

# THE MEDICAL TREATMENT OF DISEASES OF THE BILIARY PASSAGES AND GALL BLADDER.

BY

A. D. BLACKADER, B.A., M.D.,

Professor of Pharmacology and Therapeutics, Lecturer on Diseases of Children,  
McGill University; Physician to the Montreal General Hospital, etc.

I have been requested to say a few words to open that part of this discussion dealing with the medical treatment of diseases of the biliary passages and the gall bladder. Diffuse suppurative inflammations and stenosis, and obstruction of any one of the ducts of a mechanical character, are admitted by all to demand immediate surgical intervention and, therefore, call for no remarks from me this morning. My observations will be limited to the treatment of the so-called catarrhal inflammations of the bile passages and gall bladder, and to the prophylaxis and early medical treatment of cholelithiasis.

Until recently the treatment of these affections has confessedly been very empirical, and the results obtained have been uncertain and disappointing. Many advances, however, have been made during the past few years in our knowledge both of the physiology and the pathology of these organs. Recent carefully conducted experimental investigations carried out in animals with artificial, and in men with accidental biliary fistulæ, have enabled us to appreciate the various influences which modify and alter the secretion of bile, and interfere with its passage from the liver cell through the minuter bile ducts to its exit into the intestinal tract. By this same method of investigation also we have been enabled to clear away much of the ignorance and confusion which has existed in reference to the action of drugs on this secretion. These advances in our knowledge may assist us in prescribing a more rational, and, therefore, more successful therapeutics.

Rational therapeutics must always be based upon a knowledge as exact as possible of the underlying pathology. Pathologists, however, have as yet spoken in a very hesitating way as to the morbid conditions present in jaundice not due to a demonstrable obstruction. The opinions of Hunter (1) carry much weight, although as yet post-mortem evidence of catarrhal inflammation of the ducts is very scanty. Our present views may be epitomized as follows:—The liver, situated as it is on the most important vessel of the portal circulation, besides performing its important offices in regard to metabolism, acts as an important excretory organ