am indebted for much of my information bearing on the present case. His method is by the use of his anastomosis button, which I here show you, and for a full description refer you to his publication in the New York *Medical Record*, of December 10, 1892. He claims that it differs from all other previous devices, in the following particulars:

"1. It retains its position automatically.

"2. It is entirely independent of sutures.

"3. It produces a pressure atrophy, and adhesion of surface at the line of atrophy.

"4. It insures perfect apposition of the surfaces without danger of displacement.

"5. It is applicable to lateral as well as end-to-end approximation.

"6. It produces a linear cicatrix, and thus insures a minimum of contraction.

"7. And in the extreme simplicity of its technique which makes it a specially safe instrument in the hands of the every-day practitioner as well as the more dexterous specialist."

Dr. J. B. Murphy gives the first "one-sitting" operation for gall-bladder intestinal anastomosis in the human subject as having taken place May 4, 1887. Up to December 10, 1892, thirteen operations were reported. Of these, *four* died as the result of operation, *five* died as the result of malignant disease from which they were suffering, and *four* survived, viz., Ferrier's, Curvoisier's, and two of his own. Since that time other operations of the kind have taken place, some of which have not yet been reported and others cannot be classed with "one-sitting" operations.

To those interested in the subject the details of my recent case cannot help but prove instructive, for we often learn most from our own or from the failure of others.

Mrs. J. H., a widow aged 57, had always been strong and healthy until within the last four or five years, during which time she had been troubled with repeated severe attacks of colic, followed by jaundice, dyspeptic symptoms, flatulence and pruritis, which was so severe that it gave almost as much trouble as the pain.

Muscular wasting had taken place, and her general appearance was that of suffering. Neither liver nor spleen were enlarged, and her heart and lungs were normal.

Her attacks were of an intensely aggravating character. Coming on abruptly, there would be first agonizing pain in the right hypochondria region. This would be followed by a severe rigor and vomiting of mucous from the stomach; then a slight raise of temperature, 101"-102° F.; this would be followed by perspiration, usually of a cool, clammy character. The jaundice, from which she was never entirely free, would be intensified, and pruritis of a general nature would be redoubled to such an extent as to seriously interfere with her sleep. Gaseous eructations and flatulent distensions were more marked and troublesome at these times.

Physical examination in the region of the gall bladder gave no evidence of enlargement. Pain on deep pressure was severe. The feces had the appearance, as a rule, of an absence of bile, though at times their colour indicated a slight amount.

The urine contained a large amount of bile, but no other abnormal element.

Medical treatment, at first by copious doses of olive oil, then by gentle laxatives and by anodynes during the attacks, gave some relief for a time, but the jaundice could not be made to disappear, and at last, after more than a year of patient trial of medical and dietetic treatment, the attacks became so persistent and severe that the patient begged for the operative treatment, which she had declined when I first undertook her case.

In making my diagnosis, malignant disease was excluded owing to the absence of cachexia and dilatation of gall bladder and length of time she had been subject to the