

*Case 1.*—S.R. æt 42. Stout flabby man. Seen during an attack of acute abdominal pain. Pain general over right hypochondrium and over back posteriorly in the infra-Scapular region. No vomiting, no retching, no jaundice. The point of most acute pain was midway between the 9th costal cartilage on the right side and the umbilicus. Liver not enlarged. Temperature 102 degrees. Pulse rapid and of small volume. The attack was ushered in by a smart rigor, next day he was still in considerable pain when he moved, but the acute stage had passed. Complexion then a muddy yellow not typically jaundiced. Urine contained bile. During the next few days, the pain gradually subsided leaving him with a "dull ache" in the epigastrium. This was the third sharp attack of abdominal pain this man had had. During the previous three months he had felt constant nagging and uneasy sensations over the liver. His last acute attack was about six months before the time I saw him, and the attack before that was about six months further back. Owing to the intensity of the symptoms, and the fact that the man between the attacks did not feel well, I decided to operate.

Dr. Stowe gave the anaesthetic while Dr. Wilson assisted me. The usual vertical incision was made over the right rectus muscle and the gall bladder and ducts exposed. The Liver was rotated forwards. The cystic, hepatic, and common Bile Ducts were quite clear. The Gall Bladder was then shut off with sterilized cloths, opened and scooped clean. Over six hundred and forty-nine calculi were removed. You will see on looking at the specimens that many of them are very minute and all are faceted. These calculi were lying in a mass of thick colloid bile substance, sticky to the touch and inky in appearance. The mucous membrane of the Gall Bladder was then curetted, and douched with warm sterile salt solution. A rubber drainage tube was tied into the Gall Bladder and the Gall Bladder stitched to the fascia and peritoneum in the usual way. Bile drained freely after the operation. On the tenth day the stitches and drainage tube were removed. The after history was uneventful. Three months after the operation, the sinus had closed completely. This case was simple to operate upon. There were no adhesions worth mentioning. Since the operation he has had no recurrences of symptoms, and now feels strong and active.