and pain, but warns against allowing the patient to become too far reduced in health before resorting to operation.

There can be no question that in a very large number of cases mild catarrhal cholecystitis pursues a rapid course to complete and permanent recovery under even indifferent treatment. That this is true of many moderately severe attacks I am led to believe by the careful observation of numerous patients over long periods of years. Even cases which are due to infection with the typhoid bacillus during or subsequent to an attack of typhoid fever usually terminate in complete recovery, and the numerous cases of so-called "typhoid carriers" where the patients are in perfect health are witness to this fact. Even so aggressive a surgeon as Deaver says: "Typhoid cholecystitis rarely calls for operation. The majority progress favorably. I have followed too many cases to a sure convalescence without operation to believe that all cases arising in or after typhoid fever should be operated on."

The management of simple cholangitis and cholecystitis is much alike. Predisposing factors to some extent can and should be obviated. The patient should live more in the open air, and have active exercise with the assistance of a medical gymnast; if necessary he should have the diet restricted so as to avoid superalimentation; alcohol must be shunned; the eating of meats and fats decidedly limited; the carbohydrates decreased; sugar and sweets eliminated. He should limit himself to a little bread, buttermilk, fresh fish, perfectly ripened fruits and very fresh vegetables, following in fact the dietary advised in functional incompetence of the liver. Women after childbirth should adopt measures to prevent the too frequently remaining lax abdomen by proper abdominal exercises and supporting bandages, and should discontinue the practice of wearing the lower garments supported from the waist. Constipation must be overcome, and the alimentary tract kept in the best possible condition. Alkaline and carbonated waters should be drunk freely and frequently. Tea, coffee and chocolate are best omitted, substituting therefor the teas from aromatic herbs, or hot lemonade.

By the Turkish bath or its substitutes the skin with benefit may be kept active, and drainage of the bile passages may be favored by a course at one of the mineral spas. Waters may be selected which are useful in stimulating the unstriped muscle fibers of the biliary ducts, besides removing sources of irritation from the intestine. Some of these waters apparently have a specially favorable action upon the biliary apparatus. Such are several of the springs of Saratoga, those of Bedford, Las Vegas, various sulphur springs, and many others of this country; and abroad, the waters of Carlsbad, Homburg, Vichy, Contrexeville, and Harrogate are a few of a large list that might be recommended, besides some of our excellent local spas, such as Dawson, French Lick, etc., and complete rest in bed.

In inflammatory affections of the liver, especially in cholecystitis and cholangitis, Reichmann recommends giving methylene blue in 0.03 to 0.05 gram doses three times daily. He considers that the drug passes quickly thru the organ and has a destructive action upon bacteria. In this connection, it should be noted that the intermittent and imperfect elimination of methylene blue in the urine is considered by some French observers as a sign of functional deficiency of the liver as it is known to be of the kidneys.