

side, but from the congestion of the mucous membrane around, we knew that the perforation had occurred, as it usually does, from within outwards. Several small ulcers were subsequently found in the intestine which had not perforated, but only destroyed the mucous membrane. Thus it was clear that the ulceration had begun in the bowel. It was the result of the mechanical congestion of the bowel. I told you that inflammation of the mucous membrane of the bowel resulted from the mechanical congestion, but that it was catarrhal inflammation. As a consequence of this, deeper-seated inflammation with ulceration may occur, and here we had it so deep that it had perforated the bowel. The mucous membrane around the ulcers was of a deep mahogany colour.

The capsule of the liver was thickened, and the liver itself was too granular, but not contracted; the edge was thick and the tissue broke down easily under pressure. Evidently, although it was not a healthy liver, there was no such disease of the liver-substance as to seriously impede the flow of blood through it. It was not an ordinary cirrhotic liver. The gall-bladder was covered with old lymph, and its coats were thickened; it contained four gall-stones and scarcely any bile. The cystic duct was completely closed, and the hepatic duct and the branches of the portal vein and the common duct, all the parts in the hilus of the liver, were bound together by old adhesions and a large increase of the connective tissue. This was plainly the centre of the trouble. Here the lymph was the toughest and it was evidently the oldest. Here it was the most perfectly organised, but still greatly contracted, compressing the portal vein, compressing the cystic duct, compressing the ductus communis choledochus. All the branches of the portal vein had their coats greatly thickened, and in one branch—that to the right lobe—was an old clot firmly adherent.

There were four gall-stones in the gall-bladder, but we had good reason to believe that they were not all the gall-