

return of it. Until September 1854, the only treatment he had was an occasional mild aperient, to regulate his bowels, and small doses of quinine. At that time he submitted to an examination of the abdomen, when a well-marked tumor in the epigastrium was very manifest, stretching from the ensiform cartilage to the umbilicus, and extending laterally seven inches; it was firm and hard, especially at its lower edge which was irregular and lobulated; it appeared to pass up under the false ribs, especially at the right hypochondrium; there was a strong arterial pulsation throughout the whole tumor, but without any aneurysmal bruit; examination caused much pain, and it could not be persevered in, from the suffering it entailed afterwards; there was a bilious tinge of the tunica adnata and skin, but there was not the leaden color of malignant disease, nor did the countenance indicate any great suffering, and although he felt convinced that he labored under a fatal disease, he was very cheerful and resigned. His food appeared to pass freely, and without causing any pain, into and out of the stomach, and the suffering after eating he attributed principally to repletion and stultent distention. His evacuations were generally dark and offensive. For a long period he made a large quantity of urine, but for some time it was scanty and high-colored, depositing a dark red sediment. He also said that he had suffered from lumbar pain for a long time. His decubitus was till lately on the right side, latterly he preferred the left; in either position he equally felt a dragging sensation, evidently from the weight of the tumor. The abdominal pain was not confined to the tumor, although constantly felt there, and was liable to exacerbations; it sometimes was felt in the hypogastrium; latterly his strength had failed rapidly, and he was confined almost wholly to the house, and in a great measure to bed. His urine did not afford any indication of albumen. At this time (September), I was favored in consultation with the aid of Dr. Campbell. The jaundiced appearance of the patient, and evident connection of the tumor with the right hypochondrium, and easy passage of the food into and out of the stomach, led him to the opinion that the liver was the principal organ involved, while the peculiar irregular hard lobulated edge of the tumor, extending downwards to the umbilicus, and seven inches across the spine, and gradually losing its most marked character as it ascended, made me inclined to assign the principal seat of disease to the pancreas. The deranged condition of the stomach might manifestly arise from the pressure of, and sympathy with, the neighbouring glandular organs, if they were in a state of hypertrophy. If the stomach were the seat of disease, it evidently was not the hard scirrhus of either orifice, which, if it existed, must have caused more impediment to the passage of food through these orifices. The bilious tinge of the counte-