Heart displaced upward, as indicated in figure. Considerable flatulence. Urine, normal in quantity and quality; specific gravity, 1020. A needle was passed into the epigastrium and some fluid easily withdrawn. It was opalescent, of pale straw color; specific gravity, 100; alkaline; contained no bile; chlorides abundant; albumen about one-fifth by volume after standing for twenty-four hours. There were a good many red blood corpuscles present. No hooklets could be found. The needle was also introduced in the left fifth intercostal space in the anterior axillary line, and similar fluid obtained.

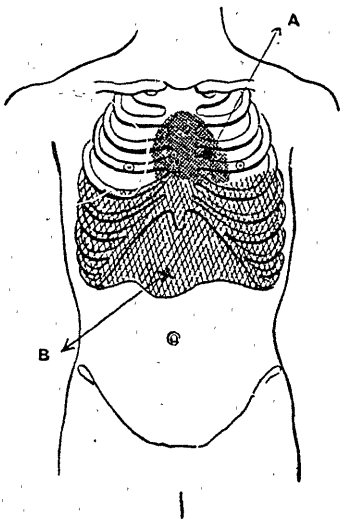

FIG. I.
A. Cardiac impulse. *B*. Thrill.

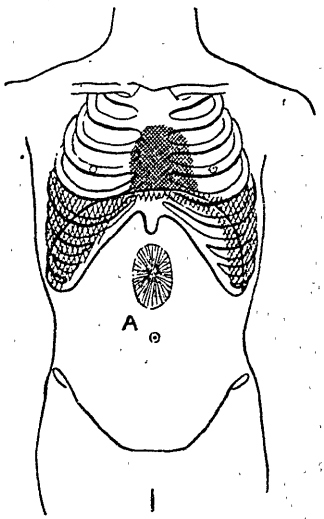

FIG. II.
A. Funnel-shaped depression.

July 15th, ten days after entering the hospital, the œdema of the legs had disappeared.

July 22nd. A median incision two inches long, beginning one inch below the ensiform cartilage, was made by my colleague, Dr. I. H. Cameron, exposing the pyloric end of the stomach lying in and adherent to the liver. Projecting slightly below the border of the liver was found a tense fluctuating mass. This was punctured, and a large amount of fluid evacuated. The wall of the cyst was thick and dense, and presented in the part exposed many small nodules, probably due to tuberculous deposit, the whole cystic formation doubtless resulting from tubercular peritonitis. The margins of the incision in the cyst were stitched to the abdominal incision and a drainage tube introduced.

Improvement was uninterrupted, and the drainage tube was forced out by August 8th. By this time the epigastrium was much retracted, forming