

temperature was normal, the pulse 120, small and regular, the tongue large and fissured along the median line, with small fissures branching off.

Upon examination of the abdomen, some fulness was noticed in the left hypochondrium, and an oval tumour was made out, extending from the costal margin to just below and to the right of the umbilicus, while to the left it extended back to the line drawn upwards from the middle of the crest of the ilium. It could be palpated bimanually and was movable. The dulness extended upwards, merging apparently into an area of thoracic dulness, whose upper margin was 2 inches above the nipple.

The liver dulness was diminished, being  $3\frac{1}{2}$  inches across in the right mammary line.

The heart lay in normal position; both apex and pulmonary systolic murmurs were present, soft in character.

The blood was pale and scanty, the amount of hæmoglobin was reduced to 38 per cent., the red corpuscles reduced to 2,240,000, the white increased to 1200, and in some specimens of blood examined by Dr. Finley, the proportion of white to red had risen to 1 to 80. No change in the character of the corpuscles was noticed.

The urine was normal, though small in quantity (16 ozs. in 24 hours). The stools were normal, one mass was of dark blood-stained colour and with it came a little blood-stained fluid. The larynx was normal, the drum of the left ear concave.

The patient's condition improved in hospital; upon the 5th she was bright and cheerful and seemed to have gained in strength. At half-past five she had her supper of bread and milk. This seemed to bring on nausea, and after a few minutes she vomited with scarce an effort 20 ozs. of bright blood, which rapidly clotted. She was immediately given ice to suck, an ice bag was placed upon the epigastrium and ergotin was injected subcutaneously. Ten minutes later a smaller quantity of blood was vomited. A stool passed at the time of the first hæmorrhage was normal and bloodless. Saline enemata were now given. At 6.20 a third hæmorrhage occurred, followed by three more; altogether 48 ozs. of blood was brought up from the stomach. The patient suffered from great epigastric pain and gradually sank, dying at 1.35 a.m. on the 6th.

We have entered into all these details in order to throw as much light as possible upon the condition found at the autopsy. This was performed eleven hours after death.

*Autopsy.*—The body was found fairly well developed and of large proportions for the age of the girl (eleven years). There was no excessive fat: the abdomen was sunken. The organs in the thoracic cavity were very pale, there was a little clear fluid in both peritoneal and pleural cavities. The blood present in all the cavities was fluid and presented a peculiarly pale, diluted appearance. The heart was normal, the lungs rather sodden and œdematous.

Upon opening the abdominal cavity, the small intestines and other organs showed extreme pallor. The large intestines were distended and filled with almost clear fluid (the result of saline enemata given shortly before death). The liver was wholly retracted behind the ribs