

SURGICAL TREATMENT OF GALLSTONES.*

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THE treatment of gallstones can be divided into medical and surgical. For many years the medical treatment prevailed and the greater benefits to be obtained by surgical treatment were not duly appreciated. Owing to the great advances made in surgery the tables have been turned and the sufferers from gallstones obtain a much greater measure of relief. I know but little of the so-called medical treatment of gallstones, and I am very skeptical as to its practical value.

DANGERS INCURRED BY PATIENTS SUFFERING FROM GALLSTONES.

Not only is there a danger of sudden death from the passage of a gallstone, but there are many other dangers to be encountered. There is the great danger of gangrene of the gall bladder (closely resembling gangrene of the vermiform appendix), with rupture and death or with the formation of a secondary abscess; there is the danger of inflammation with empyema of the gall bladder, accompanied by chills, high fever and the occurrence of a suppurative pyelophlebitis followed by death. There is the danger that septic infection may travel from some ulcer, produced by gallstone irritation of the mucous membrane of the gall bladder or ducts, to the vessels of the liver. Even when no pus is to be found, either in the gall bladder or gall ducts, these septic conditions may spread beyond the confines of the gall bladder and produce inflammation of the peritoneum and surrounding structures. Abscesses may form external to the gall bladder and may perforate in various directions, upwards to the right pleural cavity, forwards through the skin, or backwards into the posterior hepatic pouch. These are grave conditions, and, if they do not terminate fatally, the patient is liable to be ill for many weeks.

I have seen one patient die from shock, produced by the passage of a gallstone through the common bile duct, and, a few years ago, I saw a gallstone that was presented to one of our medical societies after it had been removed postmortem from the common bile duct of a patient who died suddenly from shock during its attempted passage. Many other cases of death from this cause have been reported. Obstruction of the common bile duct by stone frequently occurs in patients advanced in years, so that this serious complication must be considered as a constant menace to those who are suffering from cholelithiasis.

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