

A few days ago I operated on a case. I saw the woman ten days previously, in consultation, during an attack of undoubted hepatic colic. She had in the morning three-quarters of a grain of morphia, and in the afternoon one-half a grain, but without gaining much relief. Under chloroform, we could feel a distended gall bladder. Taking this fact into consideration, the fact that the patient had previously been attacked nearly a hundred times, and the fact that she was now suffering with an undoubted attack, I advised operation, and a week after opened the abdomen, with the assistance of her physician, Dr. Cotton. The gall bladder was found distended, but on pressure the bile passed into the duodenum, and left the gall bladder collapsed. No gall stones were present, unless they were small and passed through into the duodenum with the bile during the manual pressure. Such a case, I think, was one of true hepatic colic, in which the stones passed direct from the bile duct into the duodenum.

We have three distinct forms of this disease, giving rise to three distinct sets of symptoms. In the first, we have obstruction of the common duct; in the second, we have obstruction of the cystic duct; and in the third, we have obstruction of neither duct. In the first, the symptoms simulate, and are often taken for those due to malignant disease in the neighborhood. They are, chronic jaundice, emaciation, clay-colored stools, and, perhaps, bile-stained urine. Those of the second variety, namely, closure of the cystic duct, whether permanent or temporary, are severe, suddenly recurring epigastric and hypochondriac pain without jaundice, clay-colored stools, or bile-stained urine. Symptoms of the third group of cases are very indefinite. No symptoms may be present, or we may have well-defined and unaccounted for fever and chills, without any severe attack of pain, even though the gall bladder suppurates or ulcerates. Such cases may end fatally by perforation. Now, regarding the medical treatment by olive oil or any other drngs, I would like to say here what I have written elsewhere, namely, that anyone can drink olive oil and pass gall stones. A saponification of the oil takes place, and the gall stone thus passed, if heated on a piece of blotting paper, will leave nothing but a grease spot, and will be readily dissolved in ether.

Some time ago a physician read a paper before a medical society in one of the cities of learning in England. His subject was, "The Medical Treatment of Gall Stones," and in his paper he brought forward several cases to prove the benefit derived from the form of treatment he favored. The treatment consisted of taking liquor potassæ and beer three times a day. One patient, marvellous to relate, had no attack after this treatment for seven years. The patients, in fact, all did well, and had no attacks after the treatment had been carried out. If he had been more familiar with gall bladder surgery, he would have come to the conclusion that the reason his patients passed gall stones and had no pain, was that they evidently suffered from two forms of gall stones, namely, large and small, and that, every now and then, one of the large ones became blocked in the mouth of the cystic duct, and then dropped back again into the gall bladder, and allowed the small stones to pass out. Cases have been reported in which death was produced by the perforation of a gall stone many years after the last attack of pain. Those who pin their faith to these various forms of medicinal treatment, unfortunately seem to regard pain as the only symptom of gall stones.

The next case I have to show you is the converse of that related by my friend, Dr. Burns. I am always pleased to show a case after relief has been obtained by operation, but I would rather even lose them after operation than have them die without gaining their consent to operative interference. This patient is a man who had five attacks of epigastric pain, but never to his knowledge passed a gall stone. He was referred to me by a friend, Dr. McMahon, who thought the case was one of gall stones. I examined him and found a distended gall-bladder. This could only be made out with the patient in one position. He was not jaundiced, but, owing to the enlargement of the gall-bladder, to his previous attacks of pain, and to the last continued attack of pain for two weeks, I diagnosed obstruction of the cystic duct and probable impaction of a stone.

At the operation I removed some forty-eight stones from the gall-bladder and one from the cystic duct, by direct incision through the duct wall. For three months he had an escape of bile