A FEW SALIENT POINTS IN THE SURGICAL TREATMENT OF GALL-STONE DISEASE*

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MOST of the conclusions I have arrived at in my brief paper were forced upon me during the time I spent at the Mayo clinic, where I saw a large number of gallstone cases and had the good fortune of following them in the hospital after operation.

The customary preparation of the skin in abdominal cases seems unnecessarily lengthy, as well as being a tax on the nervous system of the average patient.

The measure adopted at the Mayo clinic is quite simple, and has been proved to be thoroughly effective. It consists of a purgative dose of castor oil early in the afternoon, a general bath, and the abdomen shaved the evening previous to the operation. On the following morning an enema is given; after its action the patient is placed on the operating table and is anesthetized while the abdominal cleansing is being carried out, which consists of washing thoroughly with soap and water, followed by a 1-2000 bichloride solution, Harrington's solution for half a minute, then 75% alcohol, when the surface is ready for the knife.

The usual protracted and frequent scrubbing has been abandoned, as it causes an increased blood supply to the skin and favors the development and growth of the skin bacillus, which never can be destroyed by germicides without damaging the skin.

Upon entering the peritoneal cavity through the usual incision, the field of operation, including the appendix, should be inspected, for there is about 10% of chronic cases of appendix trouble, gastric or duodenal ulcer and gallstone disease in which a diagnosis is extremely difficult, or even impossible to make without an exploratory incision.

It would appear that the gall bladder should never be removed, unless it has lost its function from some pathological cause.

There is a percentage of cases of chronic pancreatitis caused by gallstone infection, also others by infection from without the biliary tract. The treatment of the former class is a temporary diversion of bile by means of cholecystostomy, and of the latter, a permanent biliary drainage carried out by cholecystenterostomy, so if cholecystectomy be performed, as a routine measure, we lose the readiest and probably the best treatment of an existing or subsequently developed chronic pancreatic inflammation.

A very simple and efficient drainage tube for the gall bladder is made of a rubber tube surrounded by a few layers of iodoform

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