

therefore, abandoned, the diagnosis being carcinoma. The original operation was made on November 16, 1898. Contrary to all expectation the patient gradually improved and the jaundice disappeared and she was restored to health. A few months ago she again felt a little pain in the epigastrium with some recurrence of jaundice. The lapse of time had been sufficient to negative the diagnosis of carcinoma and I consequently decided to open the abdomen again. I did so on August 12, 1902, and again encountered adhesions. The adherent mass was smaller, however, than at the first operation. The patient being in vigorous health at this time I separated the adhesions, forced my way down to the gall bladder which I found much contracted, with thickened walls and on opening it I removed from its cavity ten small gall stones. I was able to separate the adhesions so as at length to get my finger into the Foramen of Winslow and explored the whole of the biliary tract, and was thus able to exclude other diseased conditions. This case had been to me one of the most interesting in my experience. Had the first operation for exploration been undertaken earlier when the patient's condition was such as to have rendered a more prolonged operation possible, of course she would have been relieved at that time, but it is not infrequent that one is forced to undertake operations in which the only hope depends upon the rapidity with which it is performed.

Explorations under such circumstances, if too prolonged, or severe, usually result in death and consequently are not permissible. These illustrations seem to me sufficient to demonstrate the desirability of early exploration. The interesting fact is that in all the cases mentioned the complex of symptoms has not been those supposed to be characteristic of gall stones. Unquestionably, explorations under the conditions described will result in demonstrating the presence of malignant disease in a certain proportion of cases, but in as much as the exploration can be of little detriment to such patients, little can be said against the procedure.

The second proposition pertains to the presence or absence of gall stones in cases in which malignant disease may be excluded with fair certainty. Patients may have for years complained of discomfort in the epigastrium. There may have been at no time colic, suggesting gall stones, and jaundice if present may have been so slight as not to have attracted the patient's notice. The most striking case of the sort which has come under my notice is that of a patient on whom I operated a number of years ago for urinary calculus. Three months later I was called to his house to find the patient in collapse from which he died in