has the result of prematurely sending a large number of additional students into the wards of the hospitals—students who, by reason of the fact that they are not yet properly equipped for the work, are not able to benefit by the instruction they receive, and who in consequence waste a large part of their second year of study, and are in the way of others who are properly taking the subject in a later year. The conclusion which one is forced to arrive at from a near acquaintance with the curriculum which is recommended to students of medicine in Scotland is that the arrangement in question is detrimental alike to the teaching both of surgery and the sciences on which it is based, and constitutes a serious defect in the Scottish university system. Nor, as the experience of Glasgow has shown, is there anything in the constitution of the universities which would prevent such an immediate change in the arrangement of the curriculum as would bring it into harmony with modern ideas on the subject of medical education.

A CASE OF MOVABLE LIVER, WITH GREATLY DISTENDED GALL BLADDER, RELIEVED BY CHOLECYSTOTOMY.

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MALPOSITIONS and malformations of the liver are by no means common. Occasionally the liver is transposed to the left side of the abdomen in place of the right, but when compared with other organs congenital malpositions are seldom met with. Acquired displacements of the organ are also uncommon. Cases have been recorded where the liver has been capable of rotation on its transverse axis; instances have been met with where the organ was capable of considerable depression, also in others rotation has been possible on an antero-posterior axis. At present, reference of course is only made to such cases where the organ is permanently displaced, and not depressed or elevated as a consequence of pressure from above or below, as for example in pleurisy and empyema on the one hand, or, on the other, ascites and the presence of large abdominal tumours, etc., nor do we include malpositions resulting from curvature of the spine, whether lateral or angular. None of these can properly be called cases of hepatoptosis, which is almost invariably associated with some deformity of the organ. The following case is of interest from the circumstance that the condition is not only rare, but the diagnosis was obscured by the greatly distended condition of the gall bladder.

The patient, Mrs. E., aged 50, was admitted to the Glasgow Royal Infirmary on March 20th, 1902. According to her own statement she had enjoyed good health up till six years ago. About that time she began to feel pains in the back and in the right lumbar region. These pains gradually became worse, and compelled her about a week after their onset to take to bed, to which she was confined for eight weeks. While more or less constantly present, the pain varied in intensity, being most severe when the patient was moving about. Even when most severe, sickness, vomiting, or rigors were not induced, and she said that, although very severe, it was not so great as those pains she experienced during labour. Sudden movements of the body, she stated, gave her a feeling as if there was a bag of marbles in her right loin. At no time had she signs of jaundice. The medical attendant who examined her said she had a "watery tumour in the right side," but the patient herself could not feel the swelling. At this time she noticed a variation in the quantity of her urine, and also in the colour. After being in bed for four weeks the pain gradually passed off, but she did not know whether the "tumour" noticed by the doctor disappeared or not. During the next three years she had three attacks very similar in nature, each of them causing her to lie up in bed for eight to ten weeks. During the interval between the attacks there was a complete disappearance of the symptoms, but on each occasion a swelling was made out in the right loin, and in each of the attacks the patient noticed that at the onset she passed very little urine, and when she was recovering she passed an unusually large quantity. As far as could be ascertained there never was any pain resembling renal colic. The last attack, which occurred four years ago, was regarded by her medical attendant to be due to a uterine disorder. Since recovering from that illness the patient enjoyed good health until a month ago, when she began again to feel a dull pain in the right loin, which was more or less constantly present. In the beginning of March she noticed that she was passing very little urine, and the pain becoming more severe, she was compelled to take to bed. On March 9th vomiting commenced, and continued more or less until the 16th. On that date the material she vomited she described as like cocoa. There was no pain in the stomach at this time, although the patient said there was a distinct feeling of distension of the abdomen. The evacuations were normal. On March 16th the patient, for the first time during this attack, noticed a swelling upon

the right side of the abdomen. This swelling was so prominent that it led her medical attendant to suspect the presence of an ovarian tumour, and with this idea in view the patient was sent into the wards of my colleague, Dr. Kelly.

On examining the case, he came to the opinion that it was not ovarian or uterine in its origin, and consequently the patient was transferred to the surgical wards.

On admission the patient was found to be a well-nourished, moderately stout woman. The abdominal wall was, however, very flaccid, and on palpation a hard, freely movable mass could be made out occupying the right side of the abdomen, the pivot of rotation corresponding to a point where the nipple line crosses the right costal cartilages. On percussion over the swelling a dull note was elicited, and the dullness was found to be continuous with the liver dullness. The dull area extended downwards to the crest of the right ilium and forwards to the umbilicus. The swelling was tender on pressure. It could be moved considerably to the middle line, and while the posterior portion appeared to be solid, the anterior part was fluctuant. The swelling was smooth and uniform, and only at the lowermost limit could anything like a distinct edge be detected, to the right the margin was soft and rounded. There was no oedema and there was no ascites. The urine was dark amber in colour, specific gravity 1.026, acid, no albumen, blood, pus or sugar, and no tube casts.

March 25th, 1902.—To-day I made a careful examination while the patient was under the influence of chloroform, and having eliminated the possibility of ovarian, uterine, or renal tumours, but without being certain as to the precise nature of the lesion we had to deal with, I resolved to open the abdomen in front along the line of the linea semilunaris. On opening the peritoneum the gall bladder was found to be enormously distended and its walls considerably thickened. A careful examination was made of the contents of the abdomen, and the only abnormality discovered beyond the condition of the gall bladder was that the liver was freely movable upwards, downwards, and to the left. The gall ducts were explored with the finger, and although considerably distended no impacted calculus could be discovered. The gall bladder was then stitched to the muscular parietes, and when the suturing was completed an incision was made into the sac. Fully 30 oz. of straw-coloured, highly viscid fluid escaped, and floating in it were a large number of minute gall stones, most of them not larger than a barley corn, a few as large as a lentil seed. The gall bladder having been completely washed out with sterilized water a sound was passed and no more biliary calculi could be found. A large drainage tube was inserted into the gall bladder and dressings applied.

The patient made an excellent recovery, and is now (April 29th) well, with the exception of a small fistulous opening through which small quantities of bile escape.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

ANTISTREPTOCOCCUS SERUM IN PUERPERAL FEVER.

A PRIMIPARA, aged 38, was confined with forceps on May 28th, 1902. The placenta was expelled naturally. On June 3rd her temperature in the morning was 104°, and in the evening 104.6°. A first injection consisting of 10 c.cm. of Burroughs and Wellcome's antistreptococcus serum was administered. On June 4th the morning temperature was 104.6°, and then 10 c.cm. of serum were injected. The evening temperature was 105°. On June 5th the morning temperature was 104.6°, and 10 c.cm. of serum were injected. The evening temperature was 104.8°. The patient died on June 6th at 5 a.m. Uterine douches and other methods of treatment were persevered with throughout, but the case went rapidly from bad to worse.

Wateringbury, Kent. WALTER E. FRY, M.R.C.S., L.R.C.P.

A FERTILE FAMILY.

THE following short history of a fertile family is very interesting, and perhaps worth recording.

Mrs. M., primipara, aged 31, sent for me to attend her during her confinement, when she gave birth to triplets. She had been married 6½ months, and this corresponded with the size and general appearance of the children, who were all born alive, but died twelve hours after birth.

Thirteen months later, that is 19½ months after marriage, twins were born, who were also premature (7 months). One of the twins died from broncho-pneumonia when it was 3 months old, the other is still living and in good health. Thus there were five children born in a little over 1½ year from the date of marriage. This unusual fertility is apparently on the husband's side, because his mother had twins twice, and the wives of five uncles—brothers of his father—all gave birth to twins.

Calderbank, N.B.

ALEX. J. WILSON, F.R.C.S. Edin.