

struction to the common bile duct was therefore not complete, the bile in the stools being thus accounted for.

*Pancreas.*—The pancreas was firm, normal in appearance and section, and showed no foci of softening or of hemorrhage. The main duct was found to enter the duodenum in a separate papilla.

*Bacteriological Examination.*

The peritoneal fluid gave a pure culture of a short bacillus, which on subculture gave the characteristic appearances of the bacillus coli communis, that is it gave a dark fleshy growth on potato; it coagulated milk, and gave an acid reaction in litmus milk; it did not liquify gelatin; it gave copious gas formation in glucose gelatin.

From the contents of the gall bladder removed at the operation, and from the contents of the small cavities in the liver, a diplococcus was obtained by cultivation in broth. It grew very slowly in the broth, and died within a few days; and could not be subcultured on any of the ordinary media. It was in all probability the pneumococcus. The organism obtained from the peritoneal fluid was not present in the biliary canals. Bacteria mainly rods was also found in the walls of the biliary canals. These were not identified.

*Remarks*—The case appears of interest from several points of view. The occurrence of an infective choleangiectasis, following carcinoma of the bile duct, is not unknown, but the occurrence in so early a stage of the carcinoma is a rare event. As in most other cases of infection of passages in the body preceding the infection is obstruction or damage to the tissue. In this case there was obstruction at the biliary papilla, leading to an infective cholangitis and choleangiectasis. The infective agent was mainly a coccus—in all probability the pneumococcus. Although from the peritoneal fluid a pure culture of the colon bacillus was obtained, it is by no means an accurate conclusion that this was the infective agent causing the peritonitis, and in all probability the peritonitis was induced by transference of infection from one of the small choleangiectatic cavities at the surface of the liver. The colon bacillus would therefore be con-