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CLINICAL LECTURE.

Delivered at the Montreal General Hospital, March 2nd, 1886.

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CATARRHAL JAUNDICE.

GENTLEMEN,—The patient now before you is 35 years of age, and is a domestic. She has, as a general rule, enjoyed good health, although occasionally she has noticed evidence of gastric trouble, which she has observed was connected in some degree with changes in the weather. She has considerable washing of clothes, and has to place them on the line in the yard,—I was going to say, for the purpose of drying, while in truth it is to freeze. About two weeks ago, while engaged in this occupation, and the temperature was very cold, having just left a heated kitchen, she felt chilled, and was obliged to desist. She took a drink of warm ginger tea, and felt better, continuing her work for the day. On the following morning, although she resumed her duties in the household, she was feverish and uncomfortable, and as her bowels were somewhat confined she took a purgative, which only acted fairly well. Next day she felt still more uncomfortable, having a decidedly bad taste in her mouth, and, as she noticed the conjunctiva becoming yellow, she came to the Out-door Clinic. This was last Thursday, the 25th inst. Her condition was at that time in brief as follows : eyes, face and body of a decidedly lemon color, frontal headache, foul tongue, pulse of 64, and small, and bowels constipated. Her last motion was sticky, pale and very offensive. The diagnosis was catarrh of the bile ducts or catarrhal jaundice. This is a disease of somewhat common occurrence in Canada, owing to the changeful character of our temperature, especially in Autumn, when we have warm days and cool nights. It is also met with somewhat frequently in the malarial districts of the western portion of our neighboring province. It, as a rule, is not a primary disease,—I mean by this statement that the catarrhal condition does not first attack the mucous membrane which lines the bile ducts. As a rule, there has existed for one or more days evidence of a catarrhal congestion in the gastro-intestinal canal, but more especially in the duodenum, that portion of the intestinal canal which is immediately next the stomach, and into which the bile ducts empty. The disease, as a rule, then, generally extends from the duodenum up the ducts. The initial lesion is a congestion or hyperæmia of the mucous membrane, which becomes swollen, and coated with a tenacious mucus. In this way the canal becomes partially obstructed, in some cases wholly obstructed, so that little or no bile passes into the gut. In about four or five days the congestion begins to disappear, while at the same time a good deal of debris is cast off. This debris blocks up the canal for a short time, but it gradually liquifies, escapes into the duodenum, and once more the duct is clear. The symptoms of this disease, in addition to those which I have named as being present in the case now before you, are a sensation of weight and sore-