as it were, a flap on either side of its liver attachment. The cystic duct was now traced down until a point about half an inch away from the hepatic duct was reached. The outer fibrous coat of this duct was separated from the mucous coat so as to form a cuff, which was shoved back so as to allow the mucous coat to be ligated close to its junction with the hepatic duct and divided just externally to the ligature, thus allowing the gall-bladder to be removed. The little stump was now wiped off, the cuff drawn back and closed with fine silk, in a manner similar to an appendix operation.

After carefully ligating all small bleeding points, a continuous suture of catgut was placed, beginning at the stump of the duct and running up, bringing the aforementioned flaps together, thus leaving a complete serous covering over the liver. It was not found necessary to tie any bleeding points in these flaps.

As the adhesions which had been separated from the gall-bladder formed a broad abraded area, a continuous suture of silk was run through them, bringing the peritoneal coats together, thus leaving a much nicer condition of the parts.

The abdomen was now closed by means of a continuous silk suture, which extended through the peritoneum and posterior sheath of the rectus. The anterior sheath of the rectus was now stitched with another continuous suture of silk, this approximated the separated muscular bundles of the rectus, and as no sutures were passed through them caused very little injury to the muscle. The usual subcuticular wire suture was now inserted, dressing applied and patient returned to bed.

The operation occupied three-quarters of an hour and the patient was in a very good condition when removed to her bed. Her convalescence was uninterrupted.

Wire suture removed on the eighth day and everything found perfectly healed. She was allowed to sit up in bed on the tenth day, get up on the fourteenth day, and returned home on the eighteenth day.

The lumen of the gall-bladder was not opened, and there was no chance of infection.

The second patient was seen with my friend, Dr. J. T. Rogers, of this city, on April 6th, 1902. The history is as follows:

Mrs. C., aged 46, is a medium-sized, well-nourished woman, with good family history. She has had seven children, and four miscarriages. Youngest child eight years old. In 1875 she had an attack of inflammation of the bowels. In 1885, following confinement, she had septicemia. When pregnant, she has always felt more or less pain in lower and right side of the abdomen. In November, 1900, she was confined to her