About twenty-four hours after the operation secondary hemorrhage from the incision set in. Pressure was applied, and the sutures were tightened by means of forceps; perchloride of iron was used, but the hemorrhage still continued. Forty-eight hours after the operation the patient was again placed on the table, chloroform was administered, and the wound was reopened throughout its entire extent, except at the point of insertion of the gall bladder. The hemorrhage was now found to be a general oozing from the cut surface of the right rectus muscle, and to stop this it was necessary to pass two sling sutures around the muscle above and below the incision through it. These were tightened and the ends of the muscle were held against the abdominal wall, and in this way the bleeding was checked. The patient then made an uninterrupted recovery; the wound healed, strange to say, by first intention; the fistulous opening in the gall bladder contracted down until it would barely admit a probe. The epistaxis continued from time to time, but did not give rise to any alarm. The patient gradually changed color, and soon all evidences of jaundice had completely disappeared. On two or three occasions some blood was found mixed with the bile. The urine became a lighter color.

During the performance of the second operation for the control of the hemorrhage, I had a good opportunity of examining the manner in which nature walls off the point of invasion of the peritoneum from without, and protects the system from the introduction of foreign matter. The intestines were adherent around the opening, and the liver was covered with adhesive lymph. The patient was soon able to walk around, but complained bitterly of the inconvenience of the bile-stained pads. Had it not been for this fact, I should have refused to do anything further. I advised her to go home for a couple of months, and to return at the end of that time. This she refused to do, and begged of me to perform some further operation for the closing of the fistulous opening.

As Dr. Gaston's operation had been done by himself successfully on dogs, I decided to produce, if possible, an anastomotic opening between the duodenum and the gall bladder by the means recommended by him, namely, the use of an elastic ligature. A piece of strong elastic was procured that would thread a small needle. On the 1st of February, 1893, the abdomen was opened just below the line of the old incision. The right rectus muscle was divided. The parts were dissected off with care, and it was found that the general peritoneal cavity had been shut off from the site of the previous operation by very firm adhesions. It would have been impossible to reach the growth with any degree of safety through these adhesions, as the liver had diminished in size, and the growth, together with the common duct, had been drawn up under the ribs. The duodenum was found lying close to the gall bladder, and through its wall