

being as thick as one's thumb. It appeared from palpation to be full of veins, as it could be readily compressed; but the peritoneum over it was so thickened, that the size of its contained vessels could not be estimated. I have no doubt that these were the veins described by Talma as communicating with the left portal vein before its entrance into the liver; and I have no doubt also that the blood from these veins poured into those I have already described

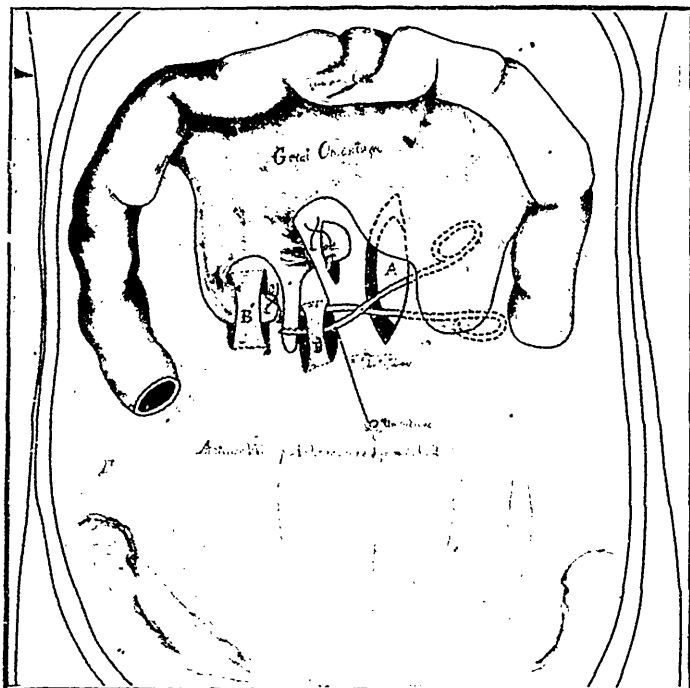


FIG. 3.

Diagram to indicate the method of implanting the omentum. The diagram represents the anterior wall of the abdomen, the transverse colon, suspensory ligament of the liver, and the omentum as seen from behind or within the abdomen. *A*, the incision in the anterior wall of the abdomen above the umbilicus. *B*¹, *B*², the straps of peritoneum raised to allow of portions of the omentum being drawn through. *C*, the implanted omentum stitched into position by a catgut suture. *D*, large graft into the suspensory ligament of the liver.

as running just under the linea alba, as the direction of the current in these latter veins was clearly upwards from the umbilicus towards the heart. In this case, also, I found the whole of the parietal peritoneum in a state of chronic inflammation. It presented a purplish congested color, and was very considerably thickened. A few flakes of lymph also were found upon its surface, but there was no indication whatever of tubercular disease. The