

The theory of jaundice, clinically, is two-fold, viz., obstructive and non-obstructive.

*Obstructive.*—The bile ducts and the gall-bladder become distended with bile, which is absorbed into the blood by the lymphatics and the veins.

*Non-obstructive.*—To account for this condition is by no means so easy; various theories having in turn been proposed and in turn rejected, so that were I to attempt to tell you about them here I should soon be lost in the fog of speculative pathology, and the safe and sure path of clinical medicine would with difficulty be regained.

For clinical purposes, the causes of obstructive jaundice may be thus divided:

1. Causes acting from within outwards—gallstones, hydatids, foreign bodies.

2. Condition of the ducts themselves; tumefaction of the duodenum or of lining membrane of the duct; stricture of duct; congenital deficiency; stricture from peri-hepatitis; closure of orifice of duct from ulcer in duodenum; stricture from cicatrization of ulcers; specific stricture.

3. Obstruction from causes without—tumours, enlarged glands, tumour of spleen, tumour of the pancreas, tumour of kidney, omental tumour, abdominal aneurism, accumulation of fæces, uterine and ovarian tumours.

The causes of a non-obstructive jaundice have been thus stated:

1. Poisons in the blood, chloroform and ether, animal poison, specific fevers; cirrhosis and other forms of chronic atrophy of the liver.

2. Impaired innervation, mental emotion, concussion.

3. Deficient oxygenation of blood—*e.g.*, pneumonia.

4. Excessive secretion of the bile, more of which is absorbed than can undergo the normal metamorphosis.

Now what we must determine is, which of this long catalogue of ills is the cause of this man's jaundice. We will therefore look carefully into the history of the case. (The history of the case was here read.)\*

\* See Canada Medical and Surgical Journal, Vol. XV, p. 730.