

bulging of the liver if they gave any sign ; and it was not present. Then some syphilitic disease of the liver—was it that ? Syphilis leads to the formation of large hard masses in the liver, which produce much matting of the surrounding parts, and therefore occasionally give rise to a good deal of pain ; so that it might have been something of that kind, even though there were no other traces or history of anything of the kind. And, lastly, was it any malignant growth in the liver ? Well, that is so exceedingly uncommon as a primary disease in anybody ; and in a young adult of twenty-seven still more so, that any opinion of that sort was mentioned only to be dismissed. So, then, of all the possible affections in the liver, we have only one left, viz., some gummatous inflammation. But I did not think it was a mass connected with the liver at all ; first, because the tumour itself was distinctly resonant ; and, secondly, because there was still more marked resonance between the lump and the ribs, above the margins of which came the normal hepatic dulness in due course. You occasionally find a large liver coming some way below the ribs, overlapped by or covered by some intestine ; so, that, though really enlarged, the abdominal portion is hidden ; but I never saw a liver covered above by intestine and protruding below ; and, if you think a minute, such a condition is hardly possible considering the relation of the intestine to its mesentery. Such a condition is just possible with regard to the gall-bladder ; that the coils of intestine might enfold that viscus, and become adherent round it, giving resonance above it, and some transmitted resonance over it ; and the gall-bladder is rather liable to set up inflammation round it, and fever. It becomes over-distended, and inflamed because over-distended. But I did not much think this was gall-bladder, because distension of the gall-bladder in young people is usually associated with some jaundice, and this was not ; for though Mr. Malpas tells you the man was jaundiced, I think it would have been more correct to leave the earlier report, that the complexion was *sallow*, without the addition. He was *sallow* no more. Then, too, the fundus of a distended gall-bladder is not often adher-

ent to the surface to such an extent as to produce a lump so defined as this was. It is a pyriform elastic swelling, to be felt only with care. Then, too, both liver and gall-bladder descend freely during inspiration ; this tumour did not ; though of course that symptom is liable to be modified by adhesion, should this have occurred.

Then we may take kidney and suprarenal capsule ; and I may at once lay down this rule, that, unless very large or abnormally mobile, enlargements of these viscera do not produce any well-defined tumour so superficial as this was. A man may have twenty or thirty ounces of kidney in each loin, instead of four or five ; and, unless there be any special renal symptoms, the tumours will very probably not be detected. This is because they are behind all the coils of intestine, and push these forward, so that the swelling is masked in this way. Renal tumours are indicated by a general fulness of the abdomen, or ill-defined resistance in either loin ; and then, on careful manipulation, you will get fluctuation and so on. Now go and verify this for yourselves in the case of 19 in Philip ward. There is a man who has had symptoms of renal calculus on the right side. Go and examine his abdomen ; and you will have learnt a lesson you will not forget. The same thing applies to the suprarenal capsule, though less generally, because growths in it of any size are apt to push forwards towards the median line, and may appear as definite tumours well defined, by pushing up the pancreas in front of them. As an outside chance, I put down tumour of the suprarenal capsule.

We have now left the pyloric region of the stomach and colon, omentum, and mesentery. The pancreas may be left out of the question, because I might say the same of it as Sir William Gull used to say here of the jejunum, "that it has no pathology." That is a fact, though, worth your thought. Sir W. Gull used, I say, to take the ileum, jejunum, and duodenum, and enumerate the disease of the first and the last, and find nothing to score against the jejunum. That is so ; the jejunum is but rarely diseased primarily ; and what is true of the jejunum is true of the pancreas, so far as we