Cholecystitis, cholelithiasis with removal of two hundred and sixty-five gall stones / by George I. Miller.

CHOLECYSTITIS, CHOLELITHIASIS WITH REMOVAL OF TWO HUNDRED AND SIXTY-FIVE GALL STONES.*

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Mrs. N., a married woman, 25 years of age, was referred to me by Dr. Kurzweil, of Manhattan.

History.—Her family history was negative. She had sustained the ordinary diseases of childhood. Menstruation appeared at the age of 16 and was always regular and painless. She was married at the age of 20; had two normal labors. Her last child was born 15 months ago. No miscarriage. Had no typhoid fever. Has always lived a simple life and dressed in plain clothes and fashion. Tight-lacing she never indulged in and was not of a sedentary habit. She was always careful with her diet, because she suffered a great deal of flatulence and tenderness at the pit of the stomach.

During the past two years she has had repeated attacks of pain in the epigastrium which radiated toward the gall bladder. These attacks would last for from one to two hours and occur from one to six times a year. These sudden attacks of pain occurred mostly at night and were considered gastro-intestinal disturbance due to indigestible food and lack of digestive power. She was never jaundiced. Three months ago she had a severe attack of pain in the right hypochondrium. The pain was excruciating in character for about three hours and the patient remained in bed for about a week. The urine was very dark in color; the stools were not observed. She had three similar attacks since. Three weeks ago she had an attack which lasted about a week. Patient never vomited; never had chills nor felt feverish, nor did she ever suffer from pruritis.

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Physical Examination.—The patient was fairly well nourished; tongue was clear; complexion good; appetite fair. Bowels moved regularly except during attacks, when she was constipated Temperature normal, pulse regular; heart, lungs and kidneys normal. There was dulness over the epigastrium and right upper abdomen. There was no rigidity or tenderness anywhere and the abdominal wall felt flabby. Urine examination—negative.

Diagnosis.—Gall stones.

Operation.—An incision was made through the edge of the right rectus abdominis muscle, reaching from a point even with the umbilicus three inches upwards. There was a considerable quantity of serous fluid present in the peritoneal cavity. No internal adhesions were present, though the serous membrane was injected. The gall bladder formed a cyst the size of a large fist, tense, full of stones and tarry fluid. After aspirating some of the fluid, I incised the bladder and removed 265 gall stones varying in size from a rice seed to that of a hazel nut. The stones are strongly faceted and have evidently been exposed to friction for a long time. One of the larger stones was low down in the cystic duct. By inserting a dressing forceps and dilating the biliary duct, pressing the duct between thumb and index finger, it was possible to shove the stone back into the gall bladder and remove it. I introduced a rubber tube and stitched it to the edge of the bladder and then reinforced it by a purse string inversion. The distal end was later submerged in a disinfecting solution.

The appendix was examined and found normal.

The patient reacted well after operation. Drainage of bile was profuse and required change of superficial dressings at frequent intervals. The patient made a normal recovery, leaving the hospital four weeks from the date of operation.

Our pathologist reports that on section the stones consist of a yellowish crystalline substance which radiates from the centre into concentric lines. Chemically its composition is exclusively cholestrin. Culture of fluid from the gall bladder showed streptococcus pyogenes.

Remarks.—In reporting this case of gall stones, I can add very little to the knowledge of this malady, except to help bear out the fact that the number of stones in a bladder has no relation

to the gravity of the symptoms produced. In a number of cases of cholelithiasis which I have operated upon and in which there were no stones or a limited number of them, the symptoms were in excess as compared to the one now reported.

To find 265 stones in a gall bladder is not a novelty, since there are cases on record which makes my patient a reformed descendant of others. When calculi are small they are usually very numerous. In one case over two thousand were removed. Mayo Robson has reported a case in which 728 gall stones were removed from the gall bladder and dilated duct of a woman aged 54. Dr. Peters (*Annual Encyclopedia of Medicine*, Vol. 2, p. 185) has witnessed a case in which 563 gall stones were removed from a distended gall bladder.

The sudden onset two or three hours after a meal of violent, spasmodic paroxysmal pains over the hepatic and epigastric region does not depend so much upon the size and number of the stones as upon their shape. A small calculus with sharp projections will cause more pain than a much larger one which is round or oval. When a calculus lodges in the common bile duct, the pain is not so sharp or severe as when it is arrested in the cystic duct. When stones are in the common duct, the pain is outside of the gall bladder region. In cases where the stone floats in a dilated portion of the duct, the pain is remittent and in such instances change of position will sometimes relieve the pain.

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