

fever may recur in distinct malarial-like paroxysms of great regularity. The suppurative cases can only be differentiated by the continuous fever, deeper jaundice, tenderness in the gall-bladder area, rigidity of the overlying muscles, and the graver constitutional symptoms. If a decided increase of leucocytes is found on examining the blood the existence of a suppurative condition may be rendered certain.

Pain varies according to the cause; it is the earliest and may be the most distinctive symptom. It is referred to the upper right quadrant of the abdomen. In inflammatory conditions it is of varying intensity but usually moderate, and always continuous and associated with tenderness. That due to passage of gall-stones is, in typical cases, sudden in its onset; it may be mild, but is usually severe; so severe it may be as to kill outright. It is paroxysmal, and, as in colics generally, pressure gives some comfort. As soon as inflammation occurs in the gall-bladder or ducts, tenderness over this region and spasm of the overlying muscles occur, marked in proportion to the extension of the inflammation to the peritoneal covering; then there is also continuous pain. In neurotic patients, especially females, there may be marked tenderness over the gall-bladder without the existence of inflammation. It is due to hyperæsthesia; there is usually no spasm of the muscles in such cases.

I. CHOLANGITIS AND CHOLECYSTITIS.

1. (*a*) *Acute Catarrhal Cholangitis*, or *Catarrhal Jaundice*, occurs usually in younger persons and is generally easily diagnosed. Jaundice in a young person coming on without pain or apparent cause, except disturbed digestion, is most probably catarrhal. Absence of pain, and of emaciation, and a negative examination, usually renders the diagnosis certain. If the condition lasts more than a week or two the possibility of grave disease such as acute yellow atrophy should not be overlooked. The general disturbance may be so mild that faint tinging of the conjunctiva is the first thing noticed; generally, however, the jaundice is preceded by symptoms of gastro-intestinal disturbance, as anorexia, nausea, furred tongue, foul breath, constipation, malaise, headache, etc. Ordinarily the cause is soon removed and the symptoms quickly disappear, and we surmise that the condition is due to catarrhal swelling of the mucous membrane of the bile passages with consequent impediment to the flow of bile; its absorption by the hepatic lymphatics giving rise to a mild jaundice.

Sometimes the obstruction is more decided and persistent, and the symptoms may continue for weeks. In such cases the liver may become enlarged, the general health impaired with loss of flesh and strength, and the condition assume the general appearance of serious