

dice became more marked, and as medical treatment seemed to be of no avail, an operation was advised. Assisted by Dr. Parke, of Woodstock, I made an incision and found the gall bladder quite adherent to the pylorus. The adhesions were with some difficulty broken up, the gall bladder was opened, and I found a small quantity of black fluid mixed with bile. Some small concretions like sand were scooped out, and with some difficulty a probe was introduced into the cystic duct. An attempt was made to pass the probe through the common duct into the duodenum, but this was found impossible. I made a digital examination of the common duct, but could detect no stone, and as the patient was not in very good condition we decided not to proceed further, but simply to drain. There was not a very free flow of bile through the tube, but sufficient to cause her jaundice to lessen considerably, and she was able to take food with comfort. She left the hospital much improved, and in about a month from the time of her operation the fistula closed. The improvement in her condition did not continue, and after four or five weeks had elapsed a second operation was advised, with the object of dilating the common duct if possible and removing the gall bladder. She refused any further operative interference, however, and gradually sank. An autopsy was performed, when the liver was found to be somewhat enlarged, and the stricture in the cystic duct again contracted, a small quantity of bile being found in the gall bladder. The common duct contained no stone, but was very much contracted, its walls much thickened, and it was with difficulty that a very fine probe was passed. There seemed to be no doubt that the strictures were the result of injuries sustained on account of the former presence of gallstones. This condition of stricture of the common duct does not seem to be very common. Mayo Robson reports a case in which he had to make a new passage for the bile by doing a cholecystenterostomy, which was quite successful. I have no doubt that had the condition here been recognized several years before and an operation performed the stenosis of the common duct would have been avoided, as well as the fatal result of my unsuccessful operation.

It would be interesting in considering this subject to inquire into the conditions favoring the formation of gallstones. That most gallstones are composed almost entirely of cholesterol is an undisputed fact, but the origin of this substance is still somewhat obscure. It is thought by some to be formed in the gall bladder