

ness in the right hypochondrium,—actual pain may exist, but is rare. The spirits are much depressed, and the patient is apt to become melancholy. In fact, the patient feels far more sick than his actual condition, as illustrated by general symptoms, would seem to warrant. The staining of the eyes and skin is noticed about the fifth day, sometimes earlier. Heart's action weak, and is slow and labored. The urine is the color of porter or dark coffee, owing to the quantity of bile, which is being excreted through the kidneys. It also contains the urates in great amount. The urine will stain yellow any linen with which it may come in contact. The coloration of the skin is due to the presence of bile pigment in the transuded liquid, which infiltrates the tissues. Sometimes even the perspiration gives a yellow stain to clothing, especially the perspiration from the axilla. The depressed condition of the circulation is due to the action of the biliary salts on the heart itself. If you will remember the physiological action of bile on the food which it meets on entering the duodenum you will at once understand how certain articles of diet, such as the fats, for instance, pass on, improperly prepared for further action in other portions of the intestinal canal. If you remember the fact that bile possesses strong antiseptic power you will understand how its absence allows the food in the gut to decompose, the result being the formation of a large quantity of abominably fetid gas. This causes much flatulence. The absence of bile causes the stools to be light clay or chalk color—they are pasty, and it often requires much straining to empty the rectum. The skin is itchy, sometimes excessively so—now and then it prevents sleep. In severe cases, when the bile-staining of the skin is very deep, vision is yellow, from the quantity in the humors of the eye. In about 10 days from the first symptoms matters begin to mend, the feverish condition passes away, the tongue cleans and the appetite returns—still the skin continues markedly yellow and the bowels remain constipated. About the fifteenth day the evacuations from the bowel first show evidence that bile is resuming its natural channel by being darker. In a couple of days the normal in this respect is reached—when the fetid odor and flatulence become memories of the past. The skin discoloration is the last evidence of the disease which disappears. Until this takes place there continues to be evidence of bile in the urine.

Generally these cases make a complete recovery, but occasionally you meet with one which, from

some cause which you are not able to explain, does not. The jaundice then becomes chronic and there occurs serious organic changes in the liver,

The treatment in the case now before you was very simple. It consisted of the local application of hot linseed poultices over the right hypochondrium, with the internal administration of half drachm doses every four hours of phosphate of sodium. This remedy is in much favor with American physicians. She also got two doses—one night and morning—of Grey powder, *i.e.*, Hydrarg cum cretæ with rhubarb. In this disease mercury is often very useful, not as a purgative or an hepatic stimulant, but for the purpose of allaying the great irritability of the mucous membrane. For this purpose calomel is the best preparation, and should be given in doses of $\frac{1}{8}$ to $\frac{1}{12}$ of a grain. Saline waters, as the Carlsbad, Vichy, Saratoga, and our own Canadian waters—Plantagenet and St. Leon, will be found excellent, with a view of keeping up free elimination from the kidneys. Bitartrate of potash lemonade may be freely used. Two grains of euonymin and four grains iridin given at night, and followed by a saline in the morning, has recently given excellent results. Attention to diet is requisite, as an excess in eating and drinking sometimes produces it. All fatty, starchy and saccharine substances must be omitted, for they require bile either for solution or absorption or to prevent decomposition. Milk, with lime water, especially skimmed milk, makes excellent diet. Conium is also said to be used by some physicians with success.

Those who saw this patient when she was here last week will of course recognize a considerable improvement: her eyes are brighter, her heaviness is gone, and the discoloration of the skin is showing marked signs of a rapid disappearance. Her bowels are more readily moved, and in their color there is an improvement. The case has not been a severe one, but it has given me an opportunity of saying a few words on a disease which, when you have commenced practice, will not unfrequently claim your attention.

DRUNKARD'S EPILEPSY.—In view of Magnin's assertion that in France the frequent cases of epilepsy occurring in drunkards are due, not to alcohol, but to absinthe, MOELL has reviewed the German statistics of the subject, which may be thus summarized:

In Germany 36 to 40 per cent. of the subjects of delirium tremens are also victims of epileptic attacks. An attempt to determine whether the occurrence of such attacks was correlated with the abuse of any special kind of distilled liquor was unsuccessful, but it was found that in twenty-six almost exclusively beer and wine drunkards, only one was epileptic.—*Centralblatt für klin. Med.* No. 11, 1886.