

CHOLECYSTITIS WITH GANGRENE OF THE GALL BLADDER.*

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A disease about which very little is known by the profession at large, and a condition of considerable rarity, is the one I purpose discussing this evening, namely, Cholecystitis with Gangrene of the Gall Bladder. It has been my good fortune to meet with five well-authenticated cases, all of which recovered.

Case 1.—(Dr. R., No. 685, Abdominal Operations.)

History.—A few days before I saw the patient he had complained of sudden, severe pain in the pelvis, not localized, but extending over the whole of the abdominal cavity. A purgative had been given and the bowels moved freely; the temperature had been elevated and pulse increased in frequency; there had been nausea, but no vomiting. He had never had any previous illness except a severe attack several years before of what was supposed to have been typhoid fever, and several attacks of what was called acute indigestion.

On examination a fullness was observed below the liver; the right rectus muscle was not rigid, the abdomen was flaccid, and the diagnosis lay between acute appendicitis and some unexplained condition of the gall bladder. I supposed he was suffering from acute gangrenous appendicitis and advised immediate operation.

Operation.—July 15th, '98; assistant, Dr. Wickson; visitor, Dr. Stuart. The abdomen was opened to the right of the right rectus muscle, below the navel. The appendix was drawn up and found to be healthy, but it was removed owing to the fact that during its manipulation the mesentery had been torn. A further examination of the abdominal contents revealed a lump under the edge of the liver, and the incision was increased upwards so that the mass could be readily reached. On breaking down recent adhesions and pushing back the intestine a gangrenous gall bladder was found. The parts looked angry from the inflammation present. Lymph covered the tip and some portion of the side of the gall bladder. On aspirating the gall bladder a quantity of mucus-pus was evacuated. Five gall stones were removed, one of which was obstructing the cystic duct. The gangrenous area was confined to the tip.

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