A CASE OF GALL-STONES.*

By E. HARBERT, M. D., Stockton.

THE case that I have to report to-night is one that I saw two years ago in consultation with another physician. At that time the patient was suffering from a malignant condition of the uterus. The patient was 38 years old, a mother of five children, of healthy parents, with no hereditary taints whatever to be noted in her family's history. Her health prior to that date had been bad for several months and she had received local treatment, which resulted in but little improvement. An operation was advised and agreed to. The patient was removed to the hospital and prepared in the usual way and a hysterectomy followed, together with removal of tubes and ovaries.

The patient was on the table about fifty minutes and was removed in good condition, suffering very little from shock and nausea. Her convalescence and recovery were uneventful, and at the end of five weeks she had gained considerable weight and was entirely free from pain or other symptoms. About twelve months after the operation she began to complain of severe pain arising from an eruption that made its appearance on various portions of the body. The first came over the left trochanter, forming a brown blotch about the size of a dollar and regular in shape. The blotch had the appearance of being an extravasation of blood beneath the cuticle. It was intensely sensitive to touch and made the patient so lame that she could not bear her weight on that leg. This place remained in evidence for two weeks, gradually fading, giving way to others of like character, making their appearance on some other part of the body, usually on the lower extremities, although there were several on the trunk.

I could not account for the origin and nature of these spots, as I had never seen anything like it before. There was no rise of temperature nor acceleration of pulse. A number of remedies were employed, both local and constitutional, with no appreciable benefit. She passed along for about six weeks in this condition, getting no better, but instead began to complain of tenderness over the entire abdominal cavity, the most tender point being near the pit of the stomach; she had some diarrhea, passing considerable mucus and occasionally blood-stained. These symptoms were somewhat accelerated from day to day, accompanied by a hacking cough that seemed never ceasing. This cough grew gradually worse until the patient was entirely exhausted from its intensity and for the want of sleep. The only respite she could get was when she was under the influence of ½ grain of morphin. I want to mention here that this cough did not present any of the characteristic features of pulmonary disease. There was never at any time any expectoration or other symptoms pointing to disease of the lungs. She was seen and examined by a consulting physician, who found enlarged turbinates, which were supposed to give rise to the cough. She was accordingly operated on, the turbinate removed, and the cough immediately relieved. The patient had no return of same and after about six weeks of treatment for colitis and enteroptosis, she returned to Stockton with no cough and slightly improved generally. She had been home but a few days, when the old cough began to make its appearance, gradually increasing in intensity until she was in worse condition than ever before. It was decided, owing to the extreme tenderness in the region of the stomach and along the free border of the costal cartilage on the right side, to make an exploratory incision over the gall bladder for the purpose of examining the contents of the same, as well as the region thereabouts. After the usual preparation for such operations, the patient was anesthetized and an incision made along the external border of the rectus muscle extending down about four inches; the abdomen being open, the first two fingers of my right hand were introduced. Besides some adhesions around the gall bladder, there was nothing discovered until the cystic duct was approached, and therein was discovered a calculus firmly imbedded. After segregating bladder and protecting the peritonal cavity and its viscera, the bile was drawn off and the fundus incised, making an opening large enough to introduce an ordinary sized spoon curette; two fingers of the hand were passed down beneath the stone and with a gentle and careful milking of the duct, the stone was slowly but surely forced back into the bladder, after which it was easily removed. The incised viscus was closed with continuous silk suture, the wound cleaned, the abdomen closed and the patient put to bed, having been on the table about forty minutes. The patient made an uneventful recovery and has never had a symptom since she went on the operating table, this being about six months from that time. The special points in this case making it different from others, are the peculiarity of eruption, the absence of the usual symptoms of gall-stones (with the exception of pain) and the persistent cough that was indeed hard to account for, and the relief following operation on the nose. In the majority of cases of biliary calculi, the diagnosis is easily made, but in some instances there are but few things that require more skill on the part of the physician to arrive at a correct understanding. Usually we have pain of somewhat peculiar character beginning over the gall bladder and radiating to the shoulder, which may be of a mild form, but is most usually very severe. Icterus may be present or absent. When there is any infection we have fever, the rise of temperature being in keeping with the amount of systemic infection. Vomiting is almost always present in acute attacks. Of the many diseases that it may simulate, a few I might mention are: Gastritis, gastric colic, intestinal colic, pleurisy, appendicitis, hepatitis, typhoid fever, malaria and cancer. In endeavoring to make a differential diagnosis, I find it convenient to follow the plan laid down in some recent text books, to note carefully the clinical history and ascertain whether the pain is hepatic, renal or intestinal, and where the symptoms lead us to suspect the envolvement of the hepatic region, the effort to elicit crepitus should be made and the feces thoroughly examined for the presence of concretions, which, when found, complete the diagnosis. The use of the X-ray is an important adjunct in making the diagnosis. It is well to remember that hepatic calculi may be present at all ages; even the unborn infant has been known to have them. It regard to the treatment of biliary calculi it is interesting to note that in the past ten years the treatment which was largely medical, has changed to that of being largely surgical, undergoing a slower, but just as sure evolution as did appendicitis.

There are but few of us so young in the work but remember that the universal treatment of this condition was the administration of drugs supposed to have some solvent action on the bile and calculi. Today there are but few physicians who give sweet-oil, thinking it will disolve gall-stones. Under the present surgical mode of treatment, we have a much too high mortality, which reaches to about 30%, in all cases going to hospitals. This high death rate can be accounted for when we remember that those patients operated on, the majority of them

(Concluded on page 204.)

* Read before the San Joaquin Medical Society.

A CASE OF GALL-STONES.

(Continued from page 202.)

in the advanced state of infection, long after the second, third and perhaps twentieth attack of colic has occurred with an impaction, present infection and a general bad systemic condition to deal with. Cholesystotomy, I consider is one of the comparatively safe operations, and is void of great danger to the patient if properly and early done. Gall-stones, to my mind, is just as much of a surgical disease as is appendicitis, and should be dealt with just as promptly, thereby insuring just as satisfactory results. In emphasizing the importance of early operative interference, I would like to quote some of our more experienced men on the subject. The indications for operation in cholelithiasis are thus given by Mayo Robson: 1st. In frequent recurring biliary colic, without jaundice, with or without enlargement of the bladder. 2d. In enlargement of the gall-bladder, without jaundice, even when unaccompanied by great pain. 3d. In persistent jaundice, ushered in by pain and where recurring pains with or without ague like paroxysms, render it probable that the cause is gall-stones in the common bile duct. 4th. In empyema of the gall-bladder. 5th. In peritonitis starting in the right hypochondriac region. 6th. Abscess in and around the gall-bladder. In some cases where gall-stones have passed and adhesion remained and proved a source of pain. In fistula, mucus, muco purlent or biliary. . . . In certain cases with distended gall-bladder dependent on obstruction in some of the bile ducts. . . . In phlegmonous cholecystitis and in gangrene if it can be seen and recognized early.

Henry Morris gives us about the same reasons for operating. Charles A. Reid and Riedel of Berlin are of the same opinion. Halsted is still more conservative in his treatment. He states that the mortality bears a definite relationship to the pathological condition present. He reports 209 laparotomies with 17 deaths, being 8 per cent, but the mortality was reduced to a minimum in the cases of stone in the bladder and cystic ducts, while it reached 6 per cent when there were changes in the gall bladder.

Dangers of Proprietary Preparations. It is not by any means putting the matter too strongly to say that the "patent medicine" habit is one of the gravest curses, with the most dangerous results, that is inflicting our American national life. Sooner or later the people of America must awaken to the fearful dangers that lie in these proprietary preparations. The mothers of our children, in particular, must have their eyes opened to the dangers that lurk in these patent medicines. —*Ladies' Home Journal.*

Giving Alcohol to Children. A mother who would hold up her hands in holy horror at the thought of her child drinking a glass of beer, which contains from two to five per cent of alcohol, gives to that child with her own hands a patent medicine that contains from seventeen to forty-four per cent of alcohol —to say nothing of opium and cocaine! I have seen a temperance woman, who raged at the thought of whisky, take bottle after bottle of some "bitters," which contained five times as much alcohol—and compared to which sherry, port, claret and champagne were as harmless as the pink lemonade at Sunday school picnics. —Bok, in *Ladies' Home Journal.*

FOR CONSTIPATION

Prescribe

BYTHINIA LAXATIVE WATER

A California Natural Aperient from Santa Barbara Mineral Springs.

FOR SALE BY ALL DRUGGISTS

OFFICE, 18 McAllister St., San Francisco

F. L. HEIM

FINE GRADES IN CORRECT STYLES AND

Orthopedic Shapes

ALSO MANUFACTURER AND IMPORTER OF

FINE SHOES

234 Stockton Street, Near Post St.

TELEPHONE BLACK 1162 SAN FRANCISCO

ANNOUNCEMENT

Mr. W. H. Farley, formerly manager of Lengfeld's Pharmacy, Sutter Street, and Mr. W. S. Quinn, formerly manager of Wakelee & Co., Sutter Street, desire to announce that the store formerly owned by Wakelee & Co., Polk and Sutter Streets, San Francisco, has been purchased by them and will continue to be conducted as an up-to-date pharmacy in every respect, under the name of Wakelee's, and earnestly solicit your patronage.

THE BEST PROOF

OF THE PURITY OF

OUR OLIVE OIL

Is contained in the following analysis received from Professor Price, the eminent chemist:

Specific gravity, .9161; acid value, 5.02; saponification value, 192; hehner, 95.30; iodin, 101.6; unsaponifiable, .75; free fatty acid, 1.15; maumene test, 43.50.

J. F. PLUMEL

31 EDDY STREET, SAN FRANCISCO