

diminution of the jaundice and no evidence of bile in the stools. After this, however, bile was passed freely and the jaundice rapidly disappeared.

This experience led Dr. Bell to conclude that the patency of the orifice of the duct should not be taken for granted, as was generally done, but that it should be demonstrated before closing the wound. The patient returned to his home at the end of four weeks and has since been rapidly regaining his strength and increasing in weight.

2. A small stone (the size of large pea), from the cystic duct. This patient, a nurse aged 35, had been engaged in nursing a case of typhoid fever, when she became ill and feverish and concluded that she had contracted the disease from her patient. She was admitted to the Royal Victoria Hospital under this supposition. She soon developed some septic symptoms, with localized swelling and tenderness in the right hypochondrium, and was transferred to the surgical side. The more urgent symptoms soon disappeared and a swollen tender gall-bladder could be recognized. Cholecystostomy was done on the 16th of January and the small stone found impacted in the cystic duct. On aspirating the gall-bladder, after isolating it in the wound, a clear viscid fluid first flowed, then flaky sero-pus and finally pus. Subsequent history uneventful.

3. Four stones removed from the gall-bladder of a lady aged 37, who had suffered for four or five weeks from acute localized symptoms, which had suggested a diagnosis of appendicitis. There was a history of attacks of biliary colic extending over a number of years. The four stones were so arranged as to form a conical shaped mass, the apex of which lay in the neck of the cystic duct. There were no adhesions, the operation (cholecystostomy) was simple and the subsequent progress uneventful, except for a phlebitis of the right leg, which developed about a week after operation.

4. 135 faceted stones removed from the gall-bladder of a woman aged 27. There had been attacks of biliary colic at the age of 13. Present illness began in December, 1895, and was of an acute inflammatory character, localized in the side, and suggested appendicitis. On opening the abdomen, the under surface of the liver was found firmly adherent to the stomach, duodenum, colon, and omentum. The base and inferior surface of the gall-bladder was fused into the greater omentum as a hard inflammatory mass. On separating this mass many stones rolled out, and those in the neck of the bladder and cystic duct were removed with difficulty. Great difficulty was experienced in attaching the imperfect gall-bladder to the parietal peritoneum. The subsequent history was uneventful. There was