

tint, and the movements were decidedly light in color. Laparotomy was advised, but the friends decided not to accept the advice at present anyway.

"June 17.—Four quarts more of fluid were removed by aspiration again to-day, having the same characteristics as that removed on the 13th."

June 20.—On this day I saw the young man for the first time in consultation with Dr. Emery and witnessed him draw off with a trocar inserted in the left iliac region four quarts more, making sixteen quarts in all. The parents were earnestly entreated to give their son the only chance for life by operation, and finally they were persuaded to remove him to the Kingston General Hospital. I may say that at this time he was going in and out of the house and expressed himself as suffering no particular inconvenience, but his general appearance was pinched and worn, and was more sallow than icteroid.

On June 22nd, under chloroform anæsthesia, the usual incision for operations on the gall bladder was made, and on entering the peritoneal cavity quantities of green fluid poured out, amounting in all to something over four quarts. The opening was enlarged and the abdominal cavity flushed out with normal salt solution. The hand was next inserted and adhesions were everywhere found to exist, the intestines being more or less adherent to each other and to the anterior abdominal wall. The anatomical relations of the organs and structures brought into view through the large incision were difficult to make out owing to displacements from over-distention by fluids and flatus, and to their retention in their altered positions by adhesions. The characteristic appearance also of the structures was wholly changed by most pronounced bile staining. The hand passed up to where the under surface of the liver should be found was met by what felt like ruptured and broken down liver tissue. After more thorough breaking up and separation of adhesions the altered anatomical relations were made out. The transverse colon was pasted against the anterior abdominal wall above the upper angle of the incision, and about opposite the lower margin of the ribs. The structure which simulated liver tissue was the transverse mesocolon thickly studded with fat lobules and profusely stained with bile. After these had been carefully separated