

is to a certain extent antiseptic. Hence, when it is prevented from entering the intestine, we find symptoms arise corresponding to what we would expect to result from abolishment of the bile functions in the intestinal canal. Its aid in fat digestion is proved by the occurrence of the substance unchanged in abundance in the stools, giving to them their characteristic clay color; the constipation which is apt to be present in jaundice is a result of the loss of the bile stimulus, which, however, may be offset by the loss of the antiseptic functions, and owing to excessive fermentation and putrefaction, irritation of bowels, offensive stools, and looseness result. As soon as bile precipitates the pepsin, the action of the latter ceases, and the proteolytic action of trypsin begins. According to Kuhn, pepsin destroys pancreatin, which largely digests fat, so that even in cases where the pancreatic duct is not obstructed we have an explanation of the fatty stools.

Once you have excluded all the more serious causes of jaundice, such as gallstones, malignant disease, acute yellow atrophy, hypertrophic cirrhosis, etc., the prognosis of a speedy favorable termination can be given, catarrhal jaundice lasting only from three to six weeks. When jaundice persists for over three months, a more serious condition must be suspected. The first indication of recovery will be the change in the color of the stools, which on the passage of bile into the intestinal canal resume their normal yellowish tint, and lose their offensiveness.

The treatment required in these cases is not active. The cause has been some error in diet, hence the gastro duodenitis must be attended to. The patient should remain in the house and in bed, and be kept warm for four or five days at least; and a calomel purge given, and the bowels kept free by prosofate of soda. Any treatment that will draw the blood to the surface and extremities will prove beneficial, such as a hot bath, the Turkish bath, hot stupes or mustard poultices to the right hypochondrium and epigastrium. Light food only should be allowed; as fat cannot be assimilated, and undergoes decomposition, skimmed milk, buttermilk or whey may be given, and broth, tamarind water or lemonade. As the attack subsides, more solid food may be allowed,—fowl, oysters, steaks, soups, sweat-bread and succulent vegetables. Symptoms requiring treatment in the earlier part of the attack are nausea and vomiting, for which 1-10 gr. calomel triturations every hour, or a teaspoonful of the effervescing citrate of magnesia every hour or two, or bismuth. Then the alkaline mineral waters, Vichy or