

obstruction whatever at the papilla. Very much humiliated, we put a drainage tube into the common duct and closed the abdomen. A careful search of the first stool passed after the operation revealed a stone of considerable size. For the first fortnight the patient, an old and rather weak man, drained bile very freely and during this period presented that peculiar but typical picture of marked mental and physical depression, which promptly cleared up just as soon as the bile began to flow through the proper channels. This complete loss of bile in old and debilitated patients is an important argument against drainage of the common duct or gall-bladder for too long a period.

I have upon more than one occasion, after having satisfied myself that I had removed all the stones from the gall-bladder and ducts, found a few weeks later, upon the removal of the drainage tube from the gall-bladder, a stone lodged in its lumen or have had one or two smaller stones follow its withdrawal. Is there any way of thoroughly exploring and emptying the biliary tract of stones? I know of none. All writers report a small but appreciable percentage of stones overlooked. It is impossible to estimate the exact percentage, but it is probably not far from five per cent. Kell estimates his own failures at one per cent. I always make it a practice to open every gall-bladder and insert a finger into it. With this finger in the gall-bladder and with two fingers of the other hand, one on either side, strip the ducts in both directions, the hepatic downward, and the common upward, toward the cystic duct. This same procedure is followed out with a uterine sound in the hepatic and common ducts in order thus to identify them without question. But, after all, this care, I have occasionally overlooked small stones. It is, therefore, impossible for the conscientious surgeon, when a case returns to him with recurrence of symptoms suggesting the presence of a stone, to salve his conscience by stating to his patient that stones have surely reformed. That they do occasionally reform, however, there can be no doubt. I have recently operated a second time upon a patient for whom I had operated just a year previously. At that time, the patient, an old lady, with a bad heart and kidneys, was suffering from a much inflamed, thickened and deformed gall-bladder full of stones which I should have excised, but for her poor condition. A year later, after complete relief of her symptoms for about ten months, I was called to see her in an almost identical condition to that which was present when I had first seen her. I operated and found the gall-bladder again full of stones. Had I not thoroughly emptied it at the first operation with my finger in its lumen, I could hardly have believed it possible that so many should have reformed in such a comparatively short time. Deaver reports a case