from which he had removed an hundred or more stones. Two years later, at the second operation, he removed two hundred more. He very naïvely adds that he was aware of the fact that he occasionally overlooked a stone, but that he flattered himself that he could not have overlooked as many as two hundred all at once. All observers seem to agree that stones do reform but that this occurs very seldom and that in the vast majority of cases in which stones have been found and removed at subsequent operations, they have in all probability not reformed, but had been overlooked. Some authors go so far as to say that they have never seen a true recurrence—among them such excellent surgeons as Riedel and Czerny. It is safe to say, however, that there is always an appreciable percentage of recurrences, probably less than one per cent., in the hands of the most experienced surgeons.

We must draw a distinction between that class of affections of the biliary tract associated with the presence of gallstones and that class which is not. In spite of the causes already enumerated which may prevent a satisfactory result, namely, failure to find stones or remove them after they are found, the possibility of their reformation, etc., the problem is a more simple, and, in my experience, a more satisfactory one than where affections of the gall-bladder and ducts exist without the presence of gallstones. It is easy enough, after opening the abdomen, because of the more or less well-defined train of distressing symptoms, and after inspecting and palpating the gall-bladder and finding no stones present, to say, "This is a case of cholecystitis," or on palpating the head of the pancreas and feeling it perhaps enlarged and harder than usual, to say, "This is a case of chronic pencreatitis." But what constitutes cholecystitis or chronic pancreatitis? There is no unanimity of opinion as regards the answers to these two questions. One observer calls pretty much everything "chronic pancreatitis," another will remove a very healthy-looking gall-bladder and call it "cholecystitis."

It not infrequently happens that at the time of operation no adequate cause can be found for the symptoms complained of. Slight thickening of the gall-bladder, a slight turbid or viscid condition of the bile, a few light or dense adhesions binding it to the neighboring structures, may be all that one will find. It happens with such relative frequency in the writer's experience that gallstones are not found when there is ample evidence for suspecting their presence, that he is at times tempted to join the number of those who go so far as never to make a flat-footed diagnosis of gallstone disease, but simply to tell the patient that he has an inflammation of the gall-bladder which needs to be operated upon and that incidentally gallstones may be present.