Sept. 25th.—Diarrhœa still continues; complains of slight pain in the epigastrium.

Sept. 28th.—There is a marked increase in the number and loose character of the stools; pulse very weak; temperature. 97°.

Oct. 1st.—Number of stools lessened; complains of slight pain in the epigastrium, and sleeplessness; takes very little nourishment.

Oct. 4th.—Diarrhœa again very severe; nothing whatever seems to relieve it.

Oct. 5th.—Diarrhœa continues; vomiting occurred, the ejected materials being chiefly nourishment he had taken; patient died at 9 a.m.

An autopsy was performed by Dr. Greenwood eight hours after death. The body was much wasted; muscles soft and flabby; skin loose; viscera of thorax, normal. The liver was nutmeg in character, of average size. The stomach presented a hard, irregular feel. On section it was found to be the seat of a scirrhus cancer, occupying the greater portion of the fundus, and pyloric extremity, forming an adhesion to the under surface of the left lobe of the liver, and to nearly the whole length of the transverse colon. The kidneys were of ordinary size; the right presented three small cysts, the left presented one. The spleen was slightly enlarged. Two or three mesenteric glands were hard and indurated; intestines normal.

It will be observed that the treatment is not mentioned, as it was merely supporting and palliative. The peculiar features of the case were the absence of the usual diagnostic symptoms of cancer.

CANCER OF THE LIVER.

J. McK., æt 55; laborer; born in Ireland; admitted Dec. 5th, 1878; complaining of pain and tenderness in the epigastric and left hypochondriac regions, slight fever and loss of appetite.

Family history good. In regard to previous history he has always been a healthy man, has indulged freely in the use of alcoholic liquors. About twenty years ago he suffered from the same symptoms for which he was admitted, but not as severe. He obtained relief, and never felt any inconveniene until two weeks before admission, when his appetite began to fail, bowels became constipated, shooting pains from side to side, pain and tenderness over the epigastrium and left hypochondrium, and sleeplessness.

Present condition.—He is a man of average dimensions, of a waxy complexion, and irritable disposition. Skin warm and dry; tongue brown and moist. Appetite much impaired. Complains of pain and tenderness over the stomach and left lobe of liver, and of occasional lancinating pains from right to left hypochondrium, and through the chest to the left shoulder. Lungs, normal; heart, apex beat visible 2½ inches below and to the inner side of the left nipple, impulse strong; dulness increased on percussion; a systolic murmur is heard at the apex, transmitted around the side and heard at the lower angle of the scapula. The abdomen is enlarged, there is distinct fluctuation; the abdominal veins are enlarged; there is marked fulness above the free border of the ribs on the right and left sides, more especially on the right; it seemed as if the extreme and rapid growth of the liver was pressing the ribs out; there are distinct prominences to be felt over the left side of the liver; dulness extends upwards as far as the 3rd rib, but does not extend below the free border of the ribs on the right side; on the left side the dulness extends upwards to the 4th rib, and laterally as far as the border of the axillary region. The spleen, normal. Urine, high colored, sp. gr. 1030, slightly albuminous, no casts.

Dec. 6.—Temperature 100°; pulse, 80; complains of restlessness, and pain in the epigastrium; complete loss of appetite.

Dec. 8th.—Temperature 98°; pulse, 78; bowels constipated; slept well last night.

Dec. 10th.—Temperature and pulse normal; patient cannot be induced to take nourishment, only a small amount of whiskey, so it was ordered to be administered per rectum.

Dec. 14th.—Pulse, weak, small and frequent; œdema of lower extremities, and ascites are increasing.

Dec. 20th.—Slept well last night; patient is sinking fast; complains of lancinating pains passing from side to side.

Dec. 22nd.—Slight diarrhœa, supposed to be caused by the nourishing enemata; temperature, 97°; pulse, very small and frequent, 140.

Dec. 24th.—Is very low to-day; temperature normal; pulse can hardly be felt at the wrist.

Dec. 25th.—Patient expired at 9 a.m.

An autopsy was performed by Dr. Greenwood 24 hours after death. The skin had a peculiar