

abdomen. Thus, in cholecystitis, we have possibilities which are comparable to those presenting themselves in acute appendicitis, and whilst it is more rare to have a ruptured gall bladder than a ruptured appendix, yet it occurs occasionally, and it is gradually becoming recognized more and more widely by the profession that when cholecystitis presents acute symptoms operation should not be delayed. But further the persistence of chronic inflammation here should undoubtedly demand operative interference. The possibilities of acute empyema and perforation of the gall bladder must always be borne in mind as a complication in the course of chronic disease and many other serious conditions may manifest themselves, particularly when gall stones are present. I recently operated on a patient who had suffered for years from gall stone colic, and finally, during an acute exacerbation, operation was undertaken; a large solitary stone surrounded by pus and mucus was ulcerating through from the gall bladder to the stomach where adhesions had formed. In another recent case the patient had suffered for ten years and for the past five years endured pain of great severity, at each attack necessitating large doses of morphia to control it. Operation revealed numerous gall stones (440 in all) with extensive adhesions of the gall bladder to neighboring viscera. I need not multiply instances, but surely here again the enormous advantage of early operative interference is clearly demonstrated. Patients, too, may suffer for prolonged periods with stone in the common duct, and when finally operation is undertaken the duct is often enormously dilated, the gall bladder and ducts the seat of septic trouble and a mass of peritoneal adhesions gluing the various viscera together in an almost inextricable tangle. Further, these patients with gall stones frequently develop a pancreatitis and run considerable risk of cancer. On an average one in thirty cases of primary cancer of the gall bladder, according to C. H. Mayo, has developed cancer as a local condition around a gall stone which has mechanically irritated some mucous area of the gall bladder tract.

Malignant disease: Turning now our attention to malignant disease, we again must voice the experience of all general surgeons in recording the many sad instances where delay is disastrous and often fatal. It is not necessary to dwell on this part of my subject, because the facts which one might illustrate over and over again from one's clinical records, are universally recognized by the profession. In this instance it is, perhaps, the laity who require to be educated as to their duty. The prevalence of cancer is observed more accurately than heretofore. The most accurate statistics are probably available in Great Britain, and Bashford, in the Third