

Luff (15) states that this insufficient consumption of fluid is especially frequent in women, and attributes the fact to the erroneous and absurd belief that a diminution in the amount of fluid taken tends to keep down the body weight and to prevent the occurrence of obesity. In the prevention as well as the treatment of these disorders, the free consumption of water, apart from the meals, is most desirable.

It is also of the greatest importance to develop and maintain a free and full action of the diaphragm and the associated abdominal muscles. All forms of clothing which tend to impede the action of these muscles or unduly press upon and tilt downwards the fundus of the gall bladder, must be discarded, and regular systematic exercises involving these muscles chiefly should be taken.

And lastly, the question arises, what can we effect by the administration of drugs? No drug that we know of has so powerful a stimulant action on the liver cell as its own bile salts, the glyco-cholate and taurocholate of soda, and in suitable cases, where the passages are not absolutely blocked, these may be administered in the form of ox-gall. The objection to the use of this drug, however, is that it contains not only the bile salts but the bile pigment, and in those cases where the system is already suffering from more or less reabsorption of these pigments, it is inadvisable to burden it still further by the exhibition of ox-gall. And here let me say that a sharp distinction must be made between these two constituents of the bile. Bile pigments are entirely of an excretory character. They are waste material, and according to Bouchard, they are toxic, and are not intended for re-absorption. It is quite different with the bile salts, of which four-fifths of the amount secreted by the liver cells are re-absorbed into the circulation and appear to subserve a useful purpose in the economy. Some purer preparation, therefore, of cholalic acid than ox-gall would appear to be a desirable addition to our *materia medica*.

In the slighter catarrhal conditions sodium salicylate and sodium benzoate both appear to be capable of rendering us some assistance, and as they are excreted in the bile, will doubtless assist in maintaining its sterility. They should be employed in doses of from 60 to 80 grains daily.

In the treatment of cholelithiasis, although the administration of olive oil has by no means fulfilled the expectations of those who first recommended it, yet I still think that in certain conditions it will afford us distinct assistance. The large doses originally recommended in the treatment of cholelithiasis are apt to disturb, and may in that way do harm, but in gradually increasing doses of from 2 to 6 ounces per diem, it will stimulate the secretion of bile, rendering it more fluid,