

there is any question, it is better to drain the gall-bladder. Drainage into the duodenum is preferred. The operation for connecting the gall-bladder with the duodenum is one of considerable delicacy, and if the surgeon feels any doubt as to his capacity for dealing with this operation, it is better to drain externally. In cases where the gall-bladder is gangrenous, excision is advisable, and this adds little to the gravity of the operation. If there is doubt of the integrity of the gall-bladder, it is wiser to remove it. It should never be forgotten that in gall-bladder surgery the bile is always infected, and it must be prevented from coming in contact with the peritoneum.

Early operation is urged in extensive disease of the gall-bladder and its ducts, as in this way the fatal liver and kidney complications do not develop. It is a good working rule to operate early in the disease rather than early in an attack, but operate early in an attack rather than not operate at all.—*Med.*

FISTULA IN ANO AND ITS RELATION TO PHTHISIS.

Fistula is a very common rectal ailment. Out of 16,060 rectal cases treated at the St. Mark's Hospital, London, over 50 per cent. were fistula, of which a little more than one-half were men. Again, fistula and phthisis very frequently go together, as evidenced by Allingham's statistics, who reports 1,632 cases of fistula, 234 of which had tuberculosis. The author estimates that 4-6 per cent. of all tubercular patients suffer from fistula, while a much larger percentage of fistula patients have tuberculosis.

Fistulae, as found in tubercular subjects, are of two kinds:

1. True tubercular fistula, the result of localized deposits.

2. Fistulae, induced or made difficult to cure, by persistent cough and lowered vitality—the result of phthisis.

1. True tubercular fistula, caused by swallowing tubercular sputum or by ingestion of food infected with the bacilli.

2. Non-tubercular fistula are frequent in phthisical subjects. Very troublesome of treatment, because (a) these subjects are prone to suppuration from slight causes; (b) the absorption of fat of the ischio-rectal fossa deprives the larger blood vessels of their natural support, resulting in congestion and dilation; and (c) the persistent coughing of these phthisical patients causes a bruising of the parts about the anus which is an important etiological factor in the production of abscess and fistula.