

other hand, is treated like an appendix stump, thus preventing any ordinary possibility of a leak from this source.

Any one conversant with gall-bladder surgery can always be certain of absence of stones in the common duct, as this is palpable in the whole of its course, and any stone so small as to escape detection could pass as readily through the common duct into the intestine as through the cystic duct into the gall-bladder.

In cases, however, where there is obstruction to the outlet of the common duct, through neoplasm, the gall-bladder may be useful to form an anastomosis with the duodenum in order to obviate such an obstruction. These cases, however, are rare, and at best are unfavorable ones for operation.

When the gall-bladder is diseased it is best to get rid of the whole organ without opening its cavity, thus precluding the possibility of infection from that source.

The following two cases illustrate the success of this method of treatment:

In the first case I followed Dr. Finney's description, with the exception of one or two small details. The history is as follows:

Mrs. B., aged 67, widow, first consulted me four years ago, for pain in the left hypochondrium. There was some rigidity of the abdominal muscles, with tenderness over the region of the pain, as well as over the upper part of the right rectus; there was a slight rise in temperature, increased frequency of pulse and constipation. Rest in bed for a few days, with mercurial and saline laxative, relieved the symptoms. There was no palpable tumor, but for several days slight tenderness remained over the region of the gall-bladder, as well as on the left side just beneath the edge of the ribs.

She is a small spare woman, rather a nervous temperament, and has been troubled for years with constipation and hemorrhoids. She has had ten children, eight of whom are alive. She is a moderate eater, and never has used spirituous liquors.

During the last four years she has had slight returns of the pain, which was invariably referred to the left side. In September, 1901, I was called and found her suffering from her old trouble. Her condition was much the same as on previous occasions. She had not lost flesh since last seen. Her temperature was $99\frac{1}{2}$ and pulse 80. She had sickness of the stomach and pain in the left side of the abdomen under the ribs, but no vomiting. In palpating the abdomen the recti were found somewhat rigid, and a small swelling could be felt beneath the right rectus, extending within about two inches of the umbilicus. On manipulating this swelling she had pain, which she referred to the left side, and not over the region palpated.