

# SYMPTOMS AND DIAGNOSIS OF GALL STONES.

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THE symptoms of Gall Stone disease are: pain and colic, nausea and vomiting, tenderness over gall bladder area, fever, tumour and jaundice.

Unfortunately, we rarely, if ever, see a case of gall stones in which this array of signs and symptoms is present.

The diagnosis is usually made from the presence of two or three symptoms only—pain in the upper abdominal region is the most common and important symptom. At times we meet with a case in which pain alone is the dominant symptom. It is sudden of onset and is referred to the epigastric or right hypochondriac region, extending to the back in the region of right shoulder blade. It is of a bursting and tearing character and accompanied by nausea and vomiting. In the greater number of cases the pain is less severe than this, and is usually referred, especially in the early stages of the disease, to the epigastrium, radiating at times to the right, and sometimes the left sub-scapular area.

Nausea and vomiting are the most important manifestations, and it has been stated, with much truth, that the most common symptom of gall bladder disease is indigestion.

Graham, the Internist at the Mayo clinic, terms the following group, gall stone dyspepsia. There is pain, usually epigastric, extending to right shoulder blade, flatulence, nausea, vomiting of yellowish, bitter fluid, mixed with mucus—the vomiting may be due to stomach irritation, but it is in most cases of reflex origin.

In one of my first cases, I saw the patient three weeks after the onset of pain and vomiting, and ten days after the complete withdrawal of stomach feeding, the patient being nourished by the bowel. There was vomiting every few hours of yellowish fluid. The patient looked very ill—there was some fever, with a poor pulse of 130.

At operation four large stones were removed, and within twelve hours the patient was taking liquids with complete absence of nausea and vomiting. Unfortunately pneumonia of right base developed on seventh day, and patient succumbed twenty-four hours later.

Tenderness of the gall bladder is best detected by sitting on the right side of the patient and placing the right hand over the lower right costal arch, so that the thumb may be pressed beneath the arch toward the under surface of the liver.

Murphy says: "The most characteristic sign of gall bladder hypersensitivity is the inability of the patient to take a full inspiration when the physician's fingers are hooked up beneath the right costal arch."

During an attack of gall stone colic the temperature may rise abruptly. It usually subsides quickly between the attacks. Where secondary infection of gall bladder (acute suppurative cholecystitis) or of the duct (acute cholangitis) occurs, the fever assumes a septic type.

Tumour distention of the gall bladder occurs when the cystic duct becomes obstructed—a stone may be impacted in the pelvis of the gall bladder, or in the cystic duct. The