

tincture of iron and quinia should be given freely, and the heart should be kept steady by digitalis. The extent to which restoration of these injured parts, delicate in structure as they are, can be carried by rightly seconding the efforts of nature, is very surprising. Shall counter-irritants be used? Although we are told that a blister applied to the bony walls of the chest cannot affect the condition of organs within, yet experience is in favor of the practice, and the patient's subjective sensation of relief is more valuable testimony than the deductions of theory. Neither need we be concerned about the blistering point, but put on one not over the præcordia, to interfere with auscultation, but on the side of the chest, in the subaxillary space.

There is a complication of rheumatism — fortunately very rare — in which, without any apparent cause, the temperature suddenly leaps up to 106°, 108°, even 109° Fahr. This state of *hyperpyrexia*, as it is called, is accompanied by delirium and by cardiac and respiratory disturbances. That the grave symptoms of hyperpyrexia are due to the high temperature is now admitted on all sides, but no adequate explanation has thus far been given of the causes producing it. We only know that in some cases hyperpyrexia comes on, and paralysis of brain and heart quickly ensues if the excess of heat cannot be removed. Until the value of the cold bath had been made known there existed no means of diminishing the extraordinary heat, and these cases were always fatal. Now, however, the cold bath affords us the means of rescuing some cases from impending death. The method of the application is the same as for fevers, but, if the bath is not available, the wet pack is a resource which can always be utilized.

THE SIGNIFICANCE OF JAUNDICE, ITS DANGERS; IMPORTANCE OF PROMPT TREATMENT, MANAGEMENT OF CHRONIC HEPATIC DERANGEMENT.

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GENTLEMEN: I think the most casual inspection of this young man will show you that he is laboring under hepatic derangement. He has had several attacks of jaundice at various times, the results of which are still seen in his sallow complexion; although there is no marked jaundice this morning, his face shows the evidence of chronic biliary derangement. A passing attack of intense jaundice may depend upon very casual agencies, and, as a rule, indicates only a functional disturbance of the liver; but where the discoloration of the skin remains permanently it indicates always a change in the

structure of that organ. I wish to emphasize this fact, which was originally pointed out by Graves, and since then has received much attention. The point is, that, in some forms of biliary derangement, there may not be marked jaundice of the general surface, but only a fawn color of the skin; whereas most intense jaundice may be due to causes that are temporary, and fugitive in their character. The light fawn color, then, would indicate that the biliary trouble is structural and permanent, and not transitory. This will aid in making our prognosis. This discoloration of the skin is caused by the circulation of the biliary coloring matters in the blood, due to re-absorption of bile from the biliary passages. Besides staining the skin, they make their appearance in excess in the urine, where they may be recognized by the ordinary Gmelin test. (Urine tested by nitric acid, showing a play of colors.)

The problem before us for solution in this patient is: What may be the disorder of the hepatic organs producing or accompanying these changes in the complexion, the urine and the blood. The integument of this man's body, generally, has not the appearance of health, but is a dirty fawn color. Observe that it is not the dark-greenish and olive hue of jaundice, properly speaking. We have said that this indicates a degenerative change of the liver. How shall we account for it here? He has not been a hard drinker, but he has been a steady drinker for years, from day to day and from year to year, although he is still a young man. The constant stimulation by alcohol has finally produced a condition of things of grave import.

Let us for a moment consider the state of the intestinal canal, and the functions of digestion and assimilation. His appetite is poor, he complains of indigestion and flatulence. He is restless at night. What is very significant, gentlemen, is that his stools are of the color of pine wood. What is the color and appearance of a perfectly normal stool? This is a question that I often ask students, and is a point too often neglected by medical men. A normal stool will not have this pine-wood color, but is of a dark, brown appearance, from the presence of bile. The clay-colored, or white stools, of hepatic disease, indicate that certain constituents of the bile are absent, which should normally pass into the dejections.

He says that some time ago the discharges were of a lead color, at which time we may assume that no bile whatever was present. What, then, becomes of the bile pigment? We found it in the urine, being secreted or separated by the kidneys from the blood, where it had accumulated. This indicates that the liver is so far at fault that it is not capable of performing its functions. What is the significance of this fact? and what is the danger?

Suppose a catarrhal condition of the common