of the bile passages. The stone, or stones, had evidently been passed in the last attack, although they were not found in the stools. The patient made an uneventful recovery and was discharged on the 23rd of September.

CASE VI.—Mrs. P., æt 30, a medium sized, well nourished woman, the mother of five children, ranging in age from 12 years to 11 months, was admitted to the Royal Victoria Hospital, on the 13th of September, 1897, with the following history : On the 27th and 28th of August she had had an attack, each day, of biliary colic. Tenderness persisted and a mass was palpable in the right side of the abdomen, below the costal margin. She had suffered from more or less constant uneasiness in this region for six years, and during her labors she had suffered more in this region than in the uterus.

Cholecystostomy was done on the 13th of September. The gall-bladder contained about an ounce of colourless viscid fluid, sterile on cultivation and seven facetted stones. The operation was simple and recovery uneventful. She was discharged with the wound completely healed on the 14th of October, 1897.

CASE VII.—Miss C., æt. 35, unmarried, and previously healthy, while suffering from typhoid fever, (about the end of the second week), was seized with pain, vomiting and a fall of temperature, (to 94.5°F),—a condition of collapse suggesting perforation,—early in the morning of the 21st of September, 1897. She rallied in a few hours, and a painful, tender and rigid condition developed just below the right costal margin. The abdomen was opened in the linea semilunaris on the 24th of September, at 4.30 p.m. There was no general peritonitis, but the gall-bladder was distended and covered with patches of lymph, which extended over the lower border of the liver and to the adjacent coils of colon and duodenum. There was no perforation. The gall-bladder was aspirated and 6 oz. of pus, which gave pure cultures of the typhoid bacillus, withdrawn. It was then incised and 152 facetted stones removed, and the operation of cholecystostomy completed in the usual way. The wall of the gall-bladder was very dark, œdematous and friable. A drainage tube was inserted and bile flowed freely. On account of the pre-existing localized peritonitis an opening was left on the lower angle of the abdominal wound, through which a drainage tube and iodoform gauze packing were carried up along the under surface of the liver between the bile passages and the intestines. The patient's condition was excellent until the morning of the 26th, when symptoms of perforative peritonitis began about 7 p.m., and she sank and died at 4 a.m. next morning, the 27th of September. The wound was dressed at 4.30 p.m. on the 26th and the