

curred, and she was suffering greatly when I saw her. Very little urine had passed each day. I passed a catheter and drew off eight ounces. From 9 p.m. on the 9th till noon on the 10th she passed just four ounces. The mass had increased greatly in size, and now extended to the left as far as the umbilicus. It was less freely movable. The patient was vomiting a great deal. I administered the usual remedies for the relief of vomiting, and resorted to lavage without success. I now came to the conclusion that the floating kidney had in some way produced a kinking of the ureter, and that I had to deal with a hydro-nephrosis. I teporized for two days, but finding there was no improvement in her condition, I advised operation for the relief of symptoms.

Accordingly, on April 12th, I cut down in the loin over the right kidney, and to my surprise found the kidney normal in size and appearance. The ureter was, however, greatly distended because of pressure upon it by some intra-peritoneal tumor. I closed this wound and opened the abdomen over the prominence of the mass, which now extended more than an inch to the left of the umbilicus; this I discovered to be a greatly-distended gall bladder. Putting an aspirating needle into this a considerable quantity of dark brown grumous material was drawn off, which under the microscope proved to be made up of cholesterine crystals and disintegrated blood. After carefully protecting the general peritoneal cavity by means of gauze-pads and sponges, I freely opened the gall bladder, finding that it had a very thick wall varying from a quarter to half an inch. Passing my finger in, and afterwards a long probe I was able to determine the patency of the common bile duct. Believing the case to be one of malignant disease, I sutured the margins of the opening into the gall bladder to the margins of the abdominal incision, put in a drainage-tube, and then closed the remainder of the wound. For several days the tube drained away a considerable amount of this dark brown fluid, but the discharge gradually became more and more like bile until finally clear bile was discharged. The stools throughout had been of a natural color. A few hours after operation a large quantity of urine was drawn off.

As soon as the patient began to come out of the anesthetic the vomiting recurred, and the stomach would retain nothing. I resorted to nutrient enemata for about thirty-six hours, keeping her in fairly good condition by this means, but at the end of that time the bowel refused to retain these. On the evening of the third day after the operation I saw the patient and found her sinking rapidly, stomach contents were regurgitating from the mouth, she was very restless, the face was drawn and pinched and the eyes sunken, the temperature was subnormal, the pulse irregular, running at 140 to the minute and barely perceptible at the wrist—the end seemed near at hand. Mr. Irving H. Cameron came in at this time, and