

prominent symptoms until the thirteenth day, when the abdomen is reported as uniformly distended and dull on percussion. On the same day an incision was made and a pint and a half of thick bile-like fluid let out. On the eighteenth day another incision in the median line was made into a fluctuating swelling in the upper third of the abdomen, which let out a quantity of fresh bile. On the twenty-second day the urine is reported as containing bile, the stools clay-colored with progressive emaciation and weakness. On the thirty-third day the patient died. The post-mortem revealed the gall bladder torn off near its entrance to the duodenum and a cavity filled with bile between the stomach, liver and lesser omentum.

A case similar to Mr. Spencer's is reported by W. H. Battle in the *Clinical Society Transactions*, vol. xxvii., p. 144.

Dr. Miles F. Porter, in an article on "Injuries of the Gall Duct," read before the American Association of Obstetrics and Gynecology, probably gives the best epitome of the literature. His references show that he has been pretty well over all the works where reference might be made to the subject, including the *Index Catalogue of the Library of the Surgeon General's Office*.

To quote briefly from the article, "Injury to the hepatic ducts is usually accompanied by injury to the liver.....No case of rupture of the gall bladder or gall ducts without penetration of the abdomen is reported in *The Medical and Surgical History of the War of the Rebellion*.....The cases reported show the most frequent cause to be forces which act in a crushing manner, such as a blow on the abdomen or the passage of a wagon wheel over it. ....The symptoms as they occur are pain, shock, ascites, acholia, jaundice, cholæmia, peritonitis and inanition.....Shock is generally well marked and reaction slow.....Secondary shock means hæmorrhage.....Injuries of the common duct when they result in complete diversion of the bile from the intestines are inevitably fatal unless by some means the diversion be overcome." Following these statements are suggestions as to the best procedures when the injury is in the common bile duct, none of which apparently has been tested.

In the article Dr. Porter reported four cases—one from Tillman's Surgery, the history of which is obscure. The second from *Bryant's System of Surgery*, which died in the thirty-eighth