would be hazardous, and that an exploratory incision, and subsequent treatment *secundum artem* of the condition found, would give the best chance of bringing about a relief of the symptoms.

I had her removed to the Montreal General Hospital and operated on the evening of Tuesday, the 12th April, 100 hours after the onset of pain and vomiting. Dr. Shepherd very kindly gave me his assistance.

I opened the abdomen in the median line, below the umbilicus. Distended and collapsed small bowel came immediately into view. After following the collapsed bowel for a short distance, the portion containing the stone came up from the region of the pelvis on the left side. After emptying the bowel by pressure, and protecting the field by gauze pads, an assistant grasped it on each side and I removed the stone through an incision in the long axis of the gut. The opening in the bowel was subsequently closed by a double row of continuous sutures.

The green bilious vomiting continued for 72 hours after the operation. Extract of belladonna was given continuously every four hours for a week to overcome the dilated condition of the bowel above the obstruction. The bowels did not move until the fourth day after the operation, notwithstanding the frequent administration of copious enemata and occasional salines. The patient is now quite well, eating heartily and passing a well formed stool each day.

I do not know that it is possible to differentiate obstruction by a gall-stone from that due to bands or a volvulus or internal hernia. A history of cholelithiasis would be very suggestive, however. In the present instance the history was of a previous attack of appendicitis. There had never been any jaundice observed. One would rather have expected to find strangulation by bands.

In a case of intestinal obstruction occuring subsequent to a definite history of recurring attacks of hepatic colic rendering it probable that gall-stone might be a likely cause, it would be a nice question to decide when to operate. The mortality in gall-stone obstruction, following the medical and expectant plan of treatment is, according to Mayo Robson, about 52 per cent., and if surgeons have not been able in the past to show a larger percentage of recoveries, it is probably because operations have been too long postponed. Operations done as a *dernier resort* will always be followed by a large death rate. It is remarkable what small stones have caused fatal obstruction, as shown by specimens in the London Hospitals. On the other hand some very large stones have been successfully passed. I should say that in every case of intestinal obstruction from gall-stone or any other un-