

terior. Do we consider that it is always wise to remove a gangrenous appendix? Certainly not. There are times when we consider it wiser and safer to make our incision, to institute drainage and endeavor to isolate, with protecting gauze, the infected area. To dig down into and stir about these septic, infiltrated structures, under certain circumstances, is not good surgery. The same applies to the treatment of gangrenous conditions of the gall bladder. If, however, the organ can be readily removed and the tissues are not too friable to hold ligatures, it may be advisable to remove the offending organ, but, in my experience with two cases, the patient has not been in any condition to undergo such a prolonged operation.

Cholecystectomy does not produce a more radical cure than cholecystostomy. Even after cholecystectomy has been performed gallstones may form in the ducts in the liver itself and may be passed onward through them into the intestines. Owing to the fact that there is no cholecystitis to be encountered they are not large. I have seen, on one occasion, gallstones of medium size lying in a row in the hepatic duct above the junction of the hepatic and cystic ducts.

Langenbeck has denied that obstruction can result from stones forming in the biliary ducts outside of the gall bladder, but, as I have just said, I have seen such obstruction. The smallest stone in the row was nearest the liver. I was able to milk the stones down the hepatic duct and up from the common duct through the cystic duct into the gall bladder. The gall bladder had been opened and the gallstones were all removed in this manner.

The gall bladder is not known to be of any particular value and many animals are able to get along without it. It is occasionally found wanting in the human species. It has been said that the hemorrhagic condition of the mucous membrane of the gall bladder that is likely to occur as a post-operative complication after removal of gallstones, may be done away with by removal of the organ at the time of operation. Such hemorrhagic conditions are, however, rare. I have met with but one case, and at the postmortem examination it was found that the blood had come from a ruptured vessel in the liver, and, therefore, cholecystectomy would not have prevented death.