

pain, and her health began to fail, general appearance becoming cachectic, and finally jaundiced. The area of liver dullness was normal; the tumor appeared to increase in size till it reached the under surface of the liver, was seven inches in length and breadth, with a ridge across it at the level of the umbilicus; the uterine sound entered in a retroverted direction to the normal depth. Movement of the tumor did not move the uterus. On one occasion in palpating the tumor, a soft crackling feeling was detected which Dr. Bell thought at the time might be gall-stones. On the 3rd of March while palpating the tumor in the inguinal region something gave way which was followed by some pain, after this the pulse and temperature, which had up to this been normal, became higher.

DR. OSLER then read the report of the autopsy. The liver was large, three and a half inches below the ribs, gall-bladder immensely distended, attached to the omentum and mesentery. There was some blood in peritoneum, not from a recent hæmorrhage. The liver was of a dark greenish color, with about a dozen tuberos masses of cancer in it. In the gall-bladder were a coagulum and nine or ten gall-stones of considerable size, and at its neck a mass of cancer, extending into the cavity and blocking the duct. The walls elsewhere were thin and free from cancer. Near the duodenum was an ulcer which had been the source of the hæmorrhage.

There was a patch on lower part of the gall-bladder corresponding to one on the broad ligament of the right side where there had evidently been an adhesion which had given way.

DR. REDDY, in reference to the occurrence of jaundice by pressure of tumors external to the liver, said that he had seen two cases of jaundice in pregnant women, but could not say that it was caused by the pressure of the enlarged uterus.

DR. TRENHOLME asked what could have been the tumor in inguinal region fourteen years ago, and if the mass of gall-stones in the lower part of the sac, how had the adhesion taken place? He suggested that perhaps when the uterus was enlarged in a pregnancy an adhesion had taken place, having understood such to be the case, and the gall-bladder had been pulled down. On being told that the adhesion was not to the uterus but rather to the side of the pelvis, he remarked that the difficulty was greater, and asked for an explanation.

Dr. Ross thought that this case was evidence of the necessity of exploring all fluid abdominal tumors with the aspirator. In this case it would have excluded the existence of any ovarian tumor from the recognizable characters of ovarian fluids. A fluid of a mucous character would have been found. He thought that one was never justified in performing ovariectomy without having explored in this way.

DR. F. W. CAMPBELL alluded to the ovarian corpuscles which Dr. Drysdale of New York found as characteristic of ovarian fluids, but which no one else had been able to find.

DR. TRENHOLME would only use aspirator in cases in which there was doubt, because it was not altogether free from danger of hæmorrhage, and that a man should be prepared to perform ovariectomy when he used the aspirator.

DR. ROSS thought it was advisable to aspirate in every case to confirm the diagnosis, even when other signs were undoubted. For instance in a case recently operated on in the city, where there was one large cyst at the back and numerous small ones in front, the aspirator would have detected this fact and have given useful information. The use of a fine aspirator needle was perfectly harmless.

DR. OSLER suggested a very ingenious explanation of the adhesion of the gall-bladder to the side of the pelvis. A gall-stone might have become impacted at the orifice of the duct for a long time, during which time the gall-bladder would become distended by the natural secretion of the mucous lining. The gall-stone might pass when the gall-bladder would empty itself and contract. This same thing might occur again, and at one of these times, from some accidental cause sufficient, inflammation might arise at a point of contact to form an adhesion. He alluded to the fact that gall-stones were frequently associated with cancer of the liver and it was doubtful whether they were a relation to the cancer of the liver as cause or effect; rather inclined to the belief that they were the latter, arising from some perversion in the quality of the bile.

The liver and gall-bladder from this interesting case were exhibited by Dr. Bell. Dr. Osler exhibited a small sacculated aneurism of the descending portion of the thoracic aorta.

A vote of thanks to Drs. Bell and Osler for