foration of the gall-bladder and the institution of surgical interference. The earlier the operation the better. The result in all these cases develops with great rapidity.

Treatment.—To such an audience as this it is unnecessary to say much of treatment of this condition. To my mind there is but one treatment, and that is surgical. The abdomen should be opened, drainage of Morrison's post-hepatic pouch should be instituted, the abdominal cavity should be thoroughly cleansed, the intestines and the five abdominal pouches should be irrigated with normal saline solution, all the while remembering that the intestines, perhaps the seat of typhoid ulcers, must be handled with the greatest gentleness; the operative procedure must be carried out with rapidity, so that not an instant of time is lost. If the gall-bladder is gangrenous it should not be removed, as its removal consumes valuable time and increases the shock. I am satisfied from my experience in the past that gauze packing with iodoform gauze and drainage of Morrison's pouch through its most dependant portion by counter puncture with the scalpel upon the protecting fingers inside the abdomen, rapidly carried out, is all that is needed to insure the greatest degree of safety to the patient. The gall-bladder may slough and come away at a subsequent date. The patient is always in a critical condition, and it is a great mistake to attempt too much. It is wonderful how nature repairs this condition at a late date, and it is, therefore, important, knowing this, that we should pay chief attention to the saving of the life.