ligature through all its coats, bringing the needle out and reinserting it in the same line in such a way as to make the two stitches take up a portion of the coats of the bladder about an inch long. Then turning, I passed the needle again, making two stitches parallel to the first two. Now I cut through the walls of the bladder, making an opening sufficiently large to pass the female portion of the button. A few gall stones were removed. Then tying the drawing string tightly around the stem of the button, I had an assistant use it to hold the button in an angle of the wound until the duodenum could be found, drawn into the wound, the drawing string passed and the bowel opened at the point nearest the gall bladder. The male portion of the

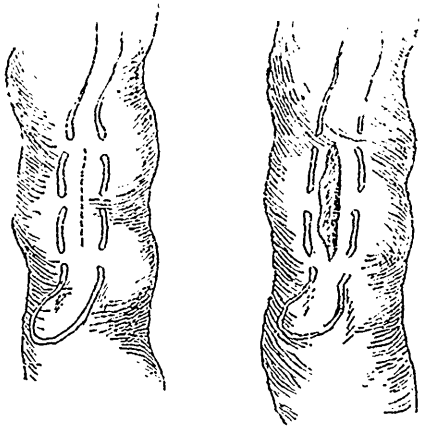

FIG. 3.—Showing running thread before and after incision in bowels.—*(Medical Record.)*

button was then passed in and the drawing string tied and cut short. The peritoneal surfaces which were intended for approximation were now vivified by scraping with the knife, and the two portions so pressed together as to bring the two peritoneal surfaces into close contact. The abdomen was now closed, a pad and bandage applied, and the patient removed to bed. She had very little shock. Bile was vomited an hour and a half after operation.

Twelve hours after operation there was pain over the region of gall bladder. Hypodermic injection of one-eighth of a grain of morphia gave relief and sleep. Pulse, 100; temperature, 99° F.

Vomiting troublesome. Temperature remained about 99° F.

On the sixth day a slight raise of temperature, with increased pain, led me to look for pus, which I found in the abdominal wall, which had not healed properly. After draining and washing the pus away the temperature came down, but pain, vomiting, flatulence and distress gave evidence of serious internal trouble.

Peritonitis had commenced, and it increased in severity until her death on the eighth day after operation. The jaundice showed signs of abating on about the third day.

Post mortem examination revealed a state of general peritonitis. Absence of sufficient adhesive repair at seat of approximation of gall bladder and duodenum had allowed escape of their contents into the peritoneal cavity (probably on the sixth day). A number of gall stones remained, and one large one was in the common duct. The liver was cirrhotic.