tube removed. The intraperitoneal drain and packing were also removed and the packing renewed at the same time, when everything looked quite well and promising. Bile continued to flow from the opening in the gall-bladder to the end, and there was no evidence that it had given way. A partial post-mortem examination was made through the operation wound, 11 hours after death. A general purulent peritonitis was found and four small facetted stones were removed from a pocket at the lower angle of the wound. The walls of the gall-bladder were injected and its mucosa much thickened and of a deep green colour. The surrounding liver tissue was pale and leathery, with multiple focal miliary necrosis. The small intestine was removed and showed the typical anatomical lesions of typhoid fever. A rupture through a typhoid ulcer was found, (but may have been made in the removal of the intestine), about eighteen inches above the ileocæcal valve. In the absence of a complete post-mortem examination of the abdomen, my interpretation of the sudden, fatal termination in this case is, that ulceration of the deeper part of the gall-bladder or the cystic duct had taken place into, or upon the adjacent under-surface of the liver, and that it was the bursting and emptying of this abscess cavity which set up the fatal peritonitis. In no other way can I account for the presence of four gall-stones in the peritoneal cavity, as I am sure they did not escape into the abdomen at the time of operation and the steady flow of bile externally for hours after the fatal symptoms set in, showed that there could not be any direct communication with the abdominal cavity. Moreover, the wound was examined and the gall-bladder sutures were found intact five hours after the onset of the symptoms.

CASE VIII.—Mrs. P. H. A., æt 25, a medium-sized, well nourished woman, the mother of three children, was admitted to the Royal Victoria Hospital on the 10th of October, and operated upon the next day In August, 1893, two weeks after confinement, she had her first attack of biliary colic, preceded by a chilly feeling and followed by vomiting. She then had attacks every two weeks, until the end of September, 1893, when she had a very severe attack, which was followed by jaundice for 24 hours. She remained well until the 15th of August, 1897, when she contracted measles and the attacks returned ; and the gall-bladder became tender and palpable. The last attack of biliary colic was on the 6th of September, 1897.

At the operation, the gall-bladder was tense and distended, and contained several ounces of thick creamy pus, and a single stone. Cultures from the pus showed the colon bacillus only. Her progress after operation was most satisfactory, and she left the hospital in nine days,—October 28th,—to be taken charge of by her own physician.