of the calculus. If it is much delayed in its passage, shortly after the pain and inflammation which it has occasioned, the conjunctivæ become yellow, then the loose folds of the face, and then the trunk of the body. In florid or swarthy complexions the skin of the trunk may show the discoloration better than the face, and at all times jaundice requires daylight for its detection. At first the urine becomes dark, but often clears up before the skin does. Jaundice from gall-stones has a varying significance, according to whether it is transient, intermittent, or permanent. If transient, it means that the obstruction has been in some way removed; if intermittent with similar intermittent attacks of pain, chills, and fever, it is generally the result of distention of the common duct, which allows the gall-stone to float back in the duct and thus allow the bile to pass, until like a ball-valve it descends and again plugs the outlet; if the jaundice is permanent, it means fixed impaction, the commonest seat of which is at the sphincter in the wall of the duodenum. There may then be deep jaundice with neither colic nor pain, but the history of a preceding attack of colic suffices to distinguish this from jaundice due to other causes. But in some cases it is curious how slight the previous attack of pain may have been, though the obstructing calculus afterward proves to be quite large, so that we must be particular in questioning for the very earliest symptoms ere we exclude gall-stones as the cause of the icterus. In general, we may say that in favor of the icterus being due to gall-stones would be the constant or intermittent presence of bile in the feces; also a jaundice which comes and goes. This is a valuable sign, for all other causes of jaundice, even catarrhal jaundice, either occur, as a rule, but once, or change but little when once developed. In jaundice due to calculus, the rule is that the liver is but slightly enlarged, if at all, and likewise the gall-bladder is not commonly distended. Jaundice caused by tumor pressure also is not generally accompanied with chills and rigors as in the case of calculus. The jaundice which marks most cases of acute yellow atrophy of the liver generally begins like a catarrhal jaundice, with none of the initial clinical symptoms of calculus impaction.

Fever.—A rise of temperature is a symptom of much importance when it occurs in cholelithiasis, and becomes more serious in proportion to its continuousness. As septic chills are of toxic origin, so does the fever which follows imply absorption into the general circulation of toxines from inflamed or ulcerated biliary passages. In many cases of obstruction of the common duct by a movable calculus, the chills are followed by a transient rise to 101 or 102 degrees F., and this soon afterwards subsides. Should the fever persist, whether with or without jaundice, and