

emptied of its contents, fastened in the upper part of the wound, and drained in the usual manner. Several stones were removed from the cystic duct, but none were found in the common duct.

The patient gained rapidly in health and strength soon after the operation, but for some reason the wound at times discharged bile for three months. The patient became pregnant about this time and the fistula healed completely.

REMARKS.—Pressure from distended gall bladder is not a common cause of intestinal obstruction.

Early operation was imperative in this case, for, apart from the obstructive symptoms, rupture of the gall bladder apparently could not have been long delayed.

It was nigh impossible from physical signs to make anything like a positive diagnosis on the third day on account of the rigidity and abdominal distension. Dr. Campbell had made a tentative diagnosis of gall bladder distension from the early marked pain and tenderness in the region of the gall bladder, the finding of a tumor on the second day, the jaundice, and the history of indigestion with gastrodynia. The enormous distension in so short a time would seem to be a feature of the case.

CASE VI.

Intestinal obstruction from cancer of the cecum, which was mistaken for a movable kidney. Resection—lateral anastomosis. Specimen, six inches of the ascending colon, six inches of the ileum, the cecum, appendix and adjacent glands. The cecum almost a solid mass, with a calibre that would hardly admit a lead pencil.

RESULT.—Recovery. Operation August, 1910. Patient under the care of Dr. Redmond, of Wingham.

HISTORY.—Miss G. (age 27). Mother died from cancer of the uterus at about the age of 45—otherwise, family history unimportant.

PERSONAL HISTORY.—For about a year before operation the patient was anemic, lost flesh, and suffered from constipation. Two weeks before operation, Dr. Redmond was asked to see Miss G. on account of pains in the right abdomen. These pains were colicky in character, and there was an elevation of temperature of 1 to 3 degrees, lasting several days. The bowels were moved with difficulty and vomiting was a pronounced symptom. There was frequent micturition and bladder irritability, although the urine showed nothing specially pathological.

Dr. Redmond detected a tumor in the region of the cecum. From the feel of the tumor, and the fact that it could be moved to