bring it up to the parietal peritoneum. There was considerable escape of bile from the incision in the duct during the operation owing to the difficulty of dislodging the large stone from the ampulla of the duct. The bile was carefully mopped out and a large drainage tube carried down to the border of the cavity, and well-packed round with iodoform gauze. There was a moderate escape of bile from the tube, and the patient seemed to do fairly well for four days, when she developed a right-sided pneumonia and died on the first of March, six days after operation. There was no autopsy, but during the six days following operation there was neither abdominal pain nor distension nor any symptom to indicate local disturbance. This patient was cholæmic, weak and miserable at the time of operation and took ether badly, having the air passages full of mucus throughout, and to this I am inclined to attribute the pneumonia which was the cause of death.

CASE III.—Mrs. C., æt. 47, the mother of 11 children, the youngest six years of age, was admitted to the Royal Victoria Hospital on the 13th of August, 1897, deeply jaundiced and complaining of pain just to the right of the epigastrium. She had had her first attack of biliary colic in 1881, and from that date to 1894, she had had an attack about every two years. In 1894, she had a very severe attack, the pain lasting 12 days. In the next two years she had an attack each year. From the first, each attack was accompanied and followed by jaundice. From May, 1897, she had had several attacks and the jaundice had never entirely disappeared. During all this time she had colorless stools and very dark urine. The last attack began on the 26th of July, and lasted three days. From that time until the date of operation, August 17th, the jaundice had steadily increased. She had lost much flesh, and the rounded border of the liver could be distinctly felt through the flaccid abdominal wall. She was very deeply jaundiced and had a systolic apex heart murmur. The other organs were normal. At the operation, there were few adhesions, the gall-bladder was shrunken and empty, and a large stone was readily detected in the common duct about half an inch above the duodenum. It was fixed in this situation, or at least was not easily movable. An incision was made over the stone, which was removed, and the incision closed by fine silk sutures. Five sutures were inserted through all the coats and a double row of Lembert sutures was applied over this again. The stone weighed 4 grammes. A drainage tube was inserted down to the bottom of the cavity and packed around with iodoform gauze. There was no escape of bile and recovery was uneventful. A bile stained discharge appeared in the dressing, but I believe it to