It is often remarked that one isolated case proves nothing; granted—yet an aggregate of such cases will surely prove something; and amidst the boasted “cures” of the homœopathists, it seems but simple justice that a counter-report should occasionally be made. To most legitimate practitioners, however, such cases, singly, must carry their own evidence.

At the next subsequent meeting (February 12th, 1855) Dr. GOULD related the following case, of which he had been reminded by the above :

A gentleman from the state of New York, on a visit to Boston, had an attack of tertian, and placed himself under homœopathic treatment. The paroxysms grew more severe, and became quotidian. Consultations were held, but no abatement was experienced; and, after two weeks, being very much exhausted, it was concluded, by both patient and doctor, to abandon that method of treatment. On surrendering his patient, the physician remarked, that he presumed that the disease would be soon arrested, as it was well known that quinine would control fever and ague. Being asked, why then did he not employ it, he replied that it was not in accordance with their doctrine, and therefore he preferred not to try it.

On visiting the patient, he was found to be deeply jaundiced, and his liver protruding from under the ribs; bowels constipated. Blue pill was given, and hot fomentations were applied to the hepatic region. The bowels were freely evacuated, discharging large quantities of bile. One paroxysm, only, occurred subsequently, and the recovery was very rapid and complete. No quinine was given.

[The statement of the homœopathist, in this instance, that the use of quinine in intermittent fever is “not in accordance with their doctrine,” only serves to expose his ignorance of his master’s teachings, and indeed of the *basis* of the “doctrine;” as noticed in the remarks prefatory to the first case.—*Secretary.*]

Dropsy, supposed Ovarian; its disappearance after copious Diuresis.—Dr. WM. E. TOWNSEND related the case. The patient had had spinal irritation, and had kept her bed for fifteen years, from this cause; there being actual inability to maintain the erect position. The cysts, said Dr. T., could be distinctly felt; the patient having become very thin. Last summer she had disease of the heart, and also dysentery, which latter became chronic. Death occurred on Saturday night last (20th inst.). The body weighed only forty pounds. The dropsy was in all probability ovarian, having lasted for a period of five years from its commencement to its termination, and completely disappearing after very abundant diuresis. No *post-mortem* examination was allowed.

ART. IV.—*Cases of Fistulæ, communicating with the Gall-bladder.*

By SAMUEL KNEELAND, Jr., M.D., Boston, Mass.

CASES of fistula communicating with the gall-bladder are alluded to in the books and journals, but not with sufficient details to render the symptoms and pathology intelligible. Cases are occasionally found in the books like the following from *Heberden's Commentaries*:—

"CASE I.—A woman, 50 years of age, was for ten days severely afflicted with pain in the stomach, hicough, purging, and fainting. A month after, a swelling arose near the navel, which was opened, and discharged a great quantity of yellow fluid for the space of four years; at length the pain increased, with sickness and shivering, and after a few days there was discharged a gall-stone, three inches long and as much in circumference, weighing 245 grains. During the following two weeks, a thin liquor was freely discharged; the sore soon after healed up, and the woman recovered."

CASE II.—This is taken from vol. 16 of the *Surgical Records of the Massachusetts General Hospital*, June, 1837:—

H. E., female, æt. 55; married. Lived three years in Lowell; health in youth pretty good; is the mother of eight children, all living; ceased menstruation in 1830, at the age of 48. A short time previous to that, began to feel an uneasiness in right side; a kind of aching and smarting, extending sometimes to the epigastrium; with a throbbing under the cartilages of the right ribs, where a small hard tumour could be felt, as if deep within and a little upward under the ribs. Much oppressed by food, but no vomiting; frequently troubled by cold ebills; skin never yellow. Pain and swelling in side worse in winter; bowels often much distended, distension coming on suddenly, obliging her to loosen all her clothes; could not wear clothes tight on account of soreness of side. About three years ago, exerted herself much, when a soreness was felt in side, extending down to right iliac region, where a hard body could be felt. At night, unable to lie on right side until the swelling and pain had subsided. Bowels usually costive, requiring medicine; when no dejection for two or three days, had "cramp" about right short ribs, at times very severe. In October, 1834, had "typhus fever," which kept her sick two months; towards the end of disease, had bloody discharges from bowels. In January, 1835, the swelling much increased, frequently extending over half of abdomen; at one time very great, with severe pain passing to left side; in the course of the following night the pain passed off, leaving a soreness in right iliac region, preventing a free motion of leg. The next month, after another attack of pain, became suddenly yellow; the next day, after nausea all night, a discharge of blood took place from the bowels. During the following summer and autumn, was subject to frequent pains in side, but during the intervals felt herself getting better. About sixteen months before entrance, an opening appeared about a quarter of an inch to the right of the umbilicus, discharging a watery fluid; the tumour gradually got more towards the umbilicus, and was more distinctly felt under the parietes. During the last summer, pus was discharged at times; sometimes a fluid like "clear gall," staining whatever it touched. About three months before entrance, a substance like a gall-stone was discharged. This stone is in the cabinet of the Boston Society for Medical Improvement, and is numbered 566; it was about equal to an inch in diameter, and much worn at one extremity. Since then, the opening has never closed; the discharge is small; twice since the discharge of the stone, a yellow, gall-like fluid has flowed from opening. During the last winter, the bowels have been very costive, requiring medicine often; strength much diminished; appetite good, with no trouble whatever from food since the discharge of blood in February, 1835; sleeps well; complains of pain between shoulders and at epigastrium.

Condition on entrance.—Aspect good; skin not yellow, cool, and soft; respiration natural; no cough; pulse 72; tongue clean. Complaints of pain between scapula, and of a prickly sensation just to the right of umbilicus; had a similar sensation before the last gall-stone passed. Around umbilicus,

and at right side, are the remains of the cicatrix, with a fistulous opening; a probe passes into the fistula, to the right and a little upwards, about one and a half inches, in a direction nearly parallel with the integuments, striking a body evidently hard; a slight tumor perceived externally in this spot, a little movable; flatness of percussion in the right hypochondriac region, extending down nearly to the ileum; the edge of the liver is felt just above the crest of the ileum, quite perceptibly. Appetite good; not troubled by food; one dejection yesterday; urine well; slight discharge from fistula.

She remained in the hospital sixteen days, during which poultices were applied twice, and the opening dilated with a sponge tent. The discharge became more profuse, rather thin, and there was considerable pain and smarting about the fistula, with some tumefaction; otherwise well. The stone was gradually advancing to opening, when she asked for her discharge.

In this case, the liver was considerably prolonged downwards, perhaps increased by the use of corsets; but, whatever the cause, the same will account for the low situation of the fistula.

CASE III.—This case I first saw in 1847. The patient, a man aged 77, had enjoyed almost uninterrupted good health till within a year, and had led the laborious life of a New England farmer; he had been at times intemperate and irregular in his habits, from which his health, however, had not apparently suffered; at that time he was remarkably vigorous for one of his age. In 1846, he was attacked, without any known cause, with bilious vomiting, accompanied by colic pains of considerable severity; in a few days appeared in the right hypochondriac region what he thought was a boil, which swelled, and opened itself, when a gush of bile and afterwards a serous fluid flowed out, with a gall-stone of the size of a beech-nut; in a week came out another stone of the size of a pigeon's egg; and, in the course of a few weeks, two others of smaller size. The passage of the stones was accompanied with pain and a pricking sensation. The only treatment employed was a sponge-tent to dilate the opening, and poultices occasionally. The discharge varied in its character from a thin, serous fluid to apparently pure bile. He has never had any trouble in the digestive, urinary, or respiratory organs; has never had jaundice, to his recollection, nor clay-coloured stools; the bowels generally have been regular; few men have been more free from indisposition than he has been through life.

In 1847, when I first saw him, there was a fistulous opening, with irregular and somewhat irritated edges, situated about two and a half inches above, and four inches to the right of the umbilicus. The opening would admit the end of the little finger, and with a probe could be felt a hard substance, about an inch and a half from the skin; by a slight dilatation, could be seen a whitish calculus, about half an inch in diameter, and quite smooth; the discharge was slight, and of a serous character. The stone came out in the course of three months. The fistulous opening then healed, with an irregularly depressed cicatrix.

The patient, having sprained his ankle severely, came to Boston to consult an eminent surgeon, about four years after this. The surgeon disbelieved the old man's statement of the case as above given, at which he was much vexed. In 1852, I saw him again, when he told of the surgeon's incredulity, and of his affirming that such a thing was never heard of; at that time the fistula remained closed, but a sense of pain and pricking in the part told him another calculus was on its passage. I lost sight of him after this, but have been told

that the calculus passed in the same way as the others. All the stones that were passed have been presented to the Boston Society for Medical Improvement.

A chemical and microscopical examination of these calculi was made by Dr. B. S. Shaw, with the following result: Calculi seven in number—three measuring a quarter of an inch in diameter, three measuring three-quarters of an inch in diameter, and one measuring five-eighths of an inch in diameter.

The largest was externally of a dirty-white colour, with spots of green and yellow where the outer coat was worn or broken off. The others were green or greenish brown externally, and of the colour of ordinary biliary calculi. They were all covered with smooth convex, concave, or plain faces, having evidently once been articulated with each other.

On section, they presented a central nucleus, or a cavity in which a nucleus of soft and moist nature had dried and shrunk. This nucleus, in the larger calculi, measured one-fourth of an inch in diameter, and the cavities measured the same. It was composed of crystals of cholesterine, and inspissated biliary matter. The substance of the calculi was yellow, with spots of green, and coated with a layer of dark green, to which their colour externally was due. The dirty-white coat on the largest calculus was found to be composed almost wholly of cholesterine.

The substance of the calculi was composed principally of cholesterine, and the different shades of colour were owing to greater or less quantities of biliary colouring matter. The powder resulting from the section of the calculi, and containing a portion of each layer and colour, gave, on analysis:—

Cholesterine	84 parts.
Biliary and colouring matters	10 “
Inorganic matter	6 “
	<hr/> 100 parts.

The specific gravity, also, of these calculi was carefully taken, and found to be 0.812. This is of considerable interest, as the specific gravity is rarely, if ever, noted.

CASE IV.—In the *London Medical Times and Gazette* (for January 7, 1854) is a notice of a case, reported to the Pathological Society of London, of a man who passed, at various times, thirty-one gall-stones from a fistulous opening at the umbilicus; five years after the last one passed, he died of some other disease, when the gall-bladder was found almost obliterated.

Biliary calculi may be situated in the substance of the liver, in the biliary ducts, or, as most commonly, in the gall-bladder. Cruveilhier speaks of unicellular and multicellular cysts formed by dilatations of the smaller biliary ducts, and containing calculi. Abscess of the liver may open externally, giving rise to a fistulous opening, very difficult to close; calculi are sometimes passed from such fistulae, of which Van der Wiel (*Obs. rares de Méd.* tom. i. p. 190, &c.) gives many curious examples. It may be questioned whether the first and second cases did not originate in a hydatid or other cyst, with which the gall-bladder became afterwards adherent, hence allowing the passage of the calculi through its opening. In the first case, the surgeon, and in the second, nature opened the tumour, which was followed by a quantity of yellow, watery

fluid, for four years in the former, and for thirteen months in the latter, before the passage of the calculus, which was immediately preceded by symptoms indicating a change in the character and seat of the lesion.

In the cases above cited, the gall-bladder was the seat of the calculi; the situation of the fistula near the umbilicus, in the first two and the last cases, may be owing either to hypertrophy of the liver, enlargement of the gall-bladder, or to displacement downwards by dress; in the third case, the fistula was in the right hypochondriac region, where the gall-bladder would be situated in a normal liver. The appearance of the fistula, in so many instances, at the umbilicus, far from the normal situation of the gall-bladder, would seem to indicate a connection between this course and the direction of the obliterated umbilical vein and its branches, forming the round cord of the liver—which would serve as a guide to any collection of serous, biliary, or purulent fluid tending to open externally. The secretion from the gall-bladder was considerably changed, becoming at times more like a troubled serous or mucous fluid than bile; in the last case, the coats were thickened and the viscus almost obliterated, as is generally the case when the gall-bladder is irritated by calculi. The ages of the individuals were 50, 55, and 77; and, in the third case, intemperate habits might be chargeable with the disposition to biliary trouble.

The symptoms preceding the opening of the fistula are not very constant; obscure pains and sense of uneasiness in region of liver; bilious vomitings and purgings; a swelling, more or less well defined; pains, resembling colic, caused probably by pressure on, or irritation of, branches of the hepatic plexus, quite different in intensity and duration, and also in seat, from the pains attending the passage of calculi through the biliary ducts; and immediately before the opening of the fistula, shivering, throbbing, and a sense of pricking on the passage of the calculus. There is not of necessity any jaundice, as the biliary ducts may be free, nor any trouble in the digestive, respiratory, cerebral, or urinary organs, and no ascites or indication of biliary obstructions.

The gall-bladder, irritated and inflamed by the contact of the calculi, contracts adhesions to the contiguous parts; ulceration establishes itself, and the tumour opens or is opened externally, or internally into the stomach, duodenum, or transverse colon. No. 565 in the above-mentioned Society's catalogue is a calculus which passed from the gall-bladder directly into the colon, and was discharged per anum; it measured $3\frac{1}{2}$ inches in its greatest, and 3 inches in its least circumference. Another case is alluded to, in which a calculus, nearly two inches in length, passed directly from the gall-bladder into the duodenum. In the first case, which was a female, 75 years of age, "a small, puckered cavity, about the size of an olive, being all that remained of the gall-bladder;" death took place, from seirrhous disease in the region of the gall-bladder, about three months after the passage of the calculus.

The *prognosis* in these cases does not seem unfavourable; in two of the cases the fistula healed up; in one the patient lived five years afterwards, with

the gall-bladder nearly obliterated, and died of some other disease; and in the other there was a lapse of at least seventeen months, without any aggravation of disease, as far as the fistula and calculus were concerned. Indeed, the circulation of the bile and the digestion seem to go on perfectly well, as Cruveilhier remarks, without the aid of the gall-bladder. The invertebrated animals, many fishes, birds, and mammals have no gall-bladder, and it is occasionally absent in the human subject. No. 552 of the same Society's catalogue shows a congenital deficiency of the gall-bladder, in a man 26 years of age, who died in the Massachusetts General Hospital, of pneumonia. No. 553 is a case of atrophy of the gall-bladder, from obliteration of the cystic duct, in a woman 80 years old, whose death did not seem to be caused by bilious trouble, to which she had been subject for three or four years.

The indications for treatment are very simple, consisting in the administration of narcotics to calm pain, and poultices and sponge-tents to soften and dilate the parts. When the tumour is much inflamed, and pain severe, surgeons advise puncture; incision was sometimes practised by the French, as if for an abscess, this mode being considered less dangerous than to risk the tumour opening into the abdominal cavity. If the tumour be interfered with at all, it would seem best to open it by means of caustic potash, by which means adhesive inflammation would be set up, and the peritoneal cavity be intact. Considering the difficulty of the diagnosis, and the fact that, as far as is known, the cases do well without interference, it seems the wisest course to allow the tumour to open itself. The resulting fistulæ do not seem to impair the constitution; and when the calculi, which keep them open, come away, they heal of their own accord.

In the *Mémoires de l'Académie Royale de Chirurgie*, tom. i. part 1, 1743, page 255, is the celebrated memoir, by the elder Petit, on "Tumours formed by the Retention of Bile in the Gall-bladder, often mistaken for Abscess of the Liver." Some cases are there given, bearing on the subject of this paper, which are here reproduced, that the symptoms and treatment of this rare affection may be more fully indicated in a single place. The cases are numbered in continuation of those already given.

CASE V.—He was consulted in the case of a lady who had a tumour in the region of the liver, which was regarded as an abscess. The tumour was opened, contrary to his advice. Seven or eight months after, the lady consulted him for a fistula, from which flowed nearly pure bile. The fistula was dilated, and a calculus removed.

CASE VI. shows that the presence of a calculus is not necessary for the production of a fistulous opening. A lady, 66 years old, subject to hepatic colics for many years, with retention of bile, had a tumour in the right hypochondrium; this became inflamed, suppurated, and opened externally, to the great relief of the patient. A fistula was the result, the secretions for a long time being a limpid fluid, and finally bile; the fistula closed and opened several times. The patient died, worn out by chronic disease, impaired nutrition, and fever. The gall-bladder was firmly adherent to the abdominal parietes.

CASE VII.—A man, 45 years of age, somewhat emaciated, with a frequent dry cough and disordered digestion, was attacked with bilious disease; there was at first a moderately hard swelling, without pain, extending from the right hypochondrium to the middle of the epigastrium; urine very abundant, troubled, and red; stools clay-coloured. He underwent the usual treatment of aperients, bitters, plasters, &c., but finally lost his appetite and died. On examination, the gall-bladder was immensely enlarged, and adherent to the peritoneum and abdominal parietes; it was filled with a limpid, but viscid and bitter, liquid; more than sixty calculi were taken from it. This case shows the probable condition of things before the ulceration of the gall-bladder and the escape of the calculi through the fistulous opening.

CASE VIII.—A woman, aged 66, for many years subject to hepatic colics, perceived on the right side of the abdomen a tumour, extending from the edge of the false ribs to the anterior superior spinous process of the ilium. When the tumour appeared, she was free from any biliary symptoms; so that she neglected it until violent colics came on, with fever. Her symptoms were supposed to be independent of the tumour, which appeared to be confined to the integuments; after being bled, she used tonics, with relief; but, for about three years, she was frequently troubled with the same symptoms, being either very constipated or with a bilious diarrhoea, with irregular attacks of fever. The tumour in the mean time grew painful; poultices were applied, suppuration took place, the tumour opened itself in about two months, and a slight discharge, during several months, almost dissipated the swelling. The fistulous opening then began to close and open alternately, with a slight swelling and pain at the edges. A limpid fluid escaped, and finally a sudden gush of bile, amounting to a quart in twelve days; the flow of bile gradually ceased, and the fistula closed up. In this way the fistula alternately opened and closed, furnishing at one time a serous and purulent fluid, and at another pure bile; the pain and fever were always relieved by the discharge of bile. Death took place from phthisis. On passing a sound in the fistula, it penetrated about five inches obliquely upward, towards the gall-bladder; the sound entered a kind of ligament, which attached the gall-bladder to the abdominal parietes, an inch and a half below the cartilages of the false ribs; this ligament was penetrated by a fistulous canal leading from the gall-bladder to a sac secreting pus, situated between the two oblique muscles, and which emptied itself by the external fistula. The gall-bladder had several elongated calculi, in which calculi were lodged.

CASE IX.—A woman, 39 years old, after suffering great and almost constant colic pains in the epigastric region (most acute under the ensiform cartilage) for two months, during which she was treated by antiphlogistics and nareotics, perceived a tumour in the region of the gall-bladder. This gradually increased in size, following the linea alba, on the right side, to within an inch of the umbilicus; it opened spontaneously, about six months after its appearance. About four ounces of a purulent matter flowed out, in which floated five or six calculi, of the size of a pea, of spongy texture, light, easily crushed, and inflammable; the suppuration was very abundant for two months. In the course of six months, seven or eight stones like the above were passed; the more free the discharge, the less were the pain and weakness. A probe passed about four inches before reaching the gall-bladder, and caused the discharge of bile accompanied by another calculus. The sinus, being very tortuous, was incised, when bile was seen issuing from a hole in the middle of the rectus muscle, about three inches above the fistulous opening; through this hole the

sound passed into the gall-bladder without obstacle; the bile and other discharges passed freely through this opening for two years, during which the hole in the rectus muscle formed adhesions with the skin, causing a secondary fistula. The patient enjoyed good health, and was quite free from pain and weakness. In case of obstruction by a calculus, it would be very easy to dilate the opening in the rectus by prepared sponge or other means, and calculi could be extracted as from the urinary bladder.

CASE X.—A woman, aged 74, had a colic, followed by universal jaundice; bleedings, deobstruents, and aperients relieved the symptoms, but a tumour appeared in the right hypochondrium, which suppurated, leaving a fistulous opening; this closed from time to time, causing intense suffering. For a year the tumour was considerable, rather nearer the vertebral column than the middle of the hypochondrium; the fistula opened near, and a little below, the umbilicus. On one occasion of its closure, a probe was forced in, causing a discharge, followed by great relief; in the course of the fistula, a calculus was felt; an incision enabled the surgeon to seize and extract a very adherent calculus, four inches long and three inches in circumference, smooth at one end, but having at the other several small cavities, in which were lodged fleshy masses, the cause of the adherence. Another opening was also found, leading to the opposite side, quite into the left hypochondrium, where there was no appearance of tumour, which nevertheless contained a calculus, which was removed also by incision. The patient was completely cured at the end of two months.

In volume ix. of the same *Mémoires*, for 1757, p. 107, are two cases, similar to the above, which will complete the list to be quoted here. Many more might be adduced, but without rendering the subject clearer.

CASE XI.—A lady (age not given) had a tumour of the gall-bladder, the integument being red and inflamed; it was opened as an external abscess, and clear pus was evacuated. Some time after this, bile was discharged through the opening. It was evidently an ordinary abscess, in which the gall-bladder was implicated; the adhesions naturally formed were sufficient to prevent the bile from entering the abdominal cavity. By incision, a calculus was extracted from the gall-bladder, of the size of the largest acorn. A fistula remained for many years. The patient died at an advanced age, enjoying good health to the last.

CASE XII.—A man (age unknown) had a fluctuating tumour above the umbilicus; it was opened, and a very fetid pus discharged; on probing the wound, a few days after, a sinuous canal, two inches long, was found, at the bottom of which a hard body was felt, apparently movable; by a slight dilatation, a calculus of the size of the thumb was removed by forceps; two smaller ones afterwards escaped; a fistulous opening remained, from which there was a continual oozing of biliary matter.

The two latter cases show a difficulty in the diagnosis, or rather the coexistence of abscess of the liver with a tumour of the gall-bladder. The abscesses were properly opened by the surgeon; the escape of the biliary matter and calculi being the consequence of the action of the pus on the gall-bladder.

Remarks.—The principal question resulting from the study of these cases is, how to distinguish these tumours of the gall-bladder from an abscess of the liver. The differential diagnosis is not always easy, and mistakes have been

made by surgeons, instances of which Petit enumerates; the gall-bladder has been opened, instead of a supposed abscess, and patients have died from abscess of the liver, from fear of opening a supposed tumour of the gall-bladder. The difficulty is the greater that the preliminary symptoms in both cases may be the same, or the absence of the ordinary phenomena may mislead the surgeon as to the gravity of the disease; both may commence by a painful swelling in the region of the liver, accompanied by jaundice, clay-coloured stools, high-coloured urine, great thirst, bitterness in the mouth, intense itching, uneasy sleep, fever, vomiting, and other symptoms of retention or obstruction to the passage of the bile. If suppuration takes place, the pain and fever diminish, irregular shiverings come on, and a tumour appears, soft and fluctuating; these would be the usual symptoms of abscess; but an accumulation of bile in the gall-bladder may present the same swelling, fluctuation, shiverings, and diminution of pain and fever after the acute stage has passed. The pain, however, of the abscess is generally pulsative or throbbing, which is not the case with tumours of the gall-bladder; in the former, the constitutional trouble is great; in the latter, trifling. The tumour of the abscess is diffused, and the integument over it œdematous; that of the gall-bladder, distinctly circumscribed, rarely accompanied by œdema of the integuments. The abscess may occupy any part of the hypochondriac and epigastric region; the tumour of the gall-bladder is below the false ribs, and beneath the rectus muscle. The fluctuation in abscess is not apparent till long after the appearance of the swelling; is not always easy to ascertain; is first noticed at the centre, and gradually extends to the circumference, the latter having a hard and swollen edge. The fluctuation in tumour of the gall-bladder appears from the moment of the swelling, and suddenly; is easily recognized, as well at the circumference as at the centre; and is generally free from surrounding hardness.

These differential points, laid down by the elder Petit, 120 years ago, would seem sufficient to distinguish between abscess of the liver (a dangerous disease) and tumour of the gall-bladder (a comparatively trifling affection), the former requiring active interference on the part of the surgeon, while the latter may generally be left with safety to take its natural course.

November, 1854.

ART. V.—*On the Use of Oil of Valerian in the Typhoid Disease.* By J. LEASURE, M. D., of New Castle, Laurence County, Pa.

ABOUT the middle of September last, we were visited by a rather mild epidemic dysentery, which did not spread with any alarming rapidity, nor was it attended by any unusual symptoms, except that there was a much greater discharge of pure blood than we had been accustomed to meet for some years in our epidemic dysenteries.