

Perhaps Dr. Elliot's suggestion to place a sand-bag under the back, and thus bring forward the field of operation, may prove to be an advantage.

Tuffier's plan of approaching the common duct from the back seems to me to have little to commend it. The operation cannot be done retroperitoneally, and the abdominal incision gives better access to all the parts to be dealt with.

From what we know of this work the removal of stones from the cystic, hepatic, and common ducts is feasible, comparatively safe and a distinct advance in gall-stone surgery, giving a lower mortality than cholecystenterostomy, and being in its results in every way more satisfactory.