purpose of the statute is to protect the people against deception; and that "it is practitioners of the regular school rather than the others that the ill and infirm seeking relief usually expect to find when entering a room whose door has lettered upon it the name of a person preceded by the title 'Dr.' or followed by the letters 'M.D.' or 'Physician and Surgeon.'"

Without undertaking to define the words "quack" and "charlatan," the terms by which the plaintiff was characterized in the libel, it suffices to say that he was knowingly luring patients into his office by a method condemned by the penal laws of the state. This was a fraud and imposition on the public, and the law will afford him no redress for the loss of earnings sought to be acquired in that manner. On the former appeal this court said, speaking of the libel in question: "Clearly this is libelous *per se* (in and of itself), if published of and concerning the appellant (plaintiff), and he is engaged in a reputable practice, and that it was published of and concerning the appellant, and that his practice is reputable, was distinctly alleged in the complaint." He could not be engaged in a reputable practice while offending against the statute. As was said in *Hargan vs. Purdy*, 93 Ky. 424; 20 S. W. 432: "If he was then undertaking to practice medicine in violation of the statute of the state, he could not, in contemplation of law, have been injured or sustained damage from being called an 'empiric' or 'quack;' or, at all events, he could not be heard in a court of justice to complain that words had been spoken or written of him having the simple effect to disable or deter him from violating a penal law." See, also, *Marsh vs. Davison*, 9 Paige's Ch. 580.

The plaintiff contended that he had a common-law right to practice osteopathy without a license; that he was libeled while pursuing that right; and that his damages should have been assessed by the jury. If he had advertised and practiced as an osteopath, that question would have been presented, while under the above circumstances it was not.

Constitutionality of Law Providing for Medical Examination and Detention of Prostitutes

Justice Bischoff says, in delivering the opinion of a Special Term of the Supreme Court of New York, New York County, in *People vs. Fox* (127 N. Y. S. 484), that, on the theory of discrimination between men and women, the attack on the constitutionality of section 79, chapter 659, of the New York laws of 1910, providing for the medical examination of prostitutes, was not well founded. It is unquestionably an enactment having for its aim the safeguarding of the health of the inhabitants of the state, and the matter is fully within the police power. Ground of argument is not lacking that the danger from the spread of disease by women of the class in question is greater than the danger existing from the disease in the case of men, and that the present regulation is necessitated as a step distinct in its nature from a corrective measure which may be directed to the diseased condition of males. The question of expediency, therefore, was for the legislature, and it is not to be determined as an original matter by the court.

There was clearly merit, however, in the contention that the statute directs the detention of the accused, without due process of law, in that the nature of the sentence, after conviction, is made to depend on the report of a physical examination without the opportunity for a hearing on the facts entering into the report. The conclusion of the examining physician is made binding on the court. The report is presented to the magistrate, "and if it thereby appears," says the statute, that the prisoner is afflicted with the disease in question, "the magistrate shall commit her to a public hospital" for a period which, in the magistrate's discretion, may be one year—a period greatly exceeding the maximum time of detention prescribed for the same offense in the absence of a physician's report. Since the physician is not a judicial officer, and since the magistrate cannot hear the accused as to the correctness of the facts stated in the report, but is bound thereby, the penalty attaching to conviction of the offense is made to depend on an independent inquiry out of court, with the result that the convicted person is deprived of the benefit of due process of law.

Society Proceedings

CONNECTICUT STATE MEDICAL SOCIETY

One Hundred and Nineteenth Annual Meeting, held at Hartford,
May 24-25, 1911

The President, Dr. FRANK K. HALLOCK, Cromwell, in the Chair

The officers elected were named in THE JOURNAL, July 1, p. 31.

A Farm Colony for Alcoholics in Connecticut

DR. FRANK H. BARNES, Stamford: In order to get some statistics on the subject to present to the society, letters were mailed to the judges of the courts of the leading cities in the state. The answers to these letters lead me to think that it would be advisable to establish a farm for alcoholics in Connecticut. I would suggest that the president of this society be given power to appoint a committee to present this matter to the legislature of this state, and to ask for the appointment of a commission to investigate the matter. (This committee was appointed.)

The Diagnosis of Syphilis

DR. JESSIE W. FISHER, Middletown: The serum reaction makes possible the early diagnosis of syphilis. It is corroborative of the clinical symptoms, invaluable in the differential diagnosis of obscure disease, an index to the progress of recovery, and a guide to marriage. With the cyto-analysis of the cerebrospinal fluid, it is diagnostic of dementia paralytica.

The Feeding of Sick Infants

DR. CHARLES A. GOODRICH, Hartford: The various substitutes for milk feeding in illness, such as cereal decoctions, albumen water, a sugar solution and whey, have a low food value, as ordinarily prescribed. While these are useful in certain classes of cases there are contra-indications to their use in many instances. Intolerance for milk, due to disease or to some inherent peculiarity, occurs in some infants. In these the cereal gruels, plain or dextrinized, are useful.

DISCUSSION

DR. H. MERRIMAN STEELE, New Haven: I have frequently fed summer-diarrhea patients with well-cooked cereals, nearly as thick as the ordinary breakfast foods, and I believe, with much better results than could be obtained by using the weak cereal waters. If one must starve the baby for 24 or 48 hours, water alone is the best treatment, attention being paid to the salts. I agree with Dr. Goodrich in his recommendation of milk sugar as a proper food for tiding over acute cases. In rectal feeding, dextrin in solution probably furnishes more absorbable material than any other food at our command. In adding milk-sugar to whey, one may easily overstep the limit of tolerance for sugar, because whey itself contains over 47 per cent. of this ingredient. Undue stress is often laid on the character of the stools in convalescent cases of summer diarrhea. This is absolutely no contra-indication to beginning milk feeding. I would suggest a trial of buttermilk in cases in which there is intolerance for milk. For both sick and healthy infants, one should not forget the value of the salts of food.

DR. WALTER G. MURPHY, East Hartford: Empirically, it has been found that children after the age of three or four months often do better on a mixture of milk and barley-water than on one of milk and water or any other diluent. Its food-value, however, is so little that, if long continued, the patient may suffer from a lack of nourishment. In acute irritative diarrhea, the indications are to get rid of all irritating substances in the intestinal tract, and to withhold all food until the vomiting has ceased. In cases in which the babies have some infection and are overfed, plenty of water and plenty of rest are indicated; and if these children are not too much depressed, they are better without food. In acute fermentative diarrheas, if the child's condition will warrant it, the withholding of all food until the intestinal tract has been cleared of fermenting substances is better than the giving of nourishment. In babies whose general condition has not been

good, and whose powers of resistance are below normal, and who are subject to frequent attacks of diarrhea and vomiting, the withdrawal of all food is usually disastrous. If the stools are offensive, cereal foods, either plain or dextrinized, given to the extent of the digestive capacity, are necessary.

The Relation of the Medical Profession to Opticians

DR. HENRY W. RING, New Haven: In the passage of so-called optometry laws throughout the United States, the help of the medical profession has been solicited with no small degree of success. This aid has been obtained through misrepresenting the possible and actual evils to which the public may be subjected. Many physicians send patients to opticians for examination and treatment of the eyes, forgetting that opticians bear the same relation to the ophthalmologist that druggists bear to the general practitioner. A large number of cases of serious disease of the eyes have been treated by opticians with glasses, the real trouble not being suspected. The eye is not only subject to diseases peculiar to itself, but also participates in and gives evidence of affections of the other parts of the body; and anyone unacquainted with this relationship is bound to make mistakes. The measurement of errors of refraction and anomalies of accommodation and of ocular motility, with or without the aid of drugs, is not a simple mechanical procedure, but represents one of the most important therapeutic measures in the practice of medicine. The oculists have shown more activity than the general practitioners in opposing the extension of this optometry legislation, because they so frequently see the unfortunate results; but this opposition should not be confined to them. The situation should be appreciated by the profession in general.

Some Problems Connected with the Inspection of Schools

DR. EDWARD W. GOODENOUGH, Waterbury: The most important work of medical men to-day is connected with the growth and development of the child. Medical inspection of schools is primarily for the benefit of the growing child. It is not a charity. The town or the state should be willing to pay members of the medical profession a reasonable amount in order to give the children in school protection against disease. A school nurse is also a necessity, as she is a help to the physician in many ways. Until the position of medical inspector of schools is fixed on a firm basis, physicians appointed to this office must be willing to give the town more than a full equivalent for the money invested in this work.

DISCUSSION

DR. CHAS. P. BOTSFORD, Hartford: It is a duty we owe to the rising generation to try to influence fathers and mothers in favor of medical inspection, and to convince them that it is not necessarily very expensive. A properly devised medical inspection, suited to the town and the school in which it is made, will pay for itself in more regular attendance and better work on the part of the children.

DR. FRANK H. BARNES, Stamford: There are more feeble-minded children, idiots and imbeciles in the schools than one would think. I believe that it would be better not to include the small country towns, and it should be decided whether the school committee or the public health boards shall take charge of the inspection.

DR. THOMAS G. SLOAN, Manchester: During the past year, we had two serious and long-lasting epidemics, one of diphtheria, and one of scarlet fever. Throughout this time, every child's throat was examined twice a week. Cultures were made from throats found inflamed. In this way, we discovered and sent home some children with scarlet fever. When necessary, the school-room was fumigated. Medical inspection has been in existence two years in Manchester, and we are well satisfied with its results.

DR. EDWARD K. ROOT, Hartford: The general public, knowingly or otherwise, make a sharp distinction between contagious diseases, in which their children's lives may be endangered from coming into contact with those that are ill, and conditions of malnutrition and degeneracy, which they regard as no one's business but their own. In Hartford, where medical inspection has been in existence ten years, we always turn

over the treatment of the sick children discovered to their parents. If they are not taken care of at home, then the town must take care of them. Everything that the State does for the child lessens the responsibility of the parents to just that extent.

DR. HENRY F. STOLL, Hartford: One thing that has impressed me is that the teachers are not capable of picking out the delicate children. I tried to have them pick out and send to me cases suitable for our out-of-doors school. Finally, I adopted the plan of standing at the foot of the stairway when the school was dismissed, so that I might see the children in a good light walking. I could then select the cases and have them sent to me for a more careful examination later on.

DR. SAMUEL M. GARLICK, Bridgeport: Referring the matter back to the parent educates the parent and the child itself. It is much more desirable to educate the individual than to educate the public. Dismissing the matter without reference to the family physician tends to reduce the confidence in him that the family should have.

DR. GEORGE H. WRIGHT, New Milford: The parents can be perfectly educated in almost every case, not only to submit to the inspection, but also to carry out the recommendations made by the inspector.

Case of Bronzed Diabetes

DR. GEORGE BLUMER, New Haven: This case showed the triad of symptoms and signs that characterize typical examples of bronzed diabetes. The form of diabetes associated with this condition is usually acute. The skin pigmentation, which is entirely lacking in about one-sixth of the cases, varies greatly in both color and situation. In many of the reported cases, disease of the liver was present years before the appearance of the other manifestations. Some patients enter the hospital with gastro-intestinal disturbances. The occasional occurrence of the clinical evidences of blood destruction may be noted. The disease is confined almost exclusively to males, usually between the ages of 30 and 60 years. Alcohol plays an important part in the etiology of many cases. The amount of iron that is present in some of the organs, as well as the skin lesions, is very considerable. The blood destruction taking place within the portal zone may lead to the deposition of pigment, with its maximum deposit in the abdominal organs, much like that which occurs in hemochromatosis. The differential diagnosis may be simplified by pointing out that a combination of pigment with an enlarged, hard liver and glycosuria is not liable to occur in any other condition. While the possibility of the occurrence of diabetes or of an enlarged liver as a complication of various diseases associated with pigmentation of the skin cannot be denied, the likelihood that this triad of symptoms and signs will occur outside of bronzed diabetes is very small.

DISCUSSION

DR. WILDER TILESTON, New Haven: The name hemochromatosis is preferable to bronzed diabetes, because it covers cases of pigmentation of the skin without signs of diabetes. In 1880, I saw such a case. The patient looked like a mulatto, though his skin had been fair before his illness. He showed no enlargement of the liver, and no sugar in the urine. Microscopic inspection showed the presence of iron pigment, which does not occur in any other condition than hemochromatosis though its absence does not exclude that diagnosis. The coloring matter is probably brought to the cells by the blood, and not manufactured locally by the skin. Pigmentation of the skin has usually been considered indicative of Addison's disease, but I have found only the minority of cases to be due to affections of the adrenals. The pigmentation of arsenic, though rather uncommon, must be borne in mind in this connection. It is possible to have pigmentation of the mucous membrane of the mouth in people otherwise healthy.

Law, Medicine and the State: Some Points of Contact

DR. FRANK K. HALLOCK, Cromwell: The members of the professions are, in the main, the recognized exponents of the best thought and the most worthy ideals; and, as such, the

great mass of the people who are less favored in education, have a right to look to them as the natural leaders in the solution of civil problems, moral and physical. Independent effort cannot be so successful as the effort that has back of it an organized body or class. Such organizations in the professions should have at least two objects: to raise the standard of their own efficiency, and to discharge their duty to the state by accomplishing results calculated to benefit the general public. Law and medicine should get together for the benefit of the state on such points of contact as expert testimony and boards of health.

The Importance of Early Operation for Tumors of the Breast

DR. GEORGE N. BELL, Hartford: The situation in regard to breast tumors has not changed much in the past century. If we can be absolutely sure of their benignancy, they should be let alone, and if malignant, they should be removed. The treatment depends on our ability to decide which is which. Eighty per cent. of all breast tumors are malignant, so the need of early diagnosis and operation in cases of malignancy is apparent. The operative mortality is less than 1 per cent., so it is a wonder that the postponement of operation in these cases is still considered. Multiple tumors of the breast are usually benign. The one positive means of diagnosis is the microscopic. One cannot, however, be sure that a benign tumor will remain benign. Therefore, it is best to remove a mass in the breast as soon as attention is called to it, to submit to the pathologist for examination and operate radically if necessary. The chief factor in the prognosis, next to the extent of the growth, is its glandular involvement. The more radical methods of operating, consisting in the removal of both muscles and axillary contents, and the greater rapidity in doing the work, have given much better results than were formerly obtained. Another advance has been in the employment of frozen sections in all doubtful cases.

DISCUSSION

DR. OLIVER C. SMITH, Hartford: The majority of benign tumors of the breast, except the lipomata, should be removed. These tumors frequently become malignant. One cannot always tell at operation whether one is dealing with benignity or malignancy. We should try to educate the laymen to realize that a tumor of the breast is a dangerous thing and should be investigated at once by a competent man.

DR. CHARLES E. TAFT, Hartford: I cannot emphasize too much the importance of examining all the organs of the body liable to metastasis before deciding to operate on the breast. After the muscles have been dissected away, it is best to tie all the small blood-vessels in the chest with a needle and thread, in order to prevent secondary hemorrhage. Unless a physician is himself prepared to urge the patient to submit to operation, he should immediately refer all tumors of the breast to a surgeon.

DR. CLARENCE E. SKINNER, New Haven: Early and thorough ablation is the first and most important step to be taken in the great majority of cases, but in order to prevent recurrence, roentgenization should be employed immediately after every ablative procedure for cancer. The x-ray exhibits a powerfully curative influence over malignant processes in many cases, and in a disease with such a gloomy prognosis, it is not justifiable to omit the application of any means of control that has demonstrated that it possesses value. It is impossible to tell at the time of operation in which cases recurrence will take place, and recurrence is frequently more resistant to the x-ray than the original lesion. Early recurrences are frequently internal and give no sign of their presence until it is useless to do anything.

Intestinal Obstruction, with Especial Reference to Intussusception in Infants

DR. OWEN O'NEIL, Willimantic: The palpation of a sausage-shaped tumor through the abdominal wall is by no means an unfailing guide. Vomiting, though fairly constant in acute intussusception, may not be present. The value of prompt operation, limited to the relief of the actual acute condition, cannot be overestimated, nor the uselessness and even danger

of palliative measures, which may ameliorate the active symptoms of the disorder, even simulating true reduction, and thereby may cause serious delay in the institution of radical treatment. Mechanical obstruction by a foreign body in the intestines may present all the general symptoms of an intussusception.

DISCUSSION

DR. JOSEPH M. FLINT, New Haven: In two cases of true intussusception there was an absence of abdominal tumor. Acute abdominal symptoms, mucohemorrhagic stools and a palpable tumor in the rectum are the most common signs of intussusception in young children. I think that there is a group of cases in which palliative treatment deserves a wider recognition, those in which the intussusception may not be reducible and in which an extensive gangrenous process may be present, with relatively few objective symptoms and no general reaction indicated by signs. However, because we cannot tell when palliative means will lead to serious results, the operative method should be applied as early as possible.

DR. JOHN W. WRIGHT, Bridgeport: Some years ago I was called into consultation on two cases that were, without doubt, intestinal intussusception, but which were then mistaken for cases of mild enterocolitis. Unfortunately, the diagnosis was not complete enough to warrant a resort to operation and both children died. I have found intussusceptions in some cases at the post-mortem examination, as many as twelve in one case. I have not, within the last few years, seen any cases of enterocolitis in children resulting in intussusception. Therefore, I have not operated in that sort of case.

DR. JAMES H. KINGMAN, Middletown: One case of intussusception which I saw illustrates the point of not doing too much at one time. We found 5 inches of black, gangrenous gut, but, as the child's condition was very bad, we thought it unwise to resect. We therefore stitched around the gut and made an artificial anus. The child afterward did pretty well. Most of the gangrenous part finally sloughed off, leaving the double ends projecting out of the abdomen. These I clamped and obtained motions through the normal passage. A few months later I did a resection and had a perfect result. I believe that if I had tried to do more at the time of the first operation than to make an artificial anus the child would have died.

DR. JOHN B. BOUCHER, Hartford: Some years ago I had the accident of reinvasion happen in one of these cases. In order to prevent this in a subsequent case I dissected off the mesentery, brought the cecum down to the abdominal wall at the point where it should have been, drew the appendix through the tendon and put a piece of adhesive plaster over the appendix, leaving it there for twenty-four hours. I then cut it off, obtaining primary union.

DR. HARMON G. HOWE, Hartford: One should not be too energetic with the hydrostatic method, nor trust to the apparent recentness of the attack, for some of these cases are partially invaginated for some time before presenting symptoms. Even if we do succeed by this means in reducing the intussusception, death will sometimes take place from gangrene.

DR. EDWARD W. SMITH, Meriden: In a case of intussusception of the ileocolic variety in a child of eleven months, 2 or 3 inches of the cecum were drawn in. After the operation the child made a good recovery. Six months later it had another invagination, probably due to having eaten a large amount of peanut candy. This time I employed Dr. Taft's method of inverting the child and manipulating the bowel. The tumor disappeared and the child dropped into a quiet sleep.

DR. O. C. SMITH: I think that I would be inclined first to try palliative measures, because in a child this is a serious operation. If warm sweet-oil is used the intussusception may be carried up, though not quite undone. This shows the region where the intussusception starts from and gives an idea where to operate.

Peritoneal Tuberculosis

DR. DANIEL SULLIVAN, New London: Tuberculous peritonitis mimics every other abdominal disease or condition. It is secondary to tuberculosis in some other organ in 90 per cent.

of the cases, the lungs being the primary seat more frequently than all the other organs taken together. I have had two cases in which jaundice was a pronounced symptom. While peritoneal tuberculosis is sometimes a surgical disease it is always a medical one. The medical man should treat his patients with rest, fresh air, nutritious food, medicine (if necessary to help the emunctories) and all that goes with good nursing. If, after five or six days, there is no improvement and the case is one of the ascitic form or when the Fallopian tubes or the appendix appear to be the location of the mass, a laparotomy should be advised. A simple incision and the evacuation of the fluid, with a removal of the primary seat of infection, if possible, is the best procedure, the wound being closed without drainage. Then begin again with the hygienic treatment.

DISCUSSION

DR. JOHN B. BOUCHER, Hartford: Abdominal drainage should not be used, because mixed infection should be avoided in such cases. If this is prevented tuberculosis is a comparatively harmless disease.

DR. SELDOM B. OVERLOCK, Pomfret: The medical treatment of these cases consists in putting the patient in the most favorable condition to resist the disease. The surgical treatment can be of service in eliminating the foci of infection and covering them up. We thus get rid of as much tuberculous material as possible, leaving Nature to pour out an effusion to help bury what is left.

DR. DAVID R. LYMAN, Wallingford: I have usually referred these patients to the surgeon, because of acute appendicitis, but back of this there has been the tuberculous peritonitis. In several cases I have seen bad effects from ether anesthesia and am inclined to be very cautious in its use in patients with tuberculous peritonitis.

The Two-Stage Operation for Intestinal Obstruction

DR. EDWARD R. WHITTEMORE, New Haven: I have found it advisable to do a simple enterostomy at first, leaving the removal of the obstruction until later. The operation should be done as early as possible, with the usual preparation of the patient, especially remembering to wash out the stomach before giving the ether. Only the briefest examination should be made at the operation to discover the site and cause of the obstruction, the search being abandoned if not soon successful. A simple enterostomy is then done on the most distant loop, preferably not in the median line. If any gangrenous gut is seen it should be drawn into the wound, secured there and opened. All other procedures should be left until the second stage, a week or so later, when the patient will be found in a good condition to stand it. The object of this procedure is, first, rapid and efficient drainage of the bowel. The relief of the obstruction is secondary and should be taken up later.

DISCUSSION

DR. EVERETT J. MCKNIGHT, Hartford: It seems to me very important to realize that above the point of obstruction there is a large amount of toxic material, which, if allowed to go down through the bowel, may be absorbed and cause trouble. In intestinal obstruction we should not, as a rule, close up the bowel in the abdomen without due precaution against this source of intoxication. I should like to call attention to the advisability of doing an enterostomy also in many cases of postoperative distention when this cannot be relieved by any other means.

CANADIAN MEDICAL ASSOCIATION

Forty-Fourth Annual Meeting, held at Montreal, June 7-9, 1911

The President, **DR. GEORGE E. ARMSTRONG**, of Montreal, in the Chair

President's Address

DR. GEORGE E. ARMSTRONG, Montreal, sketched the history of the origin and development of the Canadian Medical Association. The Roddick Bill for Dominion registration was classed as the most forward medico-political question before

the profession in Canada to-day. **DR. ARMSTRONG** expressed the hope that with the adoption of this act, before long the councils of the English-speaking province would unite on a uniform standard of matriculation, although Quebec would have to remain outside on account of different educational methods. The question of the water-supply of Canada was dealt with at considerable length. **DR. ARMSTRONG** declared that in such a country as Canada with its abundant pure water-supply it was a reproach to any municipality, large or small, to have water-borne diseases. "We should not be satisfied in Canada until the water-supply throughout the country is made safely potable and make it so that the guide books can say that tourists can safely drink the water in any Canadian city." The remainder of the address was taken up with a consideration of the housing problem in Canada.

Address in Surgery

DR. A. PRIMROSE, Toronto: The present status of surgery in Canada has been one of gradual evolution. Canada being a young country, something of the spirit of the pioneer settlers has been inherited and Canadian medical men are more ready to develop along lines which may be new and revolutionary in character. The consequence of this willingness to learn has been that nowhere is work done in surgery with more uniform efficiency than can be found in the hospitals of Canada to-day. Conservatism is surely to be commended, but that type of conservatism which is tempered with an ability to use calm and deliberate judgment in determining what is best for our patients and when new light is thrown on some obscure problem we should be ready to abandon any erroneous ideal, which we may hitherto have held, and be prepared to advance, seeing no finality in our present-day methods, but always endeavoring to attain the ideal.

The Surgical Treatment of Gall-Stone Disease

DR. WILLIAM J. MAYO, Rochester, Minn: In reviewing 4,000 operations which we have performed on the gall-bladder and biliary passages, I have been impressed with the fact that the mortality was due to the complications incident to the disease rather than to the removal of gall-stones from the otherwise normal gall-bladder. Not only is the mortality greatly increased by the involvement of the deep bile passages, the liver, the pancreas and neighboring viscera, but the gall-bladder may also be found in such condition as to render an attempt to save it impracticable and fraught with a possibility of a recurrence. The gall-stones, however, are the responsible agents in the production of these complications inasmuch as they set up a train of events, which would not have occurred had these gall-stones been removed early in the history of the disease. It is in this early period that an operation furnishes an easy, safe and efficient cure. Cholecystostomy, with temporary drainage of the gall-bladder to the surface, is the operation preferred because it saves this valuable organ for future function. The danger of reformation of gall-stones after cholecystostomy is exceedingly small. In our service we observed but three cases in which stones had reformed and it is probable that in the majority of supposed cases of reformation of gall-stones the stones had not reformed, but were incompletely removed at the primary operation, an accident which does not often happen when the operation is done early.

In the class of cases in which the gall-bladder is contracted down on a mass of stones secondary carcinoma is liable to develop. In our experience 2.25 per cent. of all operations on the gall-bladder and biliary tract have shown malignant complications. The danger of carcinoma alone is five times as great as the mortality following operations for the relief of simple gall-stone disease. So long as the stones are confined to the gall-bladder, the trouble remains local in an organ which is not essential to life, but with the entrance of stone and infection into the deep duct of the liver two fundamental organs which are essential to life are liable to be involved in the process, namely, the liver and the pancreas. Stones in the common duct not only impair the health of the patient, but complications directly threatening life may arise at any time.