

ferentiated. He thought there was less tendency to gangrene from interference with the arterial supply in the gall bladder than in the appendix. In the case mentioned by Dr. Hotchkiss a circular constriction had taken place that was evidently sufficient to choke off the blood supply from the extremity of the viscus. He thought it unwise to burden the nomenclature of liver surgery with the name "gangrenous inflammation." With an experience of five cases, I am of the opinion that the disease is a distinct and definite one, accompanied by very distinct and definite symptoms. The condition has been diagnosed by more than one observer.

Mayo Robson considers gangrene of the gall bladder as only an extreme degree of phlegmonous cholecystitis. In the Museum of Guy's Hospital he found a well-marked specimen of the condition, and, later, reported a case of his own.

*Symptoms.*—I find that the symptoms of the disease are of a very marked type. The patient, perhaps in the midst of health, is seized with sudden acute pain in the right hypochondrium, which may be so severe as to cause collapse, faintness and prostration. The constitutional disturbance is very alarming. The most peculiar symptom I have observed is the condition of the pulse, the rate of which varies very quickly from 70 beats to the minute to 130 to 140 to the minute, when it becomes feeble and running, and is accompanied by lividity of the face, blueness of the hands and feet, and the body surfaces become cold, clammy and covered with sweat. There is always an elevation of temperature and sometimes a rigor. When such a condition is present and a mass is found in the right hypochondrium, beneath the edge of the liver, extremely sensitive to the touch, we are justified in diagnosing gangrenous cholecystitis, and immediate operation is indicated. By early operation and open drainage I have been able to save 100 per cent. of my cases.