median line. Further toward the loin a movable, smooth, tense fluctuating swelling could be readily made out, corresponding in outline to a distended gall bladder. The nodule referred to was hard, and a cord could be felt running from it toward the gall bladder, and this cord proved to be the common duct. From the symptoms of the case, together with the previous attack of colic one year before, I diagnosed obstruction of the common duct by an impacted gallstone. The liver was enlarged, and extended about an inch below the free border of the ribs on the right side.

As I was going to the meeting of the Clinical Society that evening, Dr. Cotton and I decided to exhibit the case. She consented, and during the evening she was presented to the society. The lump was felt by several members, and the gall bladder itself was readily made out. I mentioned the fact that I had already been in error in the case previously related, but thought that this time there could be no doubt about the diagnosis. Operation was decided on, and on the 19th of December, 1892, assisted by my friend, Dr. A. H. Wright, I opened the abdomen along the margin of the ribs on the right side. Bleeding from the wound was rather troublesome; the liver was found much enlarged; the gall bladder very much distended; and the hard mass previously felt was found to be evidently in the common duct. On closer manipulation this mass did not feel hard enough for a stone; it was smooth and rounded; but for all that I determined to make the diagnosis by means of a needle. The needle passed down into the mass, did not strike any hard tissue, and its withdrawal was accompanied by a discharge of blood that seemed to be more profuse than would follow puncture of a gall duct with an impacted stone. I now decided that, notwithstanding the small size and deceptive appearance of the lump, it must be a growth, but I feared that subsequent *post-mortem* examination might even yet prove that I was mistaken.

I now opened the gall bladder, emptied it of very dark treacly colored bile, explored its interior, fastened it to the abdominal wall, and washed it out. Fresh bile began at once to flow through the gall bladder. The common duct was distended to the thickness of a man's thumb, and the bile ducts and the liver were found to be distended in corresponding proportion. Had the obstruction in the common duct been due to the impaction of a stone, I doubt very much the advisability of incision of the duct for its removal under such circumstances. I now decided to drain the gall bladder, and by permitting of the external flow of bile to relieve the jaundice. The wound was closed after all hemorrhage had been checked. A drainage tube was fastened in the opening in the gall bladder, and the end of it was carried some distance beyond the dressings. During the next few hours the pads over the drainage tube were soaked with bile. The patient's nose bled and blood was spit up; this showed the hemorrhagic tendency.