

Total cases not cured at time of discharge from hospital (persisting sinuses, etc.), 98—17.1%.

Cases heard from or examined for this study, 366.

Cases well after varying lengths of time, 327—89.3%.

Cases not well, 39—10.6%.

Deaths from all causes, 48—8.3%.

Carcinoma cases excluded.

It must be borne in mind that this list includes the very earliest cases operated upon and by different operators, members of the house staff as well as the surgical staff, which may account for the rather high rate of mortality. The rather small number of cases that could be traced out of the total of five hundred and seventy-two, is accounted for by the fact that so large a proportion of them were operated upon so long ago that they had changed their places of residence and could not be found. The last 100 cases showed much more satisfactory results in every way than the first 100.

A glance at the two tables will show that after a period of years the cured cases are almost 15% greater than are shown by the hospital records. A partial explanation of this is that within a few weeks or months after leaving the hospital, a large percentage of the sinuses had closed, the patients remaining well thereafter.

In an effort to discover the cause of failure in the 39 uncured cases, it was important to know what type of operation had been done in each case. In the 39 uncured cases the operations performed were:

Cholecystostomy	32—85.2%
Cholecystectomy	4—10.5%
Choledochotomy	1
Adhesions	1
Unknown (history missing)	1
	—
	39

When it was discovered that cholecystostomy was largely responsible for the failures (85.2%), it seemed only fair to find out what was the operation of choice in the successes. The exact type of operation was given in only 282 of the 327 cured cases and is as follows:

Cholecystostomy	221—78.3%
Cholecystectomy	45—15.9%
Choledochotomy	16
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	282

Cholecystostomy was thus the operation of choice in over three-