

numerous recent adhesions to the abdominal wall. On opening the stomach it was found to contain about two ounces of a dirty, yellowish-brown liquid. The mucous membrane was highly congested, and there were a few ecchymosed patches. No ulceration; no tumor. All traces of inflammation were confined to the gastro-hepatic region. All the other abdominal organs were healthy.

*Specimen.*—The gall-bladder, when removed from the abdomen, measured seven inches in length, and contained from six to eight ounces of fluid, its walls being distended to their utmost capacity. Unfortunately I placed it for a few days in undiluted alcohol, which caused it to shrink considerably and its walls to appear thicker. The fluid contents (bile) passed through and mixed with the spirit. Calculi can be felt in the fundus, the blood-vessels of which are very much larger than normal, and, altogether, it shows signs of great congestion.

*Remarks.*—It is unfortunate that operation was so long delayed, for even had it disproved the diagnosis of distended gall-bladder, an exploratory incision, made under aseptic precautions, would have done little, if any harm. While laying claim to no personal experience in the surgery of the gall-bladder, I submit that the symptoms not only justified, but made an exploration imperative. I started with the intention of performing cholecystotomy, but abandoned this in favor of extirpation, for the following reasons: There were no adhesions between the fundus and the abdominal wall, while it was firmly bound to the liver and pylorus, and this, together with signs of a localized peritonitis, made it appear to me probable or possible that there had been a leakage of biliary fluid from some part of the neck of the gall-bladder, while its extreme flexion on itself appeared to preclude the possibility of thorough drainage; moreover, the walls were so thin, by reason of hyper-distension, that it occurred to me it was not wise to risk suturing them to the wound. While, unfortunately, the result adds to the mortality of an operation which will probably soon cease to be regarded as a "surgical audacity," I cannot help remarking that a rather too free use of morphia was probably an important factor in the untoward termination, and that