

three-fourths of a grain of morphia, I was rather unwilling to operate, but did so at the strong request of her relatives.

Operation, 3 p.m.—A very small quantity of ether was required to produce anaesthesia. An incision about two inches in length was made through the abdominal wall, parallel with the outer border of the rectus, immediately over the gall-bladder, which was found enormously distended, bent on itself like a retort, and bound by adhesions to the under surface of the liver and pylorus. The cystic duct was felt for, and being also bound by adhesions, was somewhat difficult to recognize with the finger. It was found blocked with calculi, which were dislodged and pushed back into the fundus. The duct was included between two ligatures, and the gall-bladder having been carefully freed from its attachments was gradually pulled out through the incision, the abdomen being packed with sponges to guard against rupture and escape of its contents. The duct was then cut through. A couple of fingers were then passed towards the stomach, which was found adherent to the abdominal wall. The toilet having been carefully performed, the wound was closed with silkworm gut sutures and covered with borated cotton. The patient was then returned to bed, with plenty of hot-water bottles. There was very slight (if any) shock, the pulse (104) being rather stronger than before operation. 10 p.m.—Patient had slept more or less all the afternoon, only asking once or twice for a small piece of ice. Temperature normal; pulse 104; very drowsy.

Shortly after my visit, contrary to my desire, another large dose of morphia was given subcutaneously, the patient dying at $\frac{1}{2}$ A.M. without awaking.

Jan. 27th.—An autopsy was made at mid-day, eight hours after death. There had been no oozing from any of the separated adhesions and the abdominal cavity was clean and dry. The liver was of a pale yellowish-gray color. Section of the right lobe showed nothing abnormal to the naked eye, but the left appeared somewhat mottled, with patches of yellowish-white, apparently fatty. There had been some recent localized peritonitis, the anterior surface of the stomach being attached by