GALLSTONES

DR. J. M. ROGERS, INGERSOLL, ONT.

PERHAPS an apology is due the members of this Association for trespassing upon their time with a paper on a subject so common as gallstones, but the very frequency of its occurrence and the difficulties which seem to exist in many cases in arriving at a diagnosis must be my excuse for so occupying your attention.

It is quite true that gallstones are present in many people without producing any symptoms, and without exciting any suspicion of their existence. Statistics tell us that in people under the age of twenty years gallstones are present in two or three per cent. Over twenty years in about ten per cent. Only in a small proportion of these cases do they cause symptoms that demand the attention of the physician. The early recognition of the pathologic condition produced by calculi is necessary if one would avoid the serious results which frequently follow neglected cases. Without considering the more remote complications which are produced in long-standing cases, one has but to think of the inflammatory action in the immediate vicinity of the gall bladder and bile ducts to form some appreciation of the irreparable damage which results. We all know of the danger of adhesion of the gall bladder to neighboring organs after repeated attacks of cholecystitis. The stomach and duodenum seem to be the organs which are most frequently found attached to the gall bladder. From such attacks the bile ducts themselves perhaps suffer the most. In these neglected cases stenosis of the cystic duct is often seen, and occasionally we have as well stenosis of the common duct. This was very well illustrated in a case which came under my notice some time ago. The patient, Mrs. N., age 35, had been for about fifteen years suffering from what was diagnosed as indigestion. At times she would remain quite well apparently, but every month or so would have a "dyspeptic" attack. Some time before I saw her her physician suspected that she had a "gastric ulcer." She frequently had attacks of vomiting and occasionally vomited blood. When I saw her she was very anemic and had a somewhat yellow tinge, but did not at that time have any typical gallstone attacks. Later on the jaun-