

c. that appendicitis and gall-stone disease frequently co-exist;  
d. that digestive disturbances associated with acute pain and tenderness in the right hypochondriac region, with or without jaundice, with or without symptoms of biliary colic, are in themselves ample justification for operative exploration of the gall-bladder and ducts.

10. Cholelithiasis is a surgical disease; it calls for operative relief. Medical measures in this disease are merely palliative; appropriate surgical measures are curative.

11. Gall-stone disease in itself is never an indication for the artificial termination or pregnancy.

12. Whenever, for some cause or other, the abdomen is opened in women of the child-bearing age or past the child-bearing period, the gall-bladder and larger bile ducts should be examined if it can be done:  
a. without or with only slight traumatizing of the tissues; b. without exposing the patient to too much additional risk; c. without contaminating clean peritoneum. Should the patient give a history of chronic digestive disturbances, the indication is absolute.

13. Women exposed to pregnancy, suffering from calculous cholecystitis, or any other form of gall-stone disease, should be operated, the calculi removed, and the gall-bladder drained.

14. Pregnancy does not contra-indicate operations upon the gall-bladder or bile tracts. Peterson reported only 3 miscarriages in 23 reported operated cases. In only one (Roith) of the cases which we considered, did abortion follow the operation.

15. It has been repeatedly demonstrated that the operative relief and cure of cholelithiasis does not unfavorably influence gestation, does not unfavorably influence parturition. Icterus, whether acute or chronic, is a constant menace to the foetus.

16. Early operation is now, in proper hands, a safe procedure. It is an effectual cure of the symptoms produced by gall-stones; it has a low mortality and guarantees against serious complications in the future.

17. Cholecystostomy, cholecystectomy, and choledochotomy have been successfully performed upon pregnant women for the relief of gall-stones. After these operations, drainage is to be employed until the bile ceases to flow spontaneously through the wound, until complete subsidence of whatever degree of cholangitis existed.

18. The prognosis of operative intervention is not unfavorably influenced by the existence of pregnancy.

19. In persistent gall-bladder disease, trouble changes in the urine manifested by the presence of casts and albumen are not uncommon and are not necessarily a bar to operative interference.

1809 S. Trumbull Ave., Chicago.