

T. STANMORE BISHOP, F.R.C.S. Eng.—“On Biliary Calculi.” *Lancet*, March 24th, 1906.

Cases of gall-stones may be primarily divided by a broad line into those which are associated with inflammation and those which are not. Theoretically, this position is open to question, since the presence of gall-stones presupposes inflammation, but clinically the division is of practical value as it is only when inflammation accompanies gall-stones that we have symptoms which call for relief. These inflammatory conditions may be super-acute as in the ordinary biliary colic, subacute where the symptoms are not referable to the biliary tract but rather reflex ones pointing to gastric or intestinal conditions. Ten cases are cited as showing the difficulty in making a differential diagnosis in this last group. The writer regards Murphy's test of more importance than that of Mayo Robson for detecting tenderness in contracted and deeply seated gall bladders. He holds that cholecystotomy and choledochotomy as at present carried out are eminently safe operations, and would limit excision of the gall bladder to those cases of gangrene.

W. L. B.

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## MEDICINE.

UNDER THE CHARGE OF JAMES STEWART, F. G. FINLEY, H. A. LAFLEUR AND  
W. F. HAMILTON.

J. F. BINNIE. “Hepatoptosis or Floating Liver.” *Am. Jour. Med. Sc.*, April, 1906.

This condition is one which is seldom recognized, although undoubtedly much commoner than is usually supposed. Einhorn states that he personally saw 30 cases in five months, or in 3.5 per cent of patients consulting him for digestive troubles. Ferrier agrees with Glenard that the affection is of frequent occurrence.

The etiological factors vary. The writer does not consider that tight lacing produces the condition, but on the contrary a well-fitting corset is a useful method of treatment.

Increased weight of the organ may be the cause of ptosis, but it is difficult to estimate as it is so frequently associated with malnutrition, itself a factor of undoubted importance in the production of ptosis. Cholelithiasis and cholecystitis may possibly precede the development of ptosis, but the relationship is at present somewhat obscure. It may prove that these conditions are the result rather than the cause of