

by hot fomentations over the gall bladder and back and hypodermic of morphia. On examination a distinct tumor could be felt over region of gall-bladder, which was also quite tender on pressure; temperature, 100 degrees; pulse, 120; clay-colored stools, not complete, etc.; operation similar as described in number one, with the exception that a purse-string suture of the opening into the gall-bladder was used and tightened up at the end of the tenth day. About fifty faceted stones removed from gall-bladder and cystic duct. Made a good recovery and left hospital in four weeks. No history of any recurrence.

CASE 5.—Mrs. W., aged 42; small, slender woman; mother of six children. When seen by me was of a dark brown color, the jaundice being intense, clay-colored stools, extremely offensive; quite weak, and could hardly walk about the house; complained of dizziness and headache, and friends informed me was a little delirious at night; temperature normal; pulse, 120, small and compressible; a distinct tumor could be felt over gall-bladder, which was quite tender on pressure. Diagnosed gall-stones in common duct, and advised operation. Operation as in number one; a large number of stones were removed from gall-bladder and common duct. Gall-bladder was stitched to peritoneum and aponeurotic layer; on the fifth, thirteenth and twenty-first days quite a severe hemorrhage took place from the gall-bladder, which was controlled by firmly packing the gall-bladder with plain gauze, but otherwise patient made a good recovery, and left hospital at the end of the fifth week, still having a small sinus discharging bile.

CASE 6.—Mrs. O., married, aged 38; mother of four children; very stout; complained of sudden acute attack of pain over region of gall-bladder, accompanied by vomiting and chills, with pain and tenderness over region of gall-bladder; no jaundice; operation. Gall-bladder was found distended with bile and large number of stones, indicating a movable stone in cystic duct. Operation as described in number one, but with the purse-string suture. Patient made good recovery and left hospital in three weeks.

CASES 7, 8 and 9.—All females, all had history of previous attacks, pain and tenderness over region of gall-bladder; some little jaundice, partial clay-colored stools. Operation of cholecystotomy in all three; all three of which had partial obstruction of cystic duct, with numerous stones in the gall-bladder. All recovered and left hospital between the third and fourth week.