inches below the costal margin, the edge was sharp, while the anterior surface presented a nodular mass the size of the fist, movable with the liver.

This lump in the right side, noted now to be in connection with the liver, was first observed five months ago.

Without dwelling fully upon the condition of the other organs it may be added that there was much ascites. The patient was tapped twice and each time a blood-stained ascitic fluid was removed containing both red and white corpuscles and urea; it was highly albuminous.

With this history a diagnosis was made of cancer of the liver. The autopsy fully confirmed this diagnosis.

In connection with the liver within the substance of the right lobe was the large pale-coloured mass seen in the specimen handed round. Upon the surface were several semi-transparent nodules of new growth in the capsule, but upon section the only recognizable focus of new growth within the organ was the one large well-defined mass. This mass was 10.5 cm. broad and 14 cm. long sharply separated off from the surrounding liver tissue: it was placed anteriorly at the left extremity of the right lobe and to the left of the gall bladder. This last was greatly thickened and pressed to the right by the growth. Upon opening it was found to be full of thick brownish-grey pultaceous mass of mixed pus and bile, with such intense staining power that even now upon November 2nd the nail of my left index finger is stained from exploring the gall bladder of this case upon September 4th. In this mass lay several soft small facetted gall stones, which easily crumbled and broke down when handled. Two larger and firmer stones lay at the opening of the cystic duct and appeared to completely block it.

The great omentum was greatly thickened and of a deep blood-stained tint, very nodular and brittle. The small intestines presented numerous semi-transparent nodular growths upon their serous surfaces. There were further numerous small nodules scattered through the mesentery