

the convalescence it was necessary to again administer chloroform to remove the gauze, but the patient made an uninterrupted recovery. During the hurried manipulations, hurried owing to the patient's collapsed condition, no gallstone could be found.

It should be remembered that as the tender spot, an inch and one-half from the anterior superior spine of the ilium towards the umbilicus, points to appendicitis, so the tender spot an inch and one-half to the right and one inch and one-half above the umbilicus points to cholecystitis. Cholecystostomy was performed for the relief of this condition and was accompanied in the one case by gauze drainage and in the other by tube drainage with recovery in each. Gallstones do not necessarily produce such severe inflammation as to lead to gangrene.

EMPHYEMA OF THE GALL BLADDER WITH GALLSTONES.

The next condition of which I wish to speak is that of empyema of the gall bladder. Inflammation has taken place and pus has been formed. The patient may be very ill in the acute septic condition, or may be in fair health while the gall bladder may be filled with pus that is almost sterile, as it is found to be in other situations in which it has been retained for a considerable time.

It has been stated that it is necessary and wise in this condition, as well as in that of gangrene of the bladder, to remove the entire organ. I consider that this is too sweeping an assertion. It is not necessary to remove the gall bladder in cases in which it is inflamed and septic and thickened from chronic inflammation and filled with pus. After it has been drained for a time and the offending calculi have been removed, the organ soon resumes its normal condition. I have considered it advisable, under such circumstances, to carry out intermittent irrigation of the organ by means of a small catheter placed in the gall bladder and attached to a douche tin. It is, as a rule, easy to fasten such a gall bladder to the abdominal wall owing to the fact that it has been considerably distended. Suppuration may be found in a gall bladder containing a few or many stones and with or without complete obstruction of the cystic duct.

CHRONIC INFLAMMATION OF THE GALL BLADDER CONTAINING CALCULI BUT NOT PUS.

In these cases it is usual to find the gall bladder thickened, adherent, contracted, and sometimes sacculated. There is evidence that the patient has suffered from many attacks of inflammation. The operation of cholecystostomy may be a very difficult one to perform, under the circumstances. If such a gall bladder is put on the stretch and fastened to the