

cised, the index finger introduced and with the aid of a blunt curette four stones were removed. The first two were about the usual size, weighing fifteen grains each, the third was large about the size of a horse chestnut, had a single facet at each end and weighed one hundred grains. The fourth was the same size and shape but had but one facet the other end being conical where it had plugged the neck of the gall bladder. It weighed one hundred and ten grains.

To make certain that the bile passages were pervious a long flexible probe was passed into the ducts and afterwards by means of a glass tube so constructed at the end as to fit the entrance to the cystic duct two ounces of water were injected through the bile passages while the index finger was in contact with the duodenum where the water could be readily felt distending that part of the intestinal canal. What is known as *the ideal operation* was then proceeded with, the gall bladder was completely closed by a double row of Lembert sutures and returned to the abdominal cavity, care being taken to safely and closely anchor it to the abdominal incision by means of four catgut sutures. *Through and through* silk worm sutures were then introduced and tied, with the exception of the two which corresponded with the incision in the gall bladder, the small opening thus left being carefully packed with iodoform gauze. On the second day, there being no leakage the gauze was withdrawn and the sutures tied.

Her recovery was uneventful and she returned to her home much improved in health and strength after five weeks, and in a letter received lately she says she is quite well. Her pulse was 132 when she went on the table, on the morning following operation it went up to 160 and for the next thirty-six hours ranged between 150 and 175. After that it gradually subsided to about 85 where it remained during convalescence.

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