

Robson operated in 1889 on a patient who had been previously subjected to cholecystotomy. The gall bladder and colon were subsequently incised and united, and a drainage tube inserted in the wound. After one day bile came out of the drainage tube mixed with fæces. The appearance of bile in the fæces is reported to have subsequently been noted.

In 1889 Terrier operated for relief of occlusion of the common duct. A stone was found in the common duct that could not be removed, the gall bladder was attached to the jejunum, a drainage tube passed through from the outside of the gall bladder into the duodenum, and the fundus of the gall bladder was sutured to the lower angle of the external incision. The drainage tube passed off with the evacuations nine days after the operation.

Courvoisier next operated, and united the gall bladder to the colon. The patient did well.

There is another case reported operated on by Helferich. An opening was established between the duodenum and the gall bladder. The method was by direct suturing. Chavasse, of Birmingham, used Senn's bone plates, and made a communication between the gall bladder and the colon. At first bile and fæcal matter were discharged through the abdominal wound, but the patient ultimately improved. Korte also united the gall bladder with the duodenum.

At the time of Gaston's report in the *Medical News*, June 11th, 1892, there had been seven cases operated upon with one death, but the death was not attributable to the operation. Among these one case was operated upon with the elastic ligature, and was not successful. I now have to add another.

My time has been so occupied that I have been unable to search through the literature of the past year for any other cases that may have been reported. Taking all these facts into consideration, there can be no doubt that the operation of cholecystenterostomy has come to stay; that it is an important operation that is likely to be performed more frequently in the future than in the past; that it is virtually attended with a very low mortality; and that it has been successful in a large enough number of cases to prove that the operation can be of benefit to men, as well as to the lower animals.

Courvoisier gives the following indications for the operation: First, when biliary fistulæ are difficult of removal, whether they be traumatic, ulcerative, or operative; secondly, any permanent obstruction of the common bile duct, except in cases of gallstones; and, thirdly, in traumatic and ulcerative communications between the common duct and the abdominal wall. In the three questions recited in the early part of this paper, with the answers given, I have expressed my views on the subject.