afraid that the elastic ligature had lacerated into some small vessel. I therefore re-dilated the gall bladder and explored its interior, but concluded that the blood was coming from the direction of the cystic duct. I now packed the gall bladder with iodoform gauze. This checked the hemorrhage, to a certain extent, for a time, but it soon oozed through as rapidly as ever; and the patient complained of such pain in the shoulder from this distention of the gall bladder by the packing that I was forced to remove it. The patient died on the 9th of March from the effects of the continuous hemorrhage.

Post-mortem examination report made by Dr. N. A. Powell, one of the pathologists of the Toronto General Hospital.

Abdomen opened in the middle line, and the skin reflected so as to expose the site of the operation at the free border of the ribs on the right side. A clot three inches long by one and a half inches wide, conical in shape, found occupying an opening through the abdominal wall. On tracing this down it was found situated in the gall bladder, the latter being attached to the skin by firm adhesions. The clot was firm, such as results from the action of the perchloride of iron on the blood when applied as a styptic. A cavity sufficient to hold two and one-half ounces of fluid was found when the clot was removed. On inspecting the interior of the gall bladder, an opening was found through the wall among dense adhesions in the peritoneal cavity. This opening was large enough to admit a No. 20 French catheter, and lay to the front and to the right of the common bile duct, with the duodenum lying immediately beneath it adherent to the gall bladder and abdominal wall. This had evidently been made by some instrument some time before death. Situated behind and to the left of the duodenum and common bile duct, pressing upon the bile duct in such a manner as to easily occlude it, was found a growth as large as a walnut, firm, elastic, and smooth. No trace of the elastic ligature that was said to have been used for the purpose of producing anastomosis could be found. The liver, on being divided, bled very freely. There were no evidences of any general peritonitis, and the seat of the operation had practically become extra-peritoneal by the dense adhesions that had formed around the opening. The stomach contained a quantity of dark fluid. The only trace of any opening made by the elastic ligature was the sinus above mentioned. The duodenum, where stitched, must have healed as the elastic ligature worked itself away toward the interior of the gall bladder. The duodenum was firmly adherent to the gall bladder at the site of the elastic stitch. The gall bladder was pervious to a hard substance such as a probe, but would not permit of the passage of the bile owing to the pressure of the growth.

The hemorrhage evidently came from the liver, and not from the site of the insertion of the elastic ligature. Two or three ounces of blood were discharged from the cut surface of the liver.