The opening was then enlarged and the gall bladder washed out; a few small stones were removed. The mucous coat of the gall bladder was entirely gangrenous so far as could be seen, and apparently ready to exfoliate. A puncture was made in Morrison's pouch behind the liver and a drainage tube drawn in so as to effect through-and-through drainage. Another tube was placed in the gall bladder, which was stitched with a running suture to the skin. Iodoform gauze was packed around the organ to protect the peritoneal cavity in case of leak. Convalescence was uneventful, and the patient left the hospital thirty-four days after the operation.

In a review of the literature on this subject I have found the following eases of gangrenous cholecystitis reported:

Czerny—2 cases; 1 died.—Munch. Med. Wochft, Vol. 50, p. 929.

Hotchkiss—1 case; died.—Annals of Surgery, Vol. 17, p. 197. Moynihan—2 cases, (1) died, following the involvement of the hepatic artery in caremoma of the pancreas. Gallstone disease, page 197; (2) recovered.—British Med. Journal, '03, 1, p. 186.

Mayo Robson—1 case.—British Med. Journal, '03, 1, p. 184. (Robson reports having seen one specimen of a gangrenous gall bladder at Guy's Museum in '97 (No. 1, 397); "Diseases of the Gall Bladder and Bile Ducts.")

Ferguson-1 ease; recovered; operated upon on the 13th day.—Journal of the American Med. Ass'n, Jan. 24th, '05.

Samuel—2 cases; both recovered.—American Pract. and News, Nov. '04.

Fowler (Russell S.)—3 eases; 1 died; impending perforation in 2nd and perforation in the 3rd.—Brooklyn Med. Journal, Dec.. '05.

Ransohoff—1 case; recovered; careful search revealed no stones and there had been no infection at any time.—Journal of the American Med. Ass'n. Feb. 10th, '06.

Gibbon—1 case; recovered.—Am. Jr. Med. Sciences, Vol. 125, p. 592.

Donoghue—1 case; recovered.—Am. Jr. Med. Sciences, Vol. 123, p. 193.

Courvoisier-3 cases; Beitrage, Leipz., '90.

Dr. Samuel regards the two cases he reports as representing the extreme limit of inflammation of the gall bladder and thinks they may be explained by the impaction of the cystic duet with one or more stones and subsequent infection of the gall bladder