

the undertaker's symptoms become fully developed. Failing to find duodenal, gastric or gall tract trouble, the appendix must be sought for, and in the vast majority of cases the cause will be found there. Almost every day a stomach case is opened and closed with the words "too late." Cancer of the stomach in its early stages is as amenable to surgical cure as that of the cervix, viz., 25 per cent. of the cases. Preparations of pepsin are no doubt as serviceable if poured down the patient's pants as poured into his stomach. Proprietary medicines must be good since the manufacturers ride in automobiles, while the doctors who prescribe them take the street cars and the patient walks—that is if he is able. The general practitioner must recognize early the symptoms of organic disease and appreciate their seriousness and call the surgeon before malignancy has asserted its claim.

GALL STONES.

Five out of six cases are in females. Ninety per cent. have borne children. Usually the patient dates first history of attack from pregnancy. May be accounted for possibly by the increased liver toxæmia of pregnancy. Innocent gall stones do not exist. The only innocence lies in the diagnostician *re* the trouble. Operative interference in gall stones is as necessary as in chronic appendicitis. A single attack of jaundice complicates a patient's chances. Jaundice is caused by localized peritonitis, infection of ducts, obstruction and cancer. In sixty-two per cent. of the cases the common duct passes through the head of the pancreas, and pancreatitis may cause swelling and obstruction of the duct. Four per cent. of gall bladders containing stones become carcinomatous, in twenty per cent. of cases the gall stones produce serious results. In twenty-eight hundred gall stone operations the mortality here has been two per cent. In seven hundred cholecystectomies the mortality rate is a little higher. Three hundred and sixty-two consecutive gall tract operations with seventy-one common duct drainage cases are here tabulated without a death. Cases are not operated upon during an acute attack of jaundice. Hemorrhage in operations upon the gall ducts is not due to lack of coagulability of the blood, but to some toxæmia from the pancreas. Jaundice coming on without pain usually indicates malignancy, if prolonged and not increasing in degree leads one to suspect pancreatitis. Cholecystectomy is done in one quarter of the cases, only when the gall bladder is destroyed. It is not without function, but has two important parts to play, one as a storehouse for bile to relieve pressure upon the common duct, and the other to secrete mucus. After the gall bladder is removed the common duct is found dilated, and experi-