

so far as serving any useful purpose in the system, unless the communication is made high up in the small intestine.

For these reasons attempts have been made, with considerable success, to remove stones from the cystic, common, and hepatic ducts at the time of the first operation, if found and located, or at a second operation, if the cholecystostomy has been completed, and the bile continues to escape by the abdominal opening after a reasonable time has been allowed for it to close.

I should like to report here that in two of my cases of cholecystostomy the bile continued to flow in considerable quantity from the abdominal wound, in one case for six, and in the other eight months after operation. Not all of it, however, seemed to escape, for the stools were fairly well coloured. The opening in each case was made to close by sealing daily for about a week with cotton wool and collodion. So that the persistence of the flow of bile for some months is not always a proof that there is an obstruction in the common duct.

The cases already reported of removal of gall-stones from the cystic, hepatic, and common ducts demonstrate that such a procedure is good surgery and a very safe and satisfactory operation.

Dr. Hans Kehr (Halberstadt) has in five cases removed stones from the cystic duct at the primary operation by incision of the duct and its immediate suture. In two cases he did a second operation, opening the abdomen in the linea alba, and removed in one instance a stone from the cystic, and in the other, one from the common duct, followed always by immediate suture of the openings in the ducts. He advises attaching the gall-bladder to the abdominal wound for drainage during the healing of the incision into the ducts, in order that there may be no tension from an accumulation of bile until the ducts are soundly healed.

Dr. Elliot, of the Massachusetts General Hospital, reports two cases, in one of which he removed a stone from the hepatic, and in the other from the common duct, suturing the ducts immediately after the removal of the stones. Both cases recovered perfectly. Dr. Abbe removed a stone from the common duct, the patient making a good recovery.

In the following case I removed a gall-stone from the gall-bladder and also one from the common duct with a most satisfactory result:

Mrs. M., æt. 51, married and the mother of nine children, was sent to me by Dr. Elder. She had been a strong, active woman until two years ago, when from some unknown cause she suffered from a