

CASE 2.—Dr. R. aged 62, was taken suddenly ill with severe pain in the abdomen. The bowels moved after the administration of a purgative. Temperature and pulse were elevated. Nausea. Some few years before he had had a severe attack of what was supposed to be typhoid fever, after which he suffered from terrible pains that were supposed to be due to indigestion. On examination of the abdomen fulness was felt below the edge of the liver. There was no rigidity of the right rectus muscle. Notwithstanding this fact the case was diagnosed as one of appendicitis. On opening the abdomen the appendix was found to be healthy. On looking further up a gangrenous gall bladder was seen snugly placed among inflamed intestines and omentum. The incision was enlarged, these adhesions were broken down readily, the gall bladder was opened and drained. The fluid evacuated was muco-purulent. Five gallstones were removed, one of them obstructing the cystic duct. A long glass drainage tube was placed to the bottom of Morison's pouch. Patient made an uninterrupted recovery.

CASE 3.—Mrs. W., who had a baby a month old, was taken suddenly ill early in the morning with severe pain in the abdomen. Her physician, Dr. T. B. Richardson, was sent for and he found her in great agony, and immediately administered a large dose of morphia. He was afraid that she would scarcely survive. Pulse was rapid and thready and the patient looked very ill. Improvement took place, but, later in the day, the pulse began to fail and he was again alarmed at her condition. I was sent for, but as I was out of town he decided to wait until the next day. In the morning the patient had somewhat improved. The temperature still remained high, having risen to 104 at the onset of the illness. She complained of one tender spot beneath the edge of the liver over the region of the gall bladder. There was slight puffing of the abdomen and vomiting. When I saw the patient the pulse was rapid and she was profoundly septic. A hard, tender, resistant spot could be made out over the region of the gall bladder, and I concluded that this must be another case of gangrene of the gall bladder. In order to share the responsibility I asked for another consultant before proceeding to operate. Very little hope was held out of the patient's recovery even with operation, owing to the septic condition. The abdomen was opened, and on the tense gall bladder was found, a large, green, gangrenous patch involving at least one-third of its entire surface. The gall bladder contents were evacuated. The parts were too friable, swollen, and thickened to permit of removal and on this account through-and-through drainage was established and the gall bladder area was packed off from the rest of the abdominal cavity by means of a large packing of iodoform gauze. During