Professor Stewart, who saw the case in consultation, advised her removal to the hospital, and described the condition then somewhat as follows :

The temperature was 98⅘°, pulse 90, and the respirations 24 per minute. She was poorly nourished, evidently suffered intermittent pain, had a grayish coated tongue, anorexia, and the diarrhœa above described. There was no jaundice. Examination of the abdomen revealed slight redness over the right hypochondrium and a scarcely perceptible œdema. Pressure on the ribs induced tenderness, but no friction rub could be felt on palpation. Immediately below the ribs, a large mass was detected continuous with the liver and extending down as far as 2 to 3 cm. below the umbilicus, situated towards the median line and its right border slightly external to the right rectus muscle. Percussion over this area produced a modified dullness with some slight tympany From above downwards the hepatic dulness began at the 6th rib. Pressure behind gave slight tenderness in the right line, but elsewhere there was no evidence of disease. The urine showed a trace of albumen, but no bile. The blood on examination for the Pfeiffer test, both at the laboratory of the Royal Victoria Hospital and at the General Hospital gave a positive reaction for typhoid. For the next three days the condition remained comparatively unaltered, except slightly increased rigidity and distension : surgical interference being deemed advisable Doctors Garrow, Bell and Roddick were consulted, and the questions of diagnosis and treatment considered. While it was comparatively easy to exclude impaction of fæces, affections of the kidney and perforation from typhoid, the question of subcutaneous phlegmon, appendicitis and infection of the bile passages gave rise to considerable hesitation in the diagnosis. That cellulitis was present seemed more than likely from the marked œdema which had gradually developed in the abdominal wall ; while, at the same time, some more deeply-seated condition was also judged to be present. The mass itself, apart from the presence of what seemed a tongue of liver tissue coming down in the right hypochondrium, could not be definitely defined, and no distinct fluctuation was apparent. The symptoms, with the clinical history, pointed rather to some infection of the gall bladder than to appendicitis. The ultimate diagnosis was that of cholecystitis and cholelithiasis and operation was urged.

An incision was made in the right semi-lunar line, and the distended gall-bladder exposed lying amid a quantity of lymph due to a local plastic peritonitis. Adhesions of the gall-bladder were observed on all sides, but as yet no perforation of the organ had taken place.