

found that the old reliable calomel caused a diminution instead of an increase in the flow of bile. Enenynim gave the same result, while rhubarb and podophyllin, turpentine and benzoate of soda gave negative results. His conclusion is: "The supposed cholagogues investigated seem to rather diminish than increase the amount of bile excreted." Perhaps the most of us feel like saying as the fox to the grapes, "We did not think they were much good, anyway."

As regards cholelithiasis we have also learned a great deal, and have had to revise our views as to etiology, and must consider the typhoid bacillus and the bacillus coli the primal cause for the majority of the cases. The French school go so far as to affirm that, without infection at some stage of the disease, we will not have cholelithiasis. Legars says: "The infectious origin of biliary lithiasis is proved, for the following reasons: If we have shown that gall-stones do not depend on general and obscure humoral conditions, but on a local infectious process, the disorder becomes for the most part also a local matter, and as such accessible to direct local means. If the calculi are once formed, they increase and multiply, and we can still be sure that they are due to a single attack of lithogenous infection. At a given moment, microbial invasion of the gall-bladder took place, and these microbial invasions, of intestinal origin, depend on various causes and may occur in the course of different acute disorders; at any rate the calculous disorder comes from this primordial lithogenous cholecystitis. Once more, it is a complaint of the gall-bladder and ducts, not of the bile, and lithogenous cholecystitis is comparable to many other localized infections, such as appendicitis, for instance. By removing the calculi, or the gall-bladder, recovery may be complete and final. Finally, we find infection not only at the origin of lithiasis, but also at all stages of the disorder; it is the leading factor of the various complications as well as of the prognosis of the complaint."

Deaver says: "It can be emphatically stated that gall-stones are always the result of precipitated salts and tissue debris, following in the wake of bacterial infection, mild or severe in degree. Furthermore, the complications of chronic gall-stone disease, adhesions, ulceration, fistulæ, liver and pancreatic disease, are also due to infection." He also says: "The treatment of chronic gall-stone disease, its complications and sequelæ, can only be surgical. Gall-stones are formed through the aid of infection, and therefore the disease is local and requires local treatment,