

my mind many years ago was that of a healthy man, aged about 50 years, who was seized with biliary colic for the third or fourth time in as many years. The symptoms were relieved by morphia, but the attack did not pass off, and at the end of twenty-four hours the pain ceased, but the patient fell into a collapsed condition and died in eight or ten hours, with symptoms of perforative peritonitis. The abdomen was not opened. That gall-stones frequently find their way into the intestinal tract by other routes than through the bile ducts is attested by the numerous reported cases of intestinal obstruction due to gall-stones. (Mr. A. W. Mayo-Robson, in the *British Medical Journal*, July 16th, 1892, states that there are now over 100 on record.) Such a case came under my own observation in May, 1890. A woman, aged 68, who had been in poor health for many years, suffering from obscure abdominal pains and digestive disturbances, suffered for a couple of weeks from anorexia and a sub-febrile temperature, when she suddenly began to vomit. The vomited matter soon became stercoraceous and all the symptoms of complete obstruction developed. Operation was recommended, but neither the patient nor her friends would listen to the proposal. After several days, during which enemata were freely employed, the obstruction was overcome, and a large gall-stone, measuring a little more than an inch and a quarter in diameter, came away with the evacuation. This was undoubtedly the cause of the obstruction, the site of which we could not determine, although we suspected the ileo-cæcal valve. It is obviously impossible that a gall-stone of this size should find its way into the intestines by the natural channels, and that such stones do find their way into the bowel, instead of escaping into the peritoneal cavity, would seem to be entirely accidental. It follows, then, that in every case of gall-stone, diagnosed or strongly suspected, the question of surgical treatment should be fully considered. It goes without saying, of course, that not every case should be subjected to operation, for the reason that it frequently happens that spontaneous cure results from the passage of one or more gall-stones through the biliary ducts and the intestinal canal. In the case here reported cholecystotomy,