

fourths of the failures. It was also the operation of choice in over three-fourths of the successes, there being but seven points difference in the actual percentages.

The question at once suggests itself, Would the percentage of failures have been less than 85.2%, and the percentage of successes greater than 78.3%, had cholecystectomy been the operation of choice in the same number of cases as was cholecystostomy? Until a sufficient number of cholecystectomies has been done and sufficient time has elapsed to allow of a thorough study of end results, this question must remain sub judice. The operative mortality of the two operations would have to be considered in any comparison of ultimate results since it is generally agreed that the immediate risk is two to three-fold greater in removal than in simple drainage of the gall-bladder. But when we add to this the mortality of the secondary operations performed after cholecystostomy, the number of which is undoubtedly greater than after cholecystectomy, there is probably little to choose from in respect of the mortality rate between the two. The probabilities are, however, in the light of wider experience and fuller knowledge that if better judgment is used in deciding which gall-bladder had better be removed and which had better be drained, and if greater care is exercised in carrying out the various steps of the operation and the post-operative treatment, there will arise a mid-path which will at all times be open to the well-balanced, thoughtful surgeon and which will lead to a decreased mortality rate and a lowering of the percentage of unsatisfactory results.

This paper is based largely upon observations and impressions gained from personal experience and from a study of this group of cases. Extended statistical tables have been purposely omitted. I have not attempted to make an exhaustive review of the literature of the subject, but have made full use, in various ways, of the material and observations of other writers upon this subject, especially those of Mayo, Gerster, Ochsner, Crile, Moynihan, Robson, Kehr, Deaver, Riedel and others. It is apparent that our more or less unsatisfactory experience has not been unique, because in the last few years medical literature abounds in articles that have to do with surgery of the gall ducts, through many of which there runs a very evident vein of dissatisfaction with the results that have been obtained. All observers report a relatively high percentage of unsatisfactory results from these operations. These percentages vary in the hands of different operators, but the average of them all is relatively high, estimated by Kehr as about 15%. They also vary according to the pathological conditions for which the operation was performed and the particular operative procedure