thirty minutes in a saturated solution of ammonium sulphate in water. Then it is washed in sterile water or in a weak solution of bichloride or carbolic, and preserved in alcohol. Catgut prepared in this manner has been found remarkably strong and pliable, and is quickly absorbed from the tissues. If desired to chromicize the gut, it is only necessary to substitute a one to one thousand solution of chromic acid in water for the plain water used in making the saturated solution of ammonium sulphate.—*Interstate Med. Jour.*

A RAPID AND SIMPLE OPERATION FOR GALL STONES FOUND BY EXPLORING THE ABDOMEN IN THE COURSE OF A LOWER ABDOMINAL OPERATION.

The author reports eight cases operated on for gall-stones under the circumstances described in his heading.

When a primary incision is made in the lower part of the abdomen, either in the midline or, as in one case, over the site of the vermiform appendix, the hand is introduced into the abdomen, hugging the anterior abdominal wall, conducted up over the omentum and the colon as far as the liver, where the gall-bladder is easily discovered as a somewhat tense or flaccid sac. It is his practice to squeeze the gall-bladder and note the rapid collapse, showing that the cystic duct is pervious. Any stone present is easily felt through the thin walls by palpating from the cystic duct downward to the fundus of the gall-bladder. In order to remove a stone the gall-bladder should first be emptied by compression between the thumb and two fingers. This allows the stone to be hooked up by the first and second fingers to the top of the bladder, where it is then lifted firmly against the abdominal wall, which bulges forward distinctly. Care must be taken not to allow any loop of intestine or the margin of the liver to intervene between the bladder and the abdominal wall.

An incision 4 or 5 cm. in length is now made with the free hand down through the abdominal parietes, over the eminence, directly upon the stone, cutting straight through layer by layer in a vertical direction. The white peritoneum is easily recognized, and when cut the two edges are caught by clamps. As the peritoneal incision is made larger the gall-bladder, with the stone, appears in the incision. It is opened and its edges caught with clamps, and then the incision is made large enough to evacuate its contents. The stone is apt to pop out. The edges of the bladder are now united by a fine silk suture.