

temperature, especially during sleep. Anorexia is almost always present.

The right lobe is more frequently the seat of abscess than the left, and usually towards its convexity, hence the increase in size is upwards and to the right. When there is upward enlargement of the liver, we get a dome-shaped increase of the hepatic dulness in the axillary or scapular line, whereas in empyema the upper limit of the dulness is more horizontal. Examination of the blood will show increase of the leucocytes and absence of the plasmodium malariae.

(b) *Carcinoma of the Liver* is usually secondary to cancer elsewhere; hence in every suspected case, malignant disease should be looked for in some other part of the body. Pain is not a constant symptom, however it is usually present either in the region of the liver or in the epigastrium or shoulder; emaciation is marked and progressive. Cachexia develops early and advances steadily, dyspeptic symptoms are common. There is a jaundice in about 50 per cent. of the cases. In many cases there is pyrexia.

Physical examination reveals enlargement of the liver, which descends with each inspiration. The surface is usually irregular and nodular. When the growth is diffuse, the liver may be very large and quite smooth. Ascites is frequently associated.

(c) *Hanot's Hypertrophic Cirrhosis of the Liver* is frequently attended by paroxysms of pain in the region of the liver. There is moderate enlargement of the liver, and also of the spleen. The disease may last for years. Jaundice is always slightly present, and undergoes periodic intensification, associated with pain in the upper abdominal zone.

I have had a patient under observation for some years, who has hepato-splenomegaly and slight jaundice, with recurrent attacks of pain in the region of the liver, and nausea and vomiting. Following these painful attacks there is very marked deepening of the jaundice. This case I look upon as one of Hanot's cirrhosis.

#### 9. *Diseases of the Gall-bladder and Bile-ducts.*

(a) *Cholecystitis*.—This disease is commonly associated with gall-stones, and also occurs as a sequel of typhoid fever. Its onset is usually sudden, with severe paroxysmal pain in the region of the gall-bladder or epigastrium. Rigidity of the upper abdominal wall and tenderness over the gall-bladder are marked. In the more severe cases there are nausea, vomiting, prostration, rapid pulse, and increased temperature. In many