at any time prior to the onset of the peritonitis, should have saved this young woman's life and restored her to perfect health. Even after the peritonitis had become established a timely cholecystectomy would have been quite as promising an operation as the removal of the appendix in a similar case of appendicitis. As a matter of fact, surgical treatment of the gall-bladder and cystic-duct has been extremely satisfactory in its results. It is only in the few exceptional cases, in which the common duct is involved, that operation is difficult and dangerous. Of 278 cases of surgical interference with the gall-bladder on account of gall-stones or distension from obstruction, 36 (13 per cent.) were fatal. In more than half of these cases stones were found in some part of the biliary passages. (Quoted from Dr. Ivanhoff in *London Lancet*, April 30th, 1892, and reproduced by Dr. F. J. Shepherd in *Retrospect of Surgery*, MONTREAL MEDICAL JOURNAL, July, 1892.) Mr. A. W. Mayo-Robson (Leeds), in an article entitled "Cholecystotomy for Gall-stones performed on the strength of Symptoms without Physical Signs," and published in the *London Lancet*, January 10th, 1891, enumerates the serious complications which may arise from the presence of gall stones, and states his conclusions concerning the treatment of this condition as follows: "(1) Exhaustion from repeated attacks of pain; (2) fatal collapse from acute agony; (3) fatal jaundice; (4) dropsy of the gall-bladder; (5) empyema of the gall-bladder; (6) abscess of liver; (7) local peritonitis; (8) perforation of the gall-bladder or ducts, causing abscess, peritonitis, septicæmia, intestinal obstruction or hæmorrhage." "Bearing in mind the dangers of cholelithiasis, and knowing with what little risk the operation of cholecystotomy can be performed, if done carefully and with due precautions, I have no hesitation in recommending operation whenever there are repeated attacks of biliary colic, apparently due to gall-stones, which do not yield to a definite course, not necessarily very prolonged, of medical treatment."

With reference to the second condition one may ask, What is the attitude of the medical practitioner, to-day, towards acute peritonitis? Speaking generally, his practice is some such