

*Practitioner*, June, 1896. These accessory lobes were first noted by Hzetl. Haller, Gruber, and Cruveilhier afterward described them. They are parenchymatous prolongations, and are thin, round, or tongue-shaped in form and variable in size.

They usually rise from the inferior surface of the liver and are connected to it by a pedicle containing "vasa aberrantia." The quadrate lobe is the seat of predilection.

Toldt and Zuckerkandl, of Vienna, in an article published in 1875, described their form and structure. Broca found them on both upper and lower surfaces in a microcephalic individual. Eichorst refers to malformations caused by tight lacing and Frerichs, in 1858, in his treatise on the liver, mentioned tongue-like processes due to malformation of the liver. H. Thompson, of Oxford, reported a case in 1885, and in 1889 he saw the process caudatus separate in a fetus. Cecil H. Leaf, of Guy's Hospital, London, says these processes are atavistic, because they are often present in monkeys.

These tongue-like lobes are often quite movable, are often discovered accidentally, and may not be accompanied by any bad effects. They may seriously complicate the differential diagnosis of abdominal tumors, or cause symptoms closely simulating calculous cholecystitis and floating kidney. They may be mistaken, even after most careful examination, for omental tumor, tumor of the pylorus, distended gall-bladder, pancreatic cyst, or appendicitis. In connection with the latter I wish to report the following case.

Miss A., aged 16, while attending school in December, 1903, was taken suddenly with acute pain in the right side of the abdomen. In due time she made a partial recovery, but the soreness remained, with indigestion, and a general feeling of ill-health. I saw her first in April, 1904, and after a careful examination, not having discovered any evidence of an abdominal tumor, diagnosed chronic appendicitis of a mild type. I prescribed rest, proper diet, and intestinal antiseptics. She slowly improved, but her digestion was faulty, and there was some neurasthenia. In November, 1904, I performed an appendicectomy, making a McBurney incision. On introducing my finger into the abdominal cavity, I felt what I at first thought was a dislocated kidney. Having extended the incision upward, I brought to view a tongue-like process, two inches wide and three-fourths of an inch thick. It ascended and descended with the respiratory movements, careful examination showing it to be a tongue-like process having its origin from the right lobe of the liver. I had a long and tedious hunt for the appendix,