

operation should be performed at once, but it was delayed until the next day. Dr. Temple saw the patient with Dr. Richardson and myself just before operation was performed.

*Operation.*—June 27th, 1902. When the abdomen was opened a gangrenous gall bladder was found; it was very tense and of a greenish black color; the contents were grumous; the gangrenous area was extensive, but did not include the whole gall bladder and could be readily mapped out. The remainder of the organ was reddened, thickened, and friable, and would not hold a pair of forceps. There were no gall stones present. Some recent adhesions were readily broken down, gauze was packed around, and through-and-through drainage instituted by counter-puncture at the bottom of Morrison's post-hepatic pouch. The peritoneal cavity had been protected by sponges. The patient's pulse when she returned to bed was 140. The gauze packing was removed at a subsequent date and a little chloroform was given before carrying out this procedure. A biliary fistula remained for some time, but this gradually closed. The patient made an uneventful recovery. I met her this summer on one of the Niagara boats and she was in excellent health.

Case 3.—(Mrs. W., No. 1336, Abdominal Operations.)

*History.*—The patient, who was fifty years of age, had been ill for a few days. She complained of a severe attack of colic, afterwards of severe chills accompanied by high fever. Her family physician (Dr. R. J. Wilson) was called and found a mass below the ribs on the left side, and came to the conclusion that the gall bladder was distended. I saw her with him and confirmed this opinion. The gall bladder was tense and tender on pressure, the pulse was increased in frequency, and the patient appeared greatly prostrated.

*Operation.*—Sept. 28th, 1904. Operation was performed in the General Hospital. On opening the abdomen the gall bladder was found enlarged and so tense that it appeared to be on the point of bursting. From its appearance it was evidently partially gangrenous. When punctured a large quantity of fluid containing flakes of pus was withdrawn. The gall bladder was covered with lymph. From the recent inflammation the walls were thickened and when collapsed after the removal of the fluid it felt like a piece of wet sole leather. A drainage tube was placed in the gall bladder and the wound was closed. A subsequent operation was required to close the biliary fistula, otherwise the convalescence was uneventful.