

patients so ill as are those composing the class of cases which we are now considering must generally be, will be badly borne, for it is not only the work of the surgeon but the deep anesthesia that adds to the shock, since for the operation to be well and expeditiously performed the muscles must be thoroughly relaxed.

After the operation, a pint of saline fluid with one ounce of brandy is given by enema, and five minims of solution of strychnia are given subcutaneously in two hours and repeated if desirable.

Subcutaneous injections of saline fluid or intravenous infusion are only rarely required.

*Statistics.*—In order to ascertain the after results of the operations, letters were recently addressed to the friends or medical attendants of all the patients who had not been recently heard of. In one case, where the cause was due to pancreatic calculi, these were removed both from Wirsung's and Santorini's ducts with complete recovery, and the patient is now well. In twenty-seven cases of catarrhal or interstitial pancreatitis, where gall-stones were found obstructing the pancreatic portion of the common duct, choledochotomy in nineteen, cholecystotomy in five, and cholecystenterostomy in three were followed, not only by immediate recovery, but, as ascertained by recent reports, the patients are now well, except one who has since died from acute bronchitis; one who, twelve months later, died from cirrhosis of the liver, and one who, eight and a half years subsequently to operation, is apparently well, though sugar has recently been found in the urine. In twenty-four cases, where obstruction to the common bile duct was due to an inflammatory condition of the pancreas compressing the bile duct, though probably in many of the cases originally due to gall-stones, yet where gall-stones were not actually present at the time of operation, the bile ducts, and thus indirectly the pancreatic ducts, were drained, in twelve cases by simple cholecystotomy, and in nine by cholecystenterostomy; in three cases adhesions were separated and no drainage of bile ducts was performed. Of these twenty-four cases twenty-two recovered.

Two out of fifty-one patients died as a direct result of the operation: one, a cholecystotomy undertaken in a patient reduced to the last stage of exhaustion before a surgical opinion was sought and where at the necropsy a cirrhotic condition of the head of the pancreas was found, and a second, in which a cholecystenterostomy was undertaken in the presence of adhe-