

are very common in people who are great eaters, and take little exercise.

I have only once seen rupture of the gall bladder. This was a case in which several gall stones, loose in the abdomen, were found at the postmortem examination. Perforation of the gall bladder, and escape of bile into the peritonæum, is not necessarily fatal. Perhaps the best treatment for gall stones, is the treatment by a surgical operation. The gall bladder is opened, and the gall stones are removed. The best operation I believe, is that of cholecystotomy, in which the gall bladder is sutured to the skin, and, as far as I can judge, I consider it to be preferable to the operation by which stones are removed, and the gall bladder, after suturing, is returned to the abdominal cavity—the so-called ideal operation.

Dr. Ross is here to-night, and he will speak of the surgical side of the question, as he has done something in that line.

Dr. MACDONALD—I will add a few words to what has already been said with regard to these cases. I have had some unfortunate experience in the treatment of gall stones. The results by the oil treatment seem to be more fortunate. I use the expression "seem to be," because, in some hands, the patients have got much better. To be of any benefit, I think the oil must be given in large doses. One case I now have under treatment, to whom I gave the oil in large quantities. She had the characteristic symptoms of pain, with chills and itching of the skin. After having been under the olive oil treatment, she passed little lumps of inspissated oil, which patients might take for gall stones. The attacks left her, and she remained free from them for some months; they are now, however, returning again, but are not as severe as they were before. Morphine, in this case, controlled the pain, but the intense general itching of the skin has been so severe, that it has been more difficult to relieve than the pain, and I have, as yet, failed to find a remedy to control this condition.

I can hardly agree with Dr. Johnson in regard to his statement about a perforation of the gall bladder occurring without a fatal termination, that is, a perforation into the abdominal cavity. My opinion is, that such a perforation would be fatal, unless the patient be submitted to surgical interference.

Dr. J. F. W. Ross—I am fortunately able to show you a case of obstruction of the common duct by a stone, awaiting operation. My friend, Dr. Cotton, brought me a patient this afternoon, referred to him from the country. He asked me to see the case, and give an opinion as to the nature of the trouble. He had already formed his opinion, and wished to have it confirmed by someone else before advising operative procedure. The patient, here present, was taken a year ago with an attack of severe and sudden pain, lasting for two or three days. She then had no more trouble with the pain, except that she noticed an occasional soreness through the right shoulder. About three months ago she became jaundiced. Before the jaundice came on she noticed that the pain increased, but it was not nearly as severe as when it first set in, a year ago. The jaundice became deeper: For two months the motions have been light in color, and the urine has been stained with bile, so that it produced a yellow stain on the clothing. She has also suffered from itchiness of the skin. She noticed a lump on the side. On examination I found a dilated gall bladder, and a decided lump to be felt in the neighborhood of the common duct, feeling like an impaction of a stone in the duct. On a former occasion I diagnosed such a case as one of malignant disease, and was afterwards shown by a wrathful relative of the patient (who refused to pay my bill on account of the error in diagnosis) an enormous gall stone. Whether such cases are accompanied by malignant disease or not, it is impossible to state. The symptoms in this case point to an impaction of a stone in the common duct, with subsequent aggregation to its size. Regarding the formation of gall stones, I believe they are, in many respects, similar to stones that form in the kidney and pass into the urinary bladder. Gall stones are undoubtedly formed in the liver, and may then pass directly through the common duct into the duodenum, as stones pass from the kidney through the urinary bladder out through the urethra: or they may pass through the first portion of the common duct, and drop into the gall bladder and remain there, exactly as stones pass from the kidney into the urinary bladder and remain there, increasing in size, until they are subsequently removed by operation.