Hexamethylenamin (0.3 to 1 gm.—gr. v to gr. xv) is recommended in subacute cholecystitis, because of its antiseptic effect; for the same purpose a combination of sodium salicylate and sodium benzoate (of each of 0.6 gm.—gr. x) may serve equally well, and as an intestinal antiseptic is to be preferred. When there is a complicating duodenitis, it is best to select bismuth salicylate. It should be given in a mixture, and acts best associated with an equal amount of salol (0.3 gm.—gr. v) in some pleasant suspension.

In a typical case of acute cholecystitis, with fever, vomiting, constipation, severe pain and tenderness in the region of the gall-bladder, the following measures are advised: Place the patient in a full tub bath, very hot; irrigate the colon with hot normal saline solution; follow this by the internal administration of a mixture of aspirin (1 gm.—gr. xv), bismuth subcarbonate (1 gm.—gr. xv), cherry laurel water (4 c. c.—dr. j), added to a sufficient amount of water. Should this be vomited, and should the pain continue, give a hypodermic of codein phosphate and apply over the hypochondrium a large hot compress, and frequently renew it. As soon as it may be tolerated, give a moderate dose of calomel, and follow this after a few hours with a full dose of magnesium sulphate, given as a saturated solution and ice cold. The bowel may be further emptied by using a large colonic irrigation. When the stomach is calmed sufficiently, administer aspirin or magnesium salicylate with bismuth repeatedly as may be required to relieve the pain and soothe the biliary passages.

In a certain proportion of cases the cholangitis or cholelithiasis is very acute. It is accompanied by chills, high temperature, leucocytosis and great distress, often by severe pain. If the process is limited to the gall-bladder, jaundice may be entirely absent. Under such circumstances the general treatment should include absolute rest, a hot bath followed by a light poultice, antipyretics and saline purgatives. Of the antipyretic drugs, there is a choice, not always to be made without trial. Sodium salicylate, magnesium salicylate, aspirin in fifteen grain doses, with sodium glycocholate five grains every four hours, antipyrin and lactophenin, compose a desirable list. Full doses are required, for their action is not merely to reduce the temperature; often they overcome the pain, besides favoring the escape of bile. In those cases in which the symptoms do not quickly abate, drainage of the gall-bladder is required to save life. Such emergencies arise in the cholecystitis of typhoid and other infections.

When cholecystitis has continued for a considerable time, whether or not accompanied by cholangitis, it is safe to infer that a gall-stone is present, and if the attack is not relieved by medical treatment, it is usually because the gall-bladder is seriously diseased, or else because the stone has been forced into and retained by the cystic or common duct.

For many years, recognizing the dangers of gall-bladder involvement in typhoid fever, and looking upon it as just as serious as the intestinal pathology, it has been my habit during the entire course of typhoid fever to administer five grains of salol and ten grains of urotropin every four hours. In this way, in my private practice, I have not seen serious gall-bladder involvement, either during the course of the disease or afterwards, excepting in one case in which the gall-bladder ruptured the first week after the patient was put to bed.

I am frequently asked what I think of ty-