what may occur in inflammation in other parts of the body. The symptoms vary considerably. In mild cases they may be looked upon as colic or indigestion. The most constant symptom is pain in the region of the gall-bladder, tenderness over the seat of the pain is to be found, the gall-bladder may be felt as a tumor, perhaps fluctuating, with a flat percussion note, moving with respiration or fixed by adhesions. Jaundice is rarely present; temperature, if not already elevated, owing to the fever, may rise to 100 or much higher; the pulse is liable to become rapidly increased, and is perhaps a better indicator than the temperature; there may be vomiting from the irritation of the peritoneum around the gall-bladder, and occasional chills may be met with if the inflammation is of the graver type. The symptoms may be increased in gravity; the phlegmonous cholecystitis may be considered as the extreme stage of the suppurative form of the disease, and when the inflammatory process has been so virulent as to desroy tissue, gangrene is to be met with, and it is in the gangrenous form of the disease that the symptoms are the gravest. I have written elsewhere and recorded five cases of gangrene of the gall-bladder operated upon with five recoveries. (Toronto Clinical Society Report, 1906.) These cases were in no way connected with typhoid infection as far as I am aware, but in two of these the condition was diagnosed as typhoid fever. When perforation of the gall-bladder occurs sudden pain may be produced beneath the right ribs, intense and spreading. There will be prostration, collapse and vomiting, the abdomen soon becomes rigid and tense, and then abdominal distention sets in; flatus soon ceases to pass, and the pulse becomes rapid, feeble and running. After a few hours there may be an interval in which the symptoms subside; jaundice then appears as a consequence of absorption of biliary pigment from the peritoneal cavity; distension increases, and free fluid can be made out by the dulness of the percussion note in the loin.

Differential Diagnosis.—The differential diagnosis of a distended gall-bladder and appendicitis, perforation of the intestine, perforating ulcer of the stomach or of the duodenum is not a matter of much moment, as surgical interference is indicated in all of these conditions, and when the abdomen is opened the presence of bile or of gall stones will at once direct the surgeon's attention to the gall-bladder.

Prognosis.—In the mild cases the prognosis is good, in the grave cases the outlook is not so good. The prognosis largely depends upon the period of time intervening between the per-