

tively early surgical interference is the safer course to pursue. There are, on the other hand, definite contra-indications to operation. Operation should not be undertaken in cases of acute obstruction of the common duct, in carcinoma of the gall-bladder, in frequently recurring attacks of jaundice followed by the passage of small stones and perfect health during the intervals. It is to be avoided, if possible, in old people, in diabetics, and in people suffering from heart and lung diseases, renal insufficiency, and general arterio-sclerosis.

In regard to the technique of operation, two points seem of first importance, namely, the emptying of the stomach and intestines to prevent the possibility of embarrassing difficulties in unforeseen complications, and the use of calcium chloride in large doses beforehand to prevent hæmorrhage.

The propriety of removing the gall-bladder more frequently than has been done, is yet a debatable question, and the use of a lumbar drain in all cases seems to us, as advocated by some surgeons, unnecessarily severe and seldom called for.

The general feeling of the meeting was that while the surgical treatment of gall-stones in the absence of malignant disease was most satisfactory, yet that operative measures were indicated only in a well defined class of cases, and that the medical and dietetic treatment should first receive a fair and judicious trial.

Discussions by physicians and surgeons of pathological lesions in which medicine and surgery are intimately associated, are always interesting and beneficial. We cordially commend these articles to the attention of our readers.