In this connection I shall now relate a case of which I had personal experience. It is as follows:

In October, 1891, I was consulted by Mrs. B., a nurse, æt. 28, spare in habit and of a sanguine temperament, for a tumor she had recently felt in the neighborhood of the umbilicus. She had always been healthy, had been married, and was the mother of one child æt. 8 years. Never had any miscarriage and no history of syphilis. No tuberculosis in family, never had any jaundice, nor had she ever had anything like severe colic. For some time has not been feeling well and not up to her work; has frequent elevations of temperature and occasional sweats; her appetite good, and there are no symptoms pointing to any affection of the stomach, no vomiting or dyspeptic symptoms.

Notes of Examination.—On examining her in the recumbent position, a tumor the size of an orange is felt to the right and a little above the umbilicus. This tumor is smooth, very tender to the touch and moves with the respirations. It can be pushed to the left side, under left costal cartilage, and to the right apparently under the edge of the liver. In fact, the tumor is very freely movable. Occasionally the tumor is very painful, and it is always tender to the touch. I did not examine her again until Dec. 20th, as she had in the meantime gone about her nursing duties in the hospital, but these she soon found too much for her, and she was compelled to take to her bed. Her temperature was carefully registered and she was closely observed. Her temperature was always 101° at night and 100° in the morning. Every other day she had a severe sweat. She said she felt more comfortable up than in bed, for then she had her corsets on, and these when tightly laced kept the movable tumor in its place. On examining her waist, a well marked line of constriction was seen to pass immediately above the tumor when it was in its normal position. It was thought that the tumor was caused by a lacing lobe of the liver, with probably an enlarged gall bladder beneath. Not getting any better, and being anxious to have something done, she consented to an exploratory incision.

Operation, Dec. 23rd, 1891.—An incision was made in the median line above the umbilicus, and the left lobe of the liver was immediately come down upon. On examination, a portion of this lobe was seen to be quite abnormal in appearance and very definitely marked off from the healthy part by a distinct line. This abnormal portion of the liver commenced at the great fissure where the round ligament entered, and extended upwards to a furrow, corresponding to a lacing furrow, and to the left it reached to the edge of the left lobe, where the lateral ligament leaves the liver. This portion was thick, somewhat puckered on its surface as if from cicatricial contraction. It was of a deeper color than the rest of the liver. A needle entered into the cicatricial part with difficulty, but in other parts no resistance was offered to the entrance of the needle. On holding the lobe between the finger and thumb, well marked nodules, like masses of new growths, were felt. Adherent to this part of the liver were some portions of omentum. On removing these, the liver bled freely, and hæmorrhage could only be stopped by application of the cautery; indeed, this abnormal portion differed from the ordinary cirrhotic lacing lobe in that it was exceedingly vascular. There was some intention of removing this diseased portion of the liver, but it was decided not to do so, because the pedicle was so broad and the parts were so vascular, so the wound was closed.

The patient after operation had some pain for 24 hours and distension, but went on to an uneventful recovery. After the exploratory incision she had no more tenderness, and after the first day no more pain. Her sweating ceased and her temperature became absolutely normal. On examining her a few weeks after operation the tumor could still be felt, but it was immovable. She soon returned to her work and complained no more,—in fact, she was perfectly cured, and when last heard from, some short time ago, she was in perfect health and able to perform all her duties as superintendent of a hospital. The tumor disappeared within a year of the operation—or at least could not be felt.

Thinking the case might be of specific origin, I put her on potassium iodide for some time, which may have had something to do with the disappearance of the tumor.

(*To be Continued.*)

Progress of Science.

A MECHANICAL DEVICE FOR ILLUSTRATING THE MOVEMENTS OF THE LUNG IN PENETRATING WOUNDS OF THE CHEST.

Dr. Andrew H. Smith, of New York City, showed before the American Climatological Association an apparatus which consists of two bellows, operated by a handle common to both, representing the thoracic cavities, and each containing an elastic bag representing the lung. The top of each bellows is of glass. A slot on each side, covered by a slide, represents a wound of dimensions variable at pleasure. Tubes representing the bronchi and trachea connect the two bags. With the slot of one side wide open and the bag on that side disconnected from its fellow, it is seen that the