

ligerce was fair though at times dull and listless and occasionally irrational. There was dull pain all over the region of the liver, which was enlarged, its lower edge reaching as far as the navel. There was a condition of general arterial sclerosis, and a systolic murmur was heard at the apex with an increased aortic second sound. The abdomen was full, with some tenderness in the epigastrium. The urine was a dark amber colour, alkaline in reaction and showed the presence of bile. His blood count showed 3,470,000 red cells and 20,800 white cells with 50 per cent. hæmoglobin present. While he was in the hospital the jaundice steadily increased, and with it the patient became more stuporous. He was steadily on the downhill and died three weeks after admission.

*Autopsy.*—Body was that of an elderly, emaciated man, with skin of an intense yellow colour. There were slight external piles. The lungs showed a hypostatic congestion and on section were of a greenish yellow tinge due to bile staining. There was no sign of tuberculosis.

The pericardial cavity contained bile stained fluid. The heart was small, and its coronary arteries showed evidence of arteriosclerosis. The aorta presented some small patches of fatty degeneration. The viscera of the abdomen had a distinct yellow colour, while the cavity contained about 10 c.c. of yellow fluid with abundant lymph flakes. Some loose plastic adhesions were found between the coils of small intestine. The edge of the liver extended some 6 c.m. below the costal margin. The stomach walls were thin, of a slatey grey colour, but otherwise normal. The duodenum was fairly capacious and from without nothing abnormal could be detected. On opening it, the bile papilla was seen projecting as a firm even mass into the lumen of the bowel. A probe passed into the papilla was arrested, 1 c.m. from the orifice, and brought away with it some puriform material, which under the microscope consisted of columnar cells, and here and there collections of polymorphous cells of large size, closely resembling cancer cells. The remaining portion of the intestinal tract was normal. The liver was large, its surface smooth, except for a few sessile nodular projections over the upper anterior part of the left lobe, resembling nodular hypertrophy. The organ was distinctly soft and on section bile stained. Dilatation of the bile ducts was found everywhere and localized areas of necrosis could be seen along these. The larger bile ducts in the liver were the size of a lead pencil and contained fluid bile, while the common bile duct admitted the thumb. This distention of the duct was followed by a tight constriction immediately as this passed into the head of the pancreas. At autopsy it was impossible to pass a probe through the duct to the orifice on the papilla, but on dissecting the specimen