

employed. It would seem, therefore, as if a study of this group of cases would not be out of place at this time and in a society such as this comprising, as it does, in its membership, both physicians and surgeons, for affections of the gall-bladder and ducts concern both alike, constituting, as they do, one of the border-line subjects which demands at all times, in order to secure the best results, concerted action upon the part of the physician and surgeon. One striking fact that stands out very prominently in studying this group of cases is that the results in the later years are much better than those of earlier periods. This is apparently true of all of the different operators. Why is this? The type of operation until recently has changed very little, cholecystostomy largely predominating all the way through and for all of the different diseased conditions. The improved technique of the operation and the greater skill acquired by the different operators are, in part, responsible for the better results, but more careful diagnosis and earlier reference of the cases to the surgeon by the physician is the real reason for the improved conditions. The gradual recognition by physicians of the fact that the only really curative treatment for the majority of affections of the biliary tract is surgical, is, more than any other factor, responsible for the lessening of the dissatisfaction that has hitherto existed. Moynihan is very insistent that "there is no medical treatment of gallstones" and that "when once a diagnosis of gallstones has been made, operation is always indicated unless there are grave reasons forbidding resort to surgery." A somewhat extreme view, perhaps, but one that has much to commend it. With closer co-operation upon the part of the profession and a more enlightened public, continued improvement in our results may be confidently expected.

In studying this group of cases, as we have from various points of view, we have been impressed with a number of facts which seem to be worthy of further consideration. In the first place, no one particular cause has seemed to be active in every case of unsatisfactory result. A number of factors are frequently at work, some or all of which are responsible to a greater or less degree for the ultimate results. If I were to try to express in one sentence the general impression received from this study as to the principle cause of dissatisfaction, I would say something like this: "Failure to do the proper operation at the proper time and in the proper way was chiefly responsible for our bad results." This at once raises several questions. Should every gall-bladder suspected of disease, other things being equal, be submitted to a surgical operation? What is the right operation in a given case? When is the proper time to perform it, and what is the best way in which it should be done? What is the basis upon which the surgeon is to decide these