

4. *Occupation*.—A sedentary life, bad digestion and brain-fag are the elements in occupation that we might expect to influence this disease.

5. *Locality*.—In India and tropical countries the disease is extremely rare. In Europe it varies in frequency, being uncommon in Italy and Denmark, frequent in Germany and Austria, while England holds a medium position.

6. *Diet and Digestion*.—Badly digested food is conveyed to the liver, and part of it being excreted in the form of bile, any irritating properties it possesses set up inflammation of the bile-ducts, produce an increased supply of cholesterin, favor combination between bilirubin and calcium, and cholesterin and bilirubinate of lime forming. Mayo Robson and Brockbank regard an abundant supply of nitrogenous food as a preventive of gall-stones.

7. *Worry, Angry Passions, and Long-continued Grief* have a wonderful effect on bile. Thousands of years ago some observant Greek gave to melancholy or depressed spirits, through real or imaginary causes, the name "hypochondria."

When a stone has been set in motion, one of three results must necessarily follow: (1) It must pass either directly through the ducts into the duodenum; or (2) become impacted in the ducts or in gall bladder; or (3) rupture the ducts or the gall-bladder and find its way into the duodenum or elsewhere.

1. The size of stone that passes directly through the ducts depends for the most part on the stage of the disease. In those who have suffered long from gall-stones, one finds the ducts so much distended that they can admit a finger, and when this happens stones as large as a cherry or a plum can pass directly into the bowel. In the early stage of the disease, I do not suppose a stone much larger than a pea is likely to escape being impacted or rupturing the duct. The stone may lodge for a time at the entrance into the common duct, or again where the common duct widens somewhat before its outlet through the coats of the duodenum.

2. The stone may become impacted in the ducts and increase considerably in size after leaving the gall-bladder. When a stone has become firmly impacted, there is no certain prospect of speedy relief, but you have to look forward to the possibility of rupture of the duct, septic poisoning, or death by exhaustion. A gall-bladder may be distended to its utmost capacity with bile or stones, and the cystic duct completely blocked, and yet there is not necessarily jaundice. It is only when the passage of bile through the hepatic or common duct is entirely prevented that jaundice is complete. Though this blockage is generally due to