A few weeks ago I removed a gallstone from the common bile duct of a woman, aged 65, who was suffering for the first time from continued jaundice and who did not know that she was troubled with gallstones, though 147 were removed from the gall bladder. A more frequent resort to surgical treatment would prevent the occurrence of this serious condition in elderly people, and would also prevent that slow and living death that is to be looked forward to by many of these sufferers. They begin to have fever and chills and intermittent attacks of jaundice with impairment of the appetite and a loss of strength. The excessive use of opiates and alcoholic stimulants makes them still more miserable until death finally ends the scene.

A patient suffering from gallstones may, at any moment, become seriously ill and the surgeon will find himself face to face with as great a responsibility as if he was dealing with a case of acute appendicitis. At any time these patients may have a violent outbreak of a rapidly fatal cholecystitis with cholangitis. Repeated inflammations may produce such a condition of chronic inflammatory exudate as to prevent the surgeon from carrying out surgical measures for their relief. When brought face to face with these serious complications our responsibilities are increased.

General Considerations.

In discussing the surgery of the region occupied by gallstones we must consider the organs with which we have to deal. Stones may find a lodgment in the ducts throughout any part of their course, or in the gall bladder, or in both. When removing these stones we are called on to open hollow organs that are liable to leak. to peel away tissues from a solid organ that is liable to bleed, and to readily absorb septic material, and we are called on to open ducts that are lying in close proximity to blood vessels that may be injured. The leakage of bile from open ducts and from an open gall bladder was to be feared before attention was drawn by Morison to the post-hepatic pouch and to the safety of gauze drainage by my friend, Dr. W. E. B. Davis, Birmingham, Ala., after he had demonstrated its usefulness in many experiments on dogs.

Morison's pouch should be used for drainage in all cases in which post-operative leakage is liable to occur. The method I have adopted is to institute through-and-through drainage by means of a piece of rubber tubing entering through the wound in front and emerging through a counter opening at the deepest part of this pouch. Not only should a rubber drainage tube be used, but iodoform gauze packing should be placed over the leaking point or points to still further assist the tube. With a due attention to this matter many of the operations for the