

respiration. There was no doubt that this was a process of the liver. This gentleman's health has since then greatly improved, and he was in very fine condition last month, when he left for Europe.

CASE 7. Laura R., æt. 21. She was never robust. She had what seemed to be typhoid fever last September, followed by a protracted convalescence. A month later on being seen there was some exudation in the right pleura, probably chiefly plastic. The general prostration was more in keeping with pneumonia, very possibly of tuberculous origin. Her sister had died the previous year of acute miliary tuberculosis. She again recovered very slowly, and in February a copious ascitic exudate was found to exist. It interfered with her comfort and respiration ; otherwise she was fairly well.

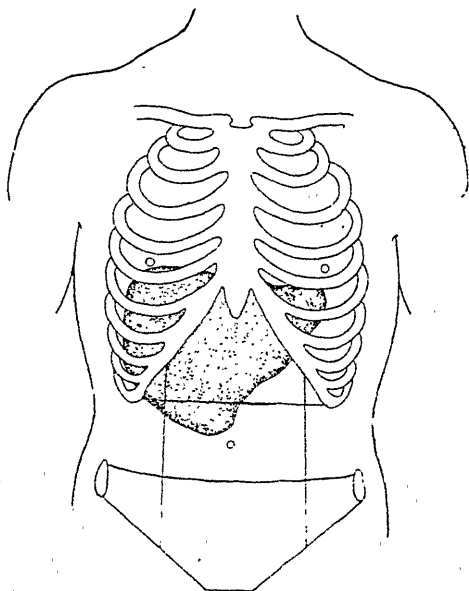


FIG. 6.

The temperature was normal ; appetite, fair. The fluid increasing slowly, a small trocar was inserted and six pints of serum withdrawn. It reaccumulated, and in April Dr. Alexander Primrose did a section in order to explore the peritoneal cavity. It was thought probable that the condition was tubercular, but the peritoneum was healthy. A broad, thin lobe was found to descend from the anterior margin of the liver to the crest of the ilium (Fig. 6). It presented a healthy appearance. It had not been discovered before because the abdominal wall was rather thick. This lobe of the liver can have nothing to do with the occurrence of the ascites. On May 22 she required to be tapped again, 5½ pints being withdrawn. Her general health has, however, improved very fairly.