Case 4.—(Mrs. L., No. 1264, Abdominal Operations.)

*History.*—This case was admitted to St. Michael's Hospital and treated on the medical side for two or three weeks for typhoid fever. Widal's test showed it to be a case of typhoid, but there seems to have been considerable doubt about it among the physicians who saw her. On examination I found a mass below the liver; she had severe pain; was tender on percussion; the pulse was rapid and irregular, and she looked profoundly septie. Operation was advised.

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Operation.—Sept. 3rd, 1906. Assistants, Drs. Guinane and Wainwright. On opening the abdomen an inflamed mass was encountered beneath the edge of the liver, which, on dissection, proved to be a gangrenous gall bladder. It was not considered advisable to remove it, as, owing to the extensively gangrenous and friable condition it would not hold stitches. After removal of the grumous contents a small piece of rubber tubing was passed into the gall bladder and iodoform gauze packed around it. The patient made an excellent recovery, and the biliary fistula healed without a further operation.

Case 5.—(R., No. 1516, Abdominal Operations.)

History.-The patient, a female, aged forty-five, complained of sudden pain in the abdomen. She was seen by Dr. McMahon, who found a thickening of the edge of the liver on the right side; the temperature was elevated-101 to 102-and he thought the case was one of cholecystitis. I saw the patient in St. Michael's Hospital. She looked very ill; the tongue was brown and dry; the face purple from congestion produced by some peculiar effect on the vascular system; the respiration was rapid; the livid expression of the face and ears very marked; the intellect was clear; the pulse rapid and feeble-130 to 140 a minute, and felt like that of a person in danger of dying; she looked comatose. On examination a mass could be felt below the liver on the right side. Owing to the peculiar interference with the respiration, the flushed appearance of the face, and the fluctuations of the pulse rate, gangrene of the gall bladder was diagnosed. Operation was advised.

Operation.—Oct. 26th, 1906. On opening the abdomen a mass was found under the liver, from the lower edge of which a somewhat thickened omentum was pushed away, together with the mesentery of the transverse colon, and the gall bladder was disclosed, distended, and with a gangrenous area affecting all its coats about the size of a ten-cent piece or somewhat larger. After protecting the peritoneal cavity with sponges, the gall bladder was punctured and some grumous, brown fluid escaped.