

surface of the liver and the adjacent viscera. On exposing the ducts a stone was felt in the common duct, about half an inch from the duodenum. It appeared to be about the size of a large marble and was firmly fixed in the duct, and could not be moved along it in either direction. A longitudinal incision was made in the duct and the stone removed. It was not a hard stone and was broken in removal. As it was turned out of the duct a gush of bile followed. This was sponged out and the incision closed by sutures. A drainage tube was passed down to the border of the duct and iodoform gauze packed around it. The patient made an excellent recovery. The jaundice gradually disappeared, and the stools and urine regained their normal colour in a few days. She was discharged on the 1st of October quite well.

This was a solitary stone which had evidently been in the common duct for a very long time.

CASE V.—Mrs. H., æt. 23, married, the mother of two children, the youngest 14 months old, had her first attack of biliary colic on the 1st of April, 1897. From that time to the 1st of June, she had five similar attacks, very severe pain in the right hypochondrium, lasting about four or five hours, accompanied by vomiting and followed by perspiration. The sixth attack on the 1st of June lasted more or less for nine days, and was followed by slight jaundice. Then she had an attack every 24 hours for ten days with more intense jaundice, colourless stools and high coloured urine. From that time until her admission to hospital she had attacks every three or four days, lasting about three hours each, and with persistence of the jaundice. Her physician was able at this time to palpate a tumour in the region of the gall-bladder. On the evening of the 18th of August, she left home to come to Montreal, a distance of some 60 miles, by train. She suffered intensely during the trip and all through the night, but was relieved in the morning. She was operated upon on the 25th, one week later. During this week she had no attacks, the tenderness diminished greatly and the jaundice lessened perceptibly. The first two stools were colourless, the next two slightly coloured, and the last two (in this week) almost normal in colour. Careful examination of the stools, however, failed to discover any gall-stones. It was therefore a question whether this woman should be submitted to operation or not. Operation was decided upon and the abdomen was opened on the 25th of August (as already stated). The gall-bladder was found large and flabby and the bile ducts dilated to the size of a large lead pencil. The head of the pancreas was hard and thickened (apparently inflammatory thickening), but there were no stones in any