

It would seem better, however, to attempt to make a definite diagnosis and to go on record, win or lose, rather than to follow a course which leads so surely to inaccuracy and carelessness in methods of diagnosis. The speaker has for years opposed the idea of disposing of this class of case by simply calling them indiscriminately cholecystitis, or perhaps chronic pancreatitis. It is easy to satisfy the patient or the patient's friends with such a diagnosis, but it is not always so easy to substantiate it with indisputable evidence. I am glad to see that so competent an authority as W. J. Mayo, in a recent paper, protests against the loose classification under this head of a number of evident pathological conditions which, as yet, are not thoroughly understood. More thorough study of our cases, greater care in making a diagnosis, in differentiating surgical lesions from non-surgical, more close association between physician and surgeon in the study of these cases, will help us, in the future, to classify them more sharply, and thus avoid the chagrin of the surgeon and the needless discomfort and danger attending these operations, slight though it is, upon the part of the patient.

Is not the surgical profession at the present time, in the matter of surgery of the gall-bladder, very much in the position that it occupied some years ago with reference to ovariectomy, movable kidney, and gastro-enterostomy for mucous ulcer of the stomach, and as it now occupies with regard to removal of the big bowell and the tonsil, namely, that a lot of unnecessary and discreditable surgery is being done on insufficient evidence? That there is such a thing as cholecystitis and that it is quite prevalent, more so than was at one time supposed, I am convinced, but that it is necessary or even advisable to remove a great many gall-bladders that are being removed, I cannot admit. That there is such a thing as chronic pancreatitis, also cannot be denied, but that every pancreas that has a somewhat enlarged, possibly indurated or knotted feeling, constitutes a chronically inflamed gland, has not been conclusively shown. After going carefully over the evidence that has been submitted by many observers, and after making due allowances, to an unbiased mind, the Scotch verdict "not proven" seems the only fair one to render.

It would seem as if a good deal more careful and scientific work is necessary in the way of the study of the clinical, bacteriological, chemical and pathological findings in our cases of gall-bladder disease before we are in a position to be dogmatic as regards the relative frequency of cholecystitis and chronic pancreatitis.

So much confusion of terms exists at the present time that this study will be difficult, as what one writer may call "cholecystitis" or