

dressing serves many useful purposes. It is aseptic, arrests the tendency to hæmorrhage by pressure, allows the free passage of flatus, often a most distressing condition, and acts as a tell-tale by allowing blood to escape should hæmorrhage occur.

On the third evening following operation a cathartic is given and the following morning three ounces of warm sterilized oil are injected through the tube and the tube closed. Two hours after a warm water enema is given and the whole mass, tube and all, comes readily away. After the bowels have been emptied the rectum is washed out with boracic solution and an iodoform suppository inserted.

CHOLELITHIASIS AND THEIR REMOVAL BY CHOLECYSTOTOMY.

The surgery of the gall bladder and bile-ducts now occupies a prominent place in medical literature and takes rank with the other divisions of abdominal and pelvic work.

The development of gall stones seems to depend upon crystallization of the excess of cholesterin owing to stagnation and a morbid state of the epithelium. The size of calculi found varies from the size of bird-shot to ones large enough to fill the gall bladder. The great prevalence of cholelithiasis is not fully appreciated; statistics vary, but it may safely be said that after middle life one individual in every ten is affected, and the condition is more common in women than in men.

When gall stones have once formed the symptoms produced will vary much according to their size; when small they readily pass through the bile ducts and when very large remain in the gall bladder, in both of which cases no symptoms characteristic of the condition may be present, but the medium sized ones, those capable of entering and distending the cystic duct when once started on their journey to the duodenum set up a train of symptoms, unmistakable jaundice, a condition often looked upon with little anxiety should always in those in middle or advanced life be looked upon with suspicion, for while it is the almost uniform accompaniment of catarrhal duodenitis it is also the accompaniment of the gravest obstruction of the common duct, either from gall-stones, cancer or suppurative cholangitis.

The fact that gall stones may set up a train of symptoms other than those referable to the bile ducts has not been sufficiently pointed out in medical literature. Many of the obscure forms of gastrointestinal and pelvic disturbances with their protean symptoms might