greater difficulty. The abdominal wound was closed and dressings applied. By this time the patient was in a very weak condition with the pulse hardly perceptible; so an intravenous injection of saline solution was given with good effect, increasing the volume of the pulse and reducing it to 140.

Next morning patient was going on very well, but towards midday another oozing of blood took place, and she gradually sank and died that evening.

Only a partial post-mortem could be obtained, but it was found that the obstruction to the common duct was due to carcinoma of the head of the pancreas. Near the duodenum were numerous glands enlarged and infiltrated. The gall-bladder was full of bile-stained blood-clot, and there was a large clot in the lesser sac.

Since the above was written I have read Dr. Murphy's paper,[1] in which he says that the operation of cholecystenterostomy in malignant disease is very unsatisfactory, as several deaths occurred in eight operations, none, so far as I can make out, from hæmorrhage, though it is well known that the tendency to hæmorrhage in those suffering from carcinoma is very great.

Dr. Murphy also says that now, when he finds a large carcinoma of the pancreas, duct, or neck of the gall-bladder, he abandons the operation. No doubt before long we will find out the limits of the application of the button. Its use ought certainly to be avoided in cases of obstruction due to malignant disease.

[1] Philadelphia Medical News, February 9, 1895.