bed for a few days with a pain in her right side over the liver, sickness of the stomach, vomiting and slight fever. During the last eighteen months she has had slight returns of this pain, which seemed to shoot through to the right shoulder blade, and was accompanied usually by sickness of the stomach, distention of the abdomen and vomiting. She always seemed relieved after vomiting. Two days ago she was taken with a severe pain in the right side, vomiting, chills and fever, and anorexia. Dr. Rogers was summoned. She had a temperature of 101, suffering a great deal of pain, which required an opiate to relieve. The following day a well-marked tumor could be made out beneath the right rectus.

Note, April 6th: There is a tumor at the outer side of the right rectus, just below the edge of the liver. It is about two and a half inches in width and three inches in length, parallel with the rectus, and extends downwards to the level of the umbilicus. It has a smooth outline and can be separated from the kidney, which is felt behind. It is tender on pressure. The pain shoots through to the back beneath the right shoulder blade and is accompanied by sickness of the stomach.

The patient was removed to the city hospital and operated on immediately.

The abdomen was opened through the right rectus in the usual way. A large distended gall-bladder was seen, which contained a large stone. Imbedded in the upper part of the cystic duct there was another large stone the size of a hickory nut. Owing to the distention of the gall-bladder it was found very difficult to manipulate this organ in order to enucleate it, consequently it was grasped with two clamp forceps, surrounded with gauze packing and aspirated. About six ounces of thick mucus, containing a large amount of pus cells, was removed, the puncture wound wiped with gauze, then touched with pure carbolic acid, and closed with clamp forceps. This partial emptying of the gall-bladder facilitated the subsequent steps of the operation very much indeed. It was now treated in the same manner as in the preceding case. The muscular coat was very much infiltrated with serum, which gave it a very light yellow appearance, and the contrast between the muscular and mucous coats was very great, as the latter was a deep reddish brown color. Two little branches of the cystic artery were ligated. After closing the stump and stitching the flaps together, the caput coli was drawn up into the wound, disclosing a very much thickened appendix with a bulbous extremity at the end of which was a strong round adhesion attaching it to the small bowel. The adhesion was divided, appendix removed, and stump invaginated, the abdomen closed in the usual way.