

With deep inspiration this lump could be felt to descend. The abdominal muscles were very thin, and a distinct peristalsis of the bowels could be seen. Rest in bed with a laxative relieved her condition so much that on the third day after the attack, when making my call, I found her out of bed and down stairs. An operation was advised.

She called me again November 22nd. During the last two months she had lost nineteen pounds, and had been troubled with little gripy pains in the upper and left side of the abdomen, she was much weaker and had but poor appetite.

The notes made at this time are as follows :

The abdomen is rather flat, skin wrinkled, frequent peristalsis, apparently of the small bowel, is seen. On the right side beneath the rectus there is a nodular mass which is continuous with the liver, about two and a half inches in length and two inches in breadth. This tumor moves downwards with inspiration, and is quite tender to touch, and when palpated gives pain in the left side. Nothing abnormal can be detected in any other part of the abdomen. The heart and lungs are normal. The urine contains neither albumin nor sugar.

She was removed to the city hospital.

November 26th, 1901 : Incision was made about four inches long, through the outer third of the right rectus, beginning a short distance from the costal margin. The muscle was separated by means of blunt dissection and the peritoneum opened. The gall-bladder was found enlarged and full of calculi, one of which could be felt in the upper part of the cystic duct ; over the fundus of the gall-bladder were numerous adhesions which bound it to the hepatic flexure and beginning of the transverse colon. The liver was markedly hob-nailed. Over the gall-bladder was a tongue of cirrhotic liver. The abdomen was carefully explored, but no other abnormality found.

After elevating the gall-bladder the adhesions were separated between forceps.

An incision was now made, beginning near the fundus of the gall-bladder on the right side, and about half an inch from its attachment to the liver through the serous and muscular coats, extending the whole length of the gall-bladder down to the commencement of the cystic duct. By means of blunt dissection between the mucous and muscular coats, posteriorly, the gall-bladder was lifted out of its bed until a corresponding point on the left side of the gall-bladder was reached, when a similar incision was carried down through the two outer coats on the left side ; in this way the entire gall-bladder was separated from the liver, with the exception of those parts of its two outer coats, which were left attached to that organ, forming,