

This subject is fully and ably discussed, and we are glad to see that Dr. Tyson is far from accepting such evidence as has been brought forward to prove that uric acid in the blood is the cause of these various maladies. Incidentally, he refers to the condition which is implied under the barbarous term *uricacidæmia*. Surely it is time to protest against the introduction of such extraordinary jargon into medical literature.—*Treatment*.

WHICH CASES OF CHOLELITHIASIS ARE SUITABLE FOR SPA-TREATMENT, AND WHICH FOR OPERATION.

Dr. Hans Kehr, of Halberstadt (*Munchener Med. Woch.*, September 20, 1898), who has gained a great reputation for his operations in gallstone cases, considers it certainly wrong to send every case of cholelithiasis, without distinction, to Carlsbad, only operating when the Carlsbad treatment proves useless. He comes to the conclusion that medical treatment (Carlsbad courses, etc.) may be recommended in the following classes of patients :

1. Cases with acute obstruction in the common bile-duct, at least in the ordinary cases.
2. Cases with inflammatory processes in the gall-bladder, with or without jaundice, if the attacks occur seldom, and are not too severe.
3. Cases with frequent attacks of colic, when gall-stones are passed each time ; but if the attacks of colic recur very often, without the passage of gall-stones, an operation is indicated.
4. Patient with obesity, gout, or diabetes, or when narcosis is dangerous on account of disease of the heart, lungs, kidneys or liver.

5. Patients after operations for gall-stone.

On the other hand, Kehr considers operation indicated in :

1. Acute sero-purulent cholecystitis and pericholecystitis.
2. Adhesions resulting from pericholecystitis, binding the gall-bladder to the bowel, stomach, or omentum, provided that symptoms (pains, inflammation about the pylorus, stenosis of the pylorus, stenosis of the duodenum, ileus, etc.) are present.

3. Chronic obstruction in the common bile-duct.

4. Chronic obstruction in the cystic duct (so-called dropsy or empyema of the gall-bladder).

5. All forms of cholelithiasis, which, though slight at the commencement, have resisted all balneotherapeutic and pharmaceutical treatment, and by giving rise to chronic disturbances (feeling of pressure in the stomach, wasting) embitter the patient's life and prevent him doing his work.

6. Purulent cholangitis and hepatic abscess.

7. Perforation of the bile-ducts and peritonitis.

8. Morphineism resulting from the troubles of cholelithiasis.

Kehr thinks an exploratory operation may be performed when there are frequent troublesome symptoms, and the diagnosis is uncertain. The exact diagnosis (position of the stone, etc.) and due