be little mutilation of the body, a wish usually respected when witnesses sensitive to each stroke of the knife observe proceedings. This will account for the meagreness of my report.

An incision was made through the tissues from the xiphoid appendix to the umbilicus. The hand, introduced within the abdominal cavity, encountered a shreddy, granular, and closely adhering omentum. This was elevated, when numberless yellowish-red tubercles were seen in various degrees of irregularity.