

again on Saturday, and grew rapidly worse. The temperature was high, and bowels could not be made to move even with strong purgatives. I saw the child, with my friend, Dr. Machell, on Saturday evening. The child was then in great distress, had vomited some, was very pallid, tossing about, and crying out. He was very thirsty. The pulse was very rapid and weak. The abdomen was not much distended. There was no specially tender part. There was a small motion of green mucus with a little faecal matter in his napkin. He was straining a good deal from time to time. Examination of the abdomen revealed nothing unusual, except a small elongated mass in the region of the ascending colon. It extended from the costal margin down nearly to the iliac crest. It moved with

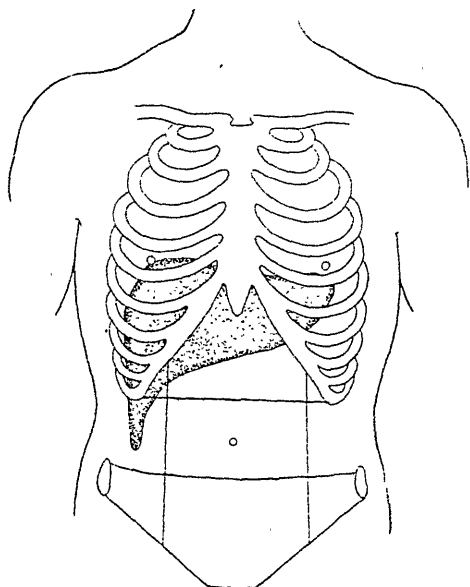


FIG. 4.

respiration, was firm and dull on percussion. The abdomen was everywhere else tympanitic. The possibility of an intussusception occurred to us, although the absence of blood, the very slight amount of mucus in the stool, and the slight tenesmus seemed to negative that opinion. As there appeared to be no other hope of relief, an operation was advised, an opinion in which the father acquiesced. Dr. George A. Peters operated, and the finger-like mass was found to be the edge of an accessory lobe of the liver (Fig. 4). The abdominal organs appeared healthy. There was no exudation in the peritoneal cavity. The child seemed none the worse of the examination. Death occurred next day,