

The wound is completely healed and her general health is first-rate.

An interesting question in this case is whether or not the cholecystitis was caused by the attack of measles.

CASE IX.—Mrs. C., a large, fleshy woman, æt 61, the mother of 14 children, intensely jaundiced, and suffering from two large carbuncles on the right side of the abdomen and on the right loin, was admitted to the Royal Victoria Hospital on the 13th of October, 1897. Her history was as follows: She had always enjoyed the best of health until March, 1894, when she slipped and fell, striking her right side against a barn door. The immediate effects of this injury passed off in a few days, but a month later she had a severe attack of spasmodic pain about the right costal margin, unaccompanied by chill or vomiting. She had similar attacks about twice a year for the next three years, each being accompanied and followed by tenderness, just below the right costal border. On the 10th of August, 1897, a very severe attack came on and persisted, with short intervals of relief, until she came to hospital. It was accompanied by chills, a sense of fulness at the stomach and persistent vomiting. Three weeks after its onset jaundice appeared and grew steadily more and more intense. The stools were colorless and putty-like, and the urine very dark. The carbuncles were treated on the 14th of October, and the abdomen was opened on the 4th of November. A faceted stone was found freely movable in the common duct, and removed through a longitudinal incision, which was closed by suture. The gall-bladder was shrunken and contracted and contained 6 faceted stones, which were removed through an incision in its walls. There was no evidence of communication between the common duct and the gall-bladder, and the wound in the latter could not be brought up to the parietal peritoneum. The liver border was round and firm. A drainage tube was carried down to the wound in the duct, along the under-surface of the liver, and the space packed off by strips of iodoform gauze. The patient made an uninterrupted recovery, and, although still in hospital, she is practically well and ready for discharge. The bile-staining disappeared gradually from the skin and urine, and within a week the stools were of normal color.

An interesting feature in this case is the fact that the group of 7 stones which had hitherto given rise to no symptoms whatever, seems to have been disturbed by the traumatism in March, 1894, and that this disturbance was the starting point in a series of changes which culminated in the conditions above described.

CASE X.—Mrs. C. C., a pale woman, somewhat deaf, æt. 27, the mother of one child, had an attack of biliary colic about a year ago