

passing by the impacted calculus, owing to the fact that more bilirubin calcium is being precipitated on its surface until it may increase to a very great extent.

CHOLEDOCHOLITHECTOMY.

We have considered the treatment of stones in the gall bladder and in the cystic duct. We have now to turn our attention to the treatment of gallstones in the common or hepatic ducts. It is seldom that stones are met with in the hepatic duct. When they are met with they must be removed by pressing them down into the common duct, from which they may be removed by forcing them back through the cystic duct into the gall bladder, or they must be removed by direct incision. When a stone is lodged in the common duct it will be accompanied by an intermittent jaundice or a jaundice of varying intensity. The patient may be very deeply jaundiced for a great length of time.

The operation for the removal of the stone is in some cases fraught with such risk to the life and difficulty to the surgeon that it may be advisable to adopt another measure for the relief of the patient. An anastomosis between the gall bladder and intestine may be established. The colon is the portion of the bowel that can be most readily approximated to the gall bladder. Before this operation was carried out it was supposed that it was not advisable or, in other words, that the small intestine should be used instead. I have found that the patients do not have diarrhea as a consequence of the pouring of the bile into the large intestine or any digestive disturbances. When the small intestine is used it must be either drawn up over the colon or taken through the folds of its mesentery. I have anastomosed the gall bladder to the large intestine on several occasions with the most perfect results.

Owing to the advances that have been made in gall-bladder surgery cholecystenterostomy stands to-day in a different position. We can now incise ducts with impunity that can not, owing to their friability, be stitched, owing to the fact that we understand the safety given by careful and through drainage. The operation of cholecystenterostomy must now be recorded as rather a makeshift, only to be used when a patient is in a very bad condition.

On one occasion, when operating on a young woman,