

*Family History.*—No inherited taint.

*Condition on Admission.*—The patient was emaciated and anæmic, with slight sub-icteroid hue of the sclerotics. She complained of a dull aching pain in the left lumbar region, which was aggravated by lying on the right side and associated with a dragging sensation in the left loin. In the left side of the abdomen was a large fluctuating tumour which extended vertically from a line one inch above the umbilicus to the 5th rib in the mammary line, and laterally to a point two inches to right of median line, shading off posteriorly. The tumour was most prominent in the epigastrium, was dull on percussion, and the dull area was not movable. The flanks were clear. Slight pulsation in the left intercostal spaces was noted, synchronous with the heart impulse. This dullness merged off insensibly into the liver and heart dullness, and posteriorly, was continuous with a dull area on the thoracic wall. This area on percussion gave an impaired note from the 6th to the 7th interspace, and then an absolutely flat note from that point to the base of the lung merging at that point into the tumour dullness. In the left loin posteriorly the sub-cutaneous tissues were distinctly boggy and œdematous.

The accompanying figures show very well the extent of the dull area.

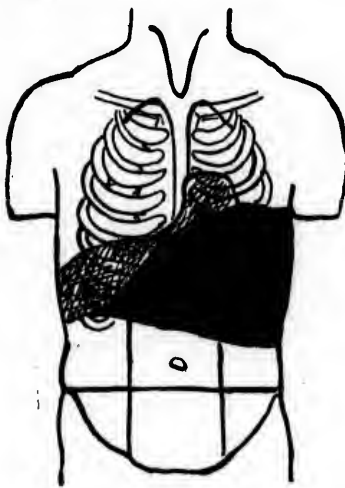


Fig. I. Front View.

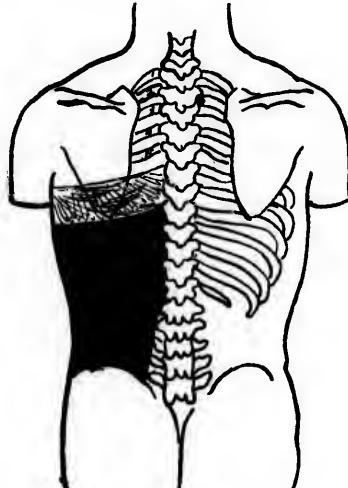


Fig. II. Back View.

In fig. 1, the stippled portion represents the liver and heart dullness in fig. 2, the area of relative dullness over left lung.

Above the level of the 6th rib posteriorly, the note was hyper-