

through the action of the solar plexus and sympathetic system be safely traced to the presence of gall stones and not to pelvic disease.

I remember the case of a lady who for a long time had been failing in health with the usual gastro-intestinal and pelvic symptoms and who was operated upon twice for some form of pelvic disease. After death, which occurred shortly after the second operation, the gall bladder, distended with gall-stones, was found to be the seat of the disease.

In another case which I had the good fortune to see, through the kindness of Dr. J. B. Murphy of Chicago, the prominent symptoms were nausea, vomiting and progressive ill health. This case had been diagnosed by a previous surgeon as chronic gastritis, but Dr. Murphy, believing the gall bladder to be the offending organ operated and removed from it over one hundred gall-stones.

A third case is one that came under my own observation through the kindness of Dr. Northmore of Bath. In this one however the diagnosis had already been made and consultation was requested to confirm the opinion.

Mrs.——— aged 35, mother of two children, the youngest four years old, had been, since her last confinement, failing in health, progressive anæmia and loss of body weight until at the time of observation she only weighed about eighty-five pounds. There were gastro-intestinal disturbances, some nausea but no vomiting except on one occasion, no localized pain or tenderness. Bowels constipated, normal in color, urine normal, temperature 99° F. in the morning $100\frac{1}{2}^{\circ}$ F. in the evening, pulse ranged from 120 to 130. Examination of the pelvis revealed an enlarged sensitive uterus and tenderness in the right iliac region. About two weeks or more before I saw her a small tumor was felt at the outer boundary of the right lumbar region below the liver, smooth, elongated, moveable and somewhat resembling a dislocated kidney. The tumor could be made to occupy the normal position of the gall bladder, but could not be moved in the direction of the normal position of the kidney. At the Kingston General Hospital after the usual preparations, I made a vertical incision commencing at the end of the tenth costal cartilage. The gall bladder, previously pushed into that situation presented in the wound as a tense and almost pearly white tumor and after being drawn through the incision and the field of operation carefully secured by iodoform gauze was aspirated and six ounces of clear mucus removed. The wall of the gall bladder was next in-