

and the patient made an excellent recovery. Within a few weeks he had regained the 80 lbs. which he had lost in the year preceding the operation, and he is still, I believe, in the enjoyment of perfect health.

CASE II.—Mrs. S., æt. 56, the mother of a large family, was admitted to the Royal Victoria Hospital on the 16th February, 1897, deeply jaundiced and complaining of pain and tenderness in the epigastrium. A long series of attacks of crampy pain in the epigastrium (evidently biliary colic) had begun about twenty years prior to her admission to hospital and had continued for ten years with considerable frequency and steadily increasing severity. At the end of ten years a large, painful, tender tumour developed in the epigastrium, and she was confined to bed with chills, flushes, pain and weakness, (acute cholecystitis?) At the end of six months, the tumour began to diminish in size and gradually disappeared altogether, and at the same time she became deeply jaundiced. The jaundice lasted about six months. She remained fairly well then for four or five years, with the exception of frequent "weak turns." Then she had typhoid fever, after which she remained well again until one year before coming under observation, when the pain returned with swelling of the limbs, high-coloured urine, and general malaise, which lasted six weeks. Two months before admission, she was again seized with pain in the epigastrium. The attacks were frequent and severe, the urine became high-coloured and jaundice developed. Two weeks before admission the jaundice became very marked and steadily increased. She had also been losing flesh rapidly during the last two months. On admission there was extreme jaundice, with bile stained urine and colourless stools. The liver was not enlarged but there was a tender point midway between the xiphoid cartilage and the umbilicus and just to the right of the middle line. There was great prostration which was attributed to cholæmia. This patient was operated upon on the 23rd of February. On opening the abdomen there was much adhesion of the omentum to the lower surface of the liver. The gall-bladder was contracted and contained twelve small faceted stones which were removed with the finger through an incision made into the least prominent part. There was no bile. Two smallish stones were removed in fragments through an incision on the dilated common duct and a large one, about the size of a marble, which lay in the ampulla of the duct, within the duodenum was pushed backwards and removed through the same incision. The aggregate weight of the fifteen stones was 3.1 grammes. The incision in the common duct was closed by sutures as in the previous case, but it was found impossible to either completely close the wound in the gall-bladder or