the needle with the elastic ligature was passed, while the thread was held on the stretch by my assistant. The needle was then passed through the wall of the gall bladder. About half an inch of duodenal and gall-bladder wall was now included in the loops thus made. The stitch was drawn tight and firmly tied, the ends were cut off short, and the abdomen was again closed with silkworm gut sutures.

The fæces were watched for bile, but, much to my disappointment, no bile appeared. One day my assistant thought he obtained the reaction for bile with nitric acid, and the nurse thought the fæces looked tinged, but only to a very slight extent. For a time the discharge of bile now seemed to diminish. This diminution may, however, have been more apparent than real. The nurses noted on the history paper frequently, "Pads changed, less discharge." The wound healed by first intention.

On the sixteenth day after the operation, as the patient was becoming disappointed, I passed a probe into the gall bladder through the fistulous opening, and found what felt to me like a portion of the elastic ligature. I passed the probe into the wall of the gall bladder, and found that it readily perforated the wall, and went through, apparently, into the duodenum. The probe was fastened in this position, and left there for two or three days, but still I could see no greater evidence of the discharge of bile by the bowel than before. I therefore dilated the fistulous opening into the gall bladder, passed in my little finger, and felt the opening through the wall, but could not feel any elastic ligature.

As the patient's husband had become seriously ill, she now left the hospital. I was annoyed at this, because with the dilated opening into the gall bladder, and thus having a ready access to its interior, I felt sure that I could now complete the formation of the fistulous opening without difficulty. The patient did not return for two weeks. After her return blood was noticed mingled with the discharge of bile. This gradually increased. Pressure on the gall bladder failed to arrest the hemorrhage. It oozed out drop by drop from the opening into the gall bladder. Thinking that it might, perhaps, be due to hemorrhage from the edge of the gall bladder, I touched this with the actual cautery without producing any perceptible effect. Though the probe passed through the gall-bladder wall, no fæcal matter and no intestinal flatus came through. Thinking that, perhaps, the hemorrhage came from the gall-bladder wall, I injected styptics, beginning with a saturated solution of alum, and ending with a solution of the perchloride of iron and water. These had no effect, excepting that they produced coagulation of the blood. The patient complained that the solutions produced pain in the shoulder similar to that experienced before the gall bladder was opened. As the bleeding still continued, I determined, if possible, to find out the cause. I felt