SOME REMARKS ON THE MEDICAL TREATMENT OF CHOLECYSTITIS AND CHOLANGITIS.

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In the treatment of cholecystitis and cholangitis, there is an extreme ground fought over by the surgeon on the one hand and the internist on the other, but in these cases as in many other of our medico-surgical diseases there is a happy medium-ground upon which both internist and surgeon may meet in friendly accord, and the patients be saved much suffering and possible surgical operations by their intelligent handling by the internist.

We could quote here many pages giving the opinions of leading authorities upon this subject, *e. g.*, some of the greatest surgeons in the world urging against early operations, and believing that only one out of four of the patients sent for operation should be operated upon; whereas, other surgeons and some medical clinicians claim that the disease should be recognized as surgical and advocate early surgery with equal intensity.

In a very large proportion of cases, chronic gall-bladder disease tends to gradual clinical cure; in other words, gall-stones become latent, inflammation of the gall-bladder subsides or disappears, and the "gall-stone sufferer" becomes merely a "gall-stone carrier." Hans Kehr estimates this proportion at eighty per cent. Goldammer makes the same estimate.

Franz Frick has demonstrated that whereas autopsy records reveal a larger and larger prevalence of gall-stones at increasing ages, clinical records show the greatest prevalence of gall-bladder diseases between the ages of twenty-five and fifty; in other words, as people grow older their gall-bladders give them less trouble.

To summarize the indications for medical treatment, we will quote from Bettman:

(1) Simple catarrhal cholecystitis and cholangitis.

(2) The early attacks of biliary colic, before the ability of medical treatment to render the stones latent has been thoroly tested.

(3) Cases of cholecystitis in which the attacks are infrequent and not accompanied by obvious complications.

(4) Cases of cholecystitis with predominating gastric symptoms due to hyperchlorhydria and without marked local signs.

(5) Cases with serious complications on the part of the kidneys, heart or blood vessels which would render surgical intervention dangerous.

The indications for operative treatment are:

(1) Acute purulent cholecystitis threatening life.

(2) Perforation of the gall-bladder.

(3) Gangrene of the gall-bladder.

(4) Chronic distension or thickening of the gall-bladder; in the words of Quenu: "Hydrops calls for an operation, empyema demands it."

(5) Persistent dyspeptic symptoms, especially when accompanied by physical signs of a diseased gall-bladder.

(6) Chronic obstruction of the common duct extending over a period of three months.

(7) Chills and fever in the course of the disease, with signs of enlargement of the liver, local tenderness or jaundice.

(8) The presence of symptoms which seriously interfere with the work of the individual or his ability to enjoy life; the occupation of the patient, his means, and his environment, play a rôle in this decision.

In the consideration of the medical treatment of these cases it is essential that we understand the pathogenesis and etiology. Our advancement along the line of infectious agents in recent years has shown that the biliary tract is particularly susceptible to and the frequent site of infection. The results of infection vary with the virulence