

The gall bladder was drawn into the wound, stitched in place and a drainage tube placed in its interior. Another drainage tube was passed into Morrison's pouch, which was surrounded with gauze packing. During the manipulation the abdominal contents were carefully protected by aseptic gauze packing.

The patient made an uninterrupted recovery. The fistulous opening closed at the end of two weeks. In October, 1898, he was in good health and had regained his original weight.

Case 2.—(Mrs. W., No. 1124, Abdominal Operations.)

*History.*—The patient had been confined seven weeks previously. She was up and going about. There had been no difficulty in connection with the confinement except that the perineum had been slightly torn. This had healed. There were some varicose veins in the right labium majus. The first symptom noticed was a very severe pain under the edge of the ribs on the right side; she had eructations of gas and could not take a long breath without discomfort; there was some vomiting; the pain did not increase during the day, but on the following day it became excruciating. Her physician, Dr. T. B. Richardson, was called and he found the suffering so intense that he at once gave a one-half grain of morphia. The pulse was running from 120 to 130, and the patient seemed extremely prostrated. During the night the pulse increased to 140, and the condition appeared very alarming.

I saw her the next morning and made a careful examination. There was no abdominal tenderness except at one spot over the gall bladder; the abdomen was slightly puffed but not rigid; on the contrary, quite flaccid. There was no vomiting at this time but some rather troublesome belching of gas. Previously the patient had suffered from symptoms of indigestion, but without any severe colic. She had never been jaundiced; the tongue was normal, the face flushed, the temperature 102-3, pulse 130. It occurred to me that the case resembled that of Dr. R. and that it must be an instance of that very rare condition—gangrene of the gall bladder. The diagnosis lay between perforation of a gastric ulcer on the posterior wall of the stomach, gangrene of the gall bladder, and appendicitis. A definite tender spot over the gall bladder rather pointed to that organ as the seat of trouble. Pain shot through to the right shoulder blade; there was decided embarrassment to respiration. The rapid variation of the pulse was remarkable, and seemed to be characteristic of this condition. It varied from 112 to 140 beats per minute within a very short period of time. I felt that