

## Toronto Medical Society.

The regular meeting was held, April 3rd, 1896, PRESIDENT OLIVER in the chair.

**Cholecystoduodenostomy.**—By Dr. WINNETT.—The patient was a woman, aged 39, the mother of four children. For fifteen months she had suffered from cholelithiasis with reflex disturbances of digestion, but no jaundice; there was tenderness over the gall-bladder, but no enlargement. The diagnosis was calculus in the cystic duct. Salicylate of soda and other remedies were given internally without relief. In the early part of March, 1895, surgical interference was deemed necessary. On the 29th of that month, assisted by Dr. Sweetnam, he made an incision in the upper part of the linea simularis. The omentum and duodenum presented at the wound. A gall-stone twice the size of a pea was found in the cystic duct. An attempt was made to press it into the bladder which failed. Anastomosis between the gall-bladder and the duodenum was decided upon. Murphy's compression forceps were found unsatisfactory as they repeatedly slipped off. A large flat sponge was placed in front of the kidney. One-half the button was inserted into the bowel, and the other into the gall-bladder. Owing to the thickness of the latter stretching was difficult, so the usual incision, two-thirds of the diameter of the button, required to be extended; this was drawn together by a suture, and made to include the running thread. Considerable pressure was used in bringing the button together. Before the operation was completed the patient coughed, causing the bile to well up into the wound. Greater pressure was used, and the button clicked twice. A drainage tube was inserted, and the abdominal incision stitched up. A good recovery was made, the only troublesome symptom being tympanitis, which was relieved by the use of the rectal tube.

In November, 1895, Murphy had reported fifty-one cases of this operation for cholelithiasis, with two deaths; one from hæmorrhage of the liver, the result of separating adhesions, and the other of septic peritonitis, owing to the septic contents of the gall-bladder escaping. As in other branches of surgery a much greater portion of successful cases found their way into the medical literature than the failures. Under the old method the mortality was 35 per cent.

Some of the indications for operations were: permanent obstruction of the cystic duct or marked reflex disturbances, obstruction of the common duct, fistula of the gall-bladder if the patient is becoming emaciated, and to drain the bladder of accumulations of matter.