

to be included in this list. It will be observed that the mass that pressed on the cecum came from the left side of the uterus.

The frequent and painful micturitions, which were marked symptoms, especially in the first attack, were no doubt due to traction on the ureter or pressure on the bladder, or to both combined.

As the pain radiated to the left kidney, the symptoms altogether simulated renal colic, which Dr. Campbell at first thought it might be.

The suddenness of the onset, and the absence of fever were strongly suggestive of a twisted pedicle, but the cyst in the broad ligament, which could be felt behind the uterus, helped to obscure the diagnosis, which in this case, as in some others, was postponed till the abdomen was opened.

#### CASE V.

Intestinal obstruction from pressure of a distended gall bladder on the cecum and ascending colon. Gall bladder descended to the brim of the pelvis and contained pus, mucus, bile and about one hundred small gall stones. Cholecystotomy.

RESULT.—Recovery. Operation December 20th, 1908. Patient under care of Dr. Campbell of Zurich.

HISTORY.—Mrs. W. (aged 30 years).—The mother of two children, and with a good family history.

For some years had been treated by different physicians for indigestion. On Dec. 17th, or three days prior to operation, patient complained of an intense pain just below the sternum, which came on suddenly. Dr. Campbell, who saw her shortly after, found her in a state of collapse. The pain was very severe and vomiting persistent. There was a slight jaundice and the urine contained some bile.

Dr. Campbell detected a tumor on the right upper quadrant on the second day, but the rigidity and distension were so great on the third day (the day I first saw her) that nothing of the nature of a tumor could be outlined. There was marked dullness over the whole of the right abdomen, however. The temperature never rose above 100, the pulse was fast, and the respiration quick and "catching."

OPERATION.—The abdomen was opened by a long vertical incision through the rectus muscle. A grayish mass that looked at first glance like a greatly distended colon presented which descended to Poupart's ligament. The diagnosis of distended gall bladder having been made, the tumor was carefully raised out of the wound and the abdominal cavity protected with pads. The gall bladder was