

sidered a secondary invasion, and not the primary one. Other organisms were also present so that the process must be considered a mixed infection.

The question of treatment is important. On seeing the case, and diagnosing the condition as that of Infective Cholangitis, I had in my mind the draining of the biliary system, and this would at once have been performed if the gall bladder had been found enlarged. Inasmuch as the enlargements of the gall bladder was not present, it is evident this cannot be relied upon as the only sign for surgical interference. The draining of the biliary system in this case would not have led to any curative result, inasmuch as, although it might have relieved the infective process, the carcinoma would still have remained.

The non-involvement of the pancreas and duct in the infective process is of interest, and is accounted for by the fact that the main duct of the pancreas entered into the duodenum by a separate opening to the bile duct.

As illustrating another form of Infective Cholangitis, the following case may be mentioned. It was that of a Frenchman, aged 21 years, well built and athletic, who, for two or three weeks, when first seen, had had a succession of rigors with high temperature. The attacks occurred irregularly and lasted only 24 hours, sometimes not so long. No physical signs of disease were discovered in any of the organs of the body; there was no jaundice and no change in the motions or urine. The patient had never had malaria and did not come from a malarious district in France. At this stage no diagnosis was possible. The rigors continued and in a short time slight jaundice appeared, and the pyrexia became continuous. The jaundice became intensified, the case was considered as one of the Infective Cholangitis, the gall bladder was opened and the biliary tract drained. There was complete recovery after some weeks.

The appearance of the jaundice in this case sometime after the commencement of infection (as shown by the rigors) is to be explained by the consideration, that the infective process in "non-instructive" cases of cholangitis produces jaundice only when the biliary passages are clogged by the mucus produced