

suffering from hepatic colic, cholecystotomy was performed. The fluid contents of the gallbladder contained typhoid bacilli, which were also found in the gallstones. In another case, four weeks after an attack of typhoid 58 small cholesterol calculi were removed from the gallbladder, and in these calculi as well as in the purulent contents of the gallbladder Eberth's bacillus was found.

These observations prove that Cholelithiasis is to be regarded as an infective disease, and like Appendicitis should be treated surgically. Legars says further, "the infectious origin of biliary lithiasis is proved, and this point is of the greatest importance as regards treatment, for the following reasons: If we have shown that gallstones do not depend on general and obscure humoral conditions, but on a local infectious process, the disorder becomes for the most part also a local matter, and as such accessible to direct local means: If when calculi are once formed, they increase and multiply, we can still be sure that they are due to a single attack of lithogenous infection. "At a given moment, often very remote, microbial invasion of the gall-bladder took place, and these microbial invasions of *intestinal* origin depend on various causes, and may occur in the course of different acute disorders; at any rate the calculous disorder comes from them, from this primordial lithogenous Cholecystitis. Once more, it is a complaint of the gallbladder and ducts, not of the bile, and lithogenous Cholecystitis is comparable to many other localized infections, such as Appendicitis for instance. By removing the calculi or the gallbladder recovery may be complete and final. Finally, we find infection not only at the origin of lithiasis but also at all the other stages of the disorder; it is the leading factor of the various complications as well as of the prognosis of the complaint."

Deaver says: "It can be emphatically stated that gallstones are always the result of precipitated salts and tissue debris following in the wake of bacterial infection, mild or severe in degree. Furthermore, the complications of chronic gallstone disease, adhesions, ulceration, fistulae, liver and pancreatic disease are also due to infection." He also says, "the treatment of chronic gallstone disease, its complications and sequelae can only be surgical. Gallstones are formed through the aid of infection and therefore the disease is local and requires local treatment, that is operation, and not solvents or cholagogues to relieve a condition resulting from faulty metabolism." Angiocholitis is also another disease, due to direct infection from the bowel, usually secondary to Cholelithiasis but it may be primary without a lithiac condition.

As regards Hepatic Cirrhosis, it has been proved that one of the functions of the liver is to destroy bacteria, brought from the bowel by the