A PLEA FOR EARLY OPERATION FOR GALL STONES BASED ON AUTOPSY RECORDS.

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Not long ago cholelithiasis was considered a disease for medical treatment, and the patient's life was regulated accordingly. Gradually it became evident that surgery could offer a better outlook to the average patient suffering from gall stones than medicine. Recently I reviewed the autopsies, where gall stones were found, made at the Boston City Hospital. When my work was done and the figures put together, I was surprised to see what an unrefutable argument they offered for early operation. The number of cases is not large but the evidence is conclusive. The cases include all in whom a gall stone was found at autopsy.

The presence of gall stones was suspected in some and unrecognized in others. They include cases from the various departments of the hospital. A very few follow an operation, but only such of those are included here as had stone at autopsy. It seemed fair to include these, an exceedingly small number, for the gall stones necessarily were the cause of operation and death. If the operation killed and a stone was left behind how much more serious would a complete operation have been?

There were 108 cases. Among these gall stones were found in the gall bladder alone in 76. Gall stones caused the death of 9 of these, by setting up fatal trouble in the liver or gall bladder. The causes of death were, hepatitis, cancer of the gall bladder, pancreatitis, abscess of liver. The remaining cases, 67, died of such conditions as pneumonia, nephritis, endocarditis, arteriosclerosis, cancer of stomach, fracture, tuberculosis, cancer of liver, etc.

There were 32 cases where the stones had passed beyond the gall bladder and were found in the ducts. In 14 of these the cause of death was due to the gall stones. The cause given being abscesses of liver, peritonitis, cholangitis, abscess of bladder, cholecystitis. The remaining 18 died of cardiac diseases, pneumonia, peritonitis, erysipelas, cancer of liver, etc.

From these figures it follows that if a patient with gall stones chooses medical treatment his chance of dying as a result of the gall stones is 14 out of 100 as long as they remain in the gall bladder. When the stones pass into the ducts his chances increase to 43 in 100. Should he elect operation while the stones are in the bladder what are his chances? His chances for death are then from 3 to 5 in 100.

The mortality of 3% for cholecystostomy and 4½% for cholecystectomy were given to me by

Dr. E. A. Codman, who compiled a series of cases from various hospitals. The combined mortality of cholecystostomy and cholecystectomy in uncomplicated cases at the City Hospital is 5% plus.

The above figures are astonishingly large, but I offer them as they are. The relative mortality between gall stones in the bladder and those that have passed into the ducts is of special interest even though the figures themselves may for some unexplained reason be large.

The deduction is of course obvious, that advice for operation should follow the establishment of a diagnosis before the stones have time to set up any secondary fatal changes.

Incidentally it is of interest to note that in 4 out of the 108 cases a stone was found which had ulcerated through into the intestine.

Reports of Societies.

AMERICAN ASSOCIATION OF PHYSICIANS.

TWENTY-NINTH ANNUAL MEETING, HELD AT ATLANTIC CITY, NEW JERSEY, MAY 12, AND 13, 1914.

The President, DR. SIMON FLEXNER, in the Chair.

PRESIDENT'S ADDRESS.

PRESIDENT FLEXNER said the extension of the boundaries of knowledge has been such that it has compelled medical colleges to become departments of universities. This rapid extension of knowledge coincided with the active pursuit of physiology, pathology, bacteriology and pharmacology, either alone or in association with clinical studies for which special laboratories and institutes came to be established. Independent institutions for medical research had exercised a distinct influence on medical practice, but the foundation of these institutions was impossible until medical schools furnished an adequate supply of students whose training approximated that of the older European countries. All these conditions had acted more powerfully on clinical teaching. The professor of medicine in the university medical school had ceased long ago to be a general practitioner. The function of the clinical teacher had been newly defined within one or two decades. The American Association of Physicians had sympathized with every movement affecting the progress of medical education, and it favored this later step with the single hope, if it be in the real interest of medical progress, it might be given a chance to succeed.

CHRONIC INTERSTITIAL GASTRITIS.

DR. JOSEPH SAILER, of Philadelphia, reported a case of chronic interstitial gastritis in a male, 45 years of age, who had been subjected to various forms of medical treatment, but none of them was of any avail. Dr. Deaver performed an exploratory operation and found the condition of the stomach