

(removed by incision of the duodenum and subsequent suture, with recovery)." I take it that the chief difficulty suggested would be that of avoiding infection of the peritoneum. McBurney referred to this as a "traditional fear, which dates back to a period long before intestinal surgery was understood, of opening and suturing a piece of gut." Cushing's investigations regarding the flora of the stomach and duodenum make it clear that a fair approach to an aseptic condition can be secured. There is much less danger from infection where a carefully prepared duodenum is incised than is the case with any other part of the intestine; and operations on the intestine are now done with more or less impunity. It would appear, therefore, that a gallstone in the inaccessible portion of the common bile duct should be removed through the duodenum unless some special contra-indication exists other than the danger of infection.

Case Report.

E.H., female, forty-two years of age. Born in Sweden; married at age of twenty-seven; has had nine children, of whom four are dead. Kindly referred to me by Dr. C. E. Johnson. Patient entered St. Boniface Hospital June 26, 1909, where I saw her for the first time. She was complaining of pain over the region of the gall bladder, anorexia and marked weakness; she was deeply jaundiced. At the age of twenty she had measles and says she has had "liver trouble" ever since. She has had marked constipation since that time. At the age of twenty-three she had "typho-malaria" for about four months. At the age of thirty-three she had "pneumonia" for two and a half months.

Her present illness began in June, 1907, with an attack of pain which came on very suddenly, lasted a few hours and disappeared more slowly. The pain was so intense she was completely prostrated. It was situated to the right of the median line in the upper quadrant of the abdomen, and passed through the body and shot toward the right shoulder. This attack was followed by some digestive disturbances but no jaundice. During the next two weeks she had several similar attacks, though none so severe as the first one. After this she was free from pain for about a year and a half and was in fairly good health. In April, 1909, she had another attack similar to the first except that it was more severe. She insists that she remained unconscious during the whole night. Jaundice came on gradually after this attack and deepened with each successive attack, several of which occurred during the following week. She noticed that the urine was very dark in color, while the stool became lighter. From this time marked weakness was a prominent feature and she lost about fifteen pounds in weight.