crudescence of the affection must be looked for. Finally, in support of his contention Körte states results obtained. In an earlier series published, twenty-two out of twenty-five cases recovered, the three deaths being due to complications which existed prior to operation, and in the present paper Körte reports thirty-six new cases of acute purulent cystitis operated upon in the acute stage without a single mortality. In the latter series some of the cases presented gangrene of the wall—others foci of suppuration outside the gall bladder. In seven of the thirty-six cases coexisting stones were found in the common duct and were removed by choledochotomy; in six other instances it was necessary to employ drainage of the gall passages owing to the existence of an ascending infection. In connection with this latter series it is interesting to note that symptoms of gall bladder disease were absent in fifteen cases prior to the onset of the acute infection. The sudden onset with violent pain in the right side and vomiting gave rise in a number of instances to a primary diagnosis of appendicitis. In other cases there was a history of attacks of "peritonitis," while in still others the earlier symptoms had been attributed to gastric disturbances.

Körte believes that as a rule acute suppurative cholecystitis follows cystic occlusion by stone: only two exceptions to this rule occurred in the thirty-six cases.

Primary cystectomy was performed in thirty-three of the thirty-six cases. In two drainage of the gall bladder or gall bladder duct was alone employed. In a third complicated by pancreatitis primary drainage and at a subsequent sitting cystectomy and choledochotomy was the mode of procedure.

To return to the original series,—there were sixty-two cases of chronic empyema of the gall bladder, twenty-seven of which were associated with stone in the common duct. In sixty-one cases primary cystectomy was performed, combined in forty-three cases with duct incision (in twenty-seven cases for stone and in sixteen for more perfect examination of the gall passages). In one case primary drainage was followed one week later by extirpation of the diseased gall bladder. In four of the above series pus was encountered outside the gall bladder,—in one instance between the gall bladder and the abdominal wall and in three cases between the gall bladder and the stomach. Two deaths occurred in cases complicated by stone in the common duct and one death where empyema of the gall bladder alone existed.

Of chronic calculous cholecystitis one hundred cases were encountered—forty-five of these cases being associated with stone in the common duct.