1863

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Cameron

1. From exanthem of scabs
2. From fall sickness & sore kidneys
3. Rub the face
4. Severe and quaf. You call? not stupid
5. FellowChanges of liver
On some of the Forms of Jaundice

The technical term for Jaundice is Icterus, derived from the Greek word for a bird of yellow plumage, called in English the Golden Thrush. Icterus may be defined to consist in the presence of bile pigment in the blood; in its deposit in the various textures of the body; and, in its elimination from the circulating fluid in the principal excretions. It may arise from numerous causes, but these may be comprehended in two great classes, viz., causes which offer some impediment to the excretion of the bile after it has been secreted by the liver, and causes which interfere with the transformations effected on the biliary acids in the blood, whether they be present in normal or greater amounts. By far the greater number of cases of Icterus arise from some obstruction offered to the passage of the bile into the duodenum, causing the
deceit that accumulates behind the point of obstruction, and
to distend the bile ducts and gall-bladder; sometimes to an
inordinate extent. Absorption of the imprisoned secretion
almost immediately commences in the lymphatics and veins
of the heart, by whose agency it reaches the circulation, and
causes jaundice. That fact absorption does take place, was
long ago proved by Dr. Saunders, who having placed a ligature
on the common bile duct of a dog, and killed the
animal two hours after, found the lymphatic vessels of the
liver and gall-bladder much distended by a bilious fluid
and their course towards the thoracic duct very evident. Dr.
Saunders, at the same time also, proved that, under similar
Circumstances the bile pigment was taken up by the brain
as well as by the lymphatics. For this purpose he exposed
anew dog and tied the Common bile duct as before.
Two hours having been allowed to elapse, he drew blood
both from the jugular and hepatic veins of the animal.
The portions of blood so drawn were then allowed to Co-
agulate, when pieces of white paper being dipped in the
serum of each, the deepest yellow tinge was found to
have been communicated by the serum of the blood
taken from the hepatic vein. The evident presence of
more bile pigment in the blood of the hepatic than
in that of the jugular vein, does away with the
objection that it might only have been absorbed by the lymphatics; for in that case the pigment would at least have been equally diffused throughout the blood. Th\[\text{.} \]is is must be admitted that the coloring matter of the bile may be taken up into the lymph by both the veins and lymphatics. That chancree could be produced by a diminished secretion of bile on the heart of the liv\[\text{.} \]e, has long been maintained by many, but without any adequate proofs to support the doctrine. The theory assumes that bile exists ready formed in the blood, as it is only de
erated, not formed, in the liver, in the same way as urea is eliminated by the kidney. Urea has been proved to exist in the blood, but the bile has never been found, but only in the blood of the portal vein. The theory makes most of all expect to guide it. The relative difference in composition between the blood in the portal and hepatic veins points to some change effected on it which passes through the capillaries of the liver, and there can scarcely be a doubt that this change in composition results from the bile being found from the portal blood in a rendered by the liver. Again, frogs have been kept alive for days and
by Moleschatt, for several weeks after being deprived of their livers, without any trace of bile or its elements being found in the blood, urine, lymph, or muscular tissue, after death. Moleschatt mentions a case of fatty infiltration of the liver, in which the secreting functions of the glands were wholly arrested, as was evidenced by the latent condition of the bile ducts and the clay color of the defecations, yet the skin was of its natural color and no bile pigment was present in the urine. From these facts it must be evident that bile does not exist in the blood but that it is formed from it by the secreting cells of the liver, as the blood can be led to expect from the important difference in composition existing between the portal and hepatic blood. Jaundice, as was mentioned before, may be produced by any circumstance, which impeded the formation of the biliary acid in the blood, as for instance their presence in undue amount or insufficient performance of function on the part of the heart and lungs. These facts have been amply proved by Frenehns, a German writer on diseases of the liver. He found that perfectly colorless timers, chalaza of foetida and injected
it in solution -- into the veins of living dogs. The bile of the dog, when injected, became transformed in the blood into the bile pigment, which was afterwards excreted into the urine, in which it was recognized by means of the customary tests.

Bile salts of dogs can be transformed into bile pigment out of a living organism altogether by means of chemical action. For, on the addition of sulphuric acid to a solution of the salt, a peculiar Colourless substance is produced, which, under the influence of nitric acid, passes through all the change of color incident to bile pigment under similar circumstances. Sometimes in this experiment, when the bile acids were injected into the veins of dogs no bile pigment was present in the urine, but the Colourless substance referred to above was, and could be transformed into bile pigment by the addition of nitric acid. When the urine was left unheated for a length of time, the pigment was prevented by the small proportion of carbonic acid present in the atmosphere. Some time after when respiration in the dogs was very active, the amount of injected bile no pigment or Colourless substance could be detected in the urine but.
but considerable quantities of albumen and leucine are always
found. Under all these circumstances the unchanged albumin of
the bile could never be found in the blood, lymph, or urine
unless the quantity injected was large and the animals suf-
ficed from dyspepsia. That some similar change takes
place in the albumin absoved from the alimentary canal of the
healthy human subject is almost proved by the deter-
mination of albumin in considerable in the urine. The bile,
albumin thus absorbed in health most probably become changed
into the pigment of the urine, and in Icterus thus
being a greater quantity present than the oxygen and
carbonic acid in the blood can transform into the urinary
pigment, they are transformed into that of the bile as an
intermediate formation. In Icterus, when the disease
is evident by the yellow color of the skin and conjunc-
tiva, pigments differing somewhat from that of the bile
are not infrequently found in the urine. French
mentions a slight case of Icterus resulting from inter-
mittent fevers in which the urine was dark of a bloody
red color which became changed to brown and on the
addition of nitric acid, whilst, showed effusion of the
ordinary bilious color here found in the body after
decom. I'm the hot weather of summer the urine of healthy
persons, may take some albumin indications of the
presence of bile pigment, as has been frequently observed when, in slight cases of Jaundice, any thoracic disease brings up, so as to impress the action of the lungs, the yellow color of the skin immediately deepens, and more of the bile pigment is observed to be passed with the urine. This may be various modifications of pigment produced from the bile acids in the blood, regulated by the amount present and the activity of the liver. In late the pigment is produced can no longer be recognized as any modification of that of the bile.

Jaundice results from various pathological conditions and one of the most frequent causes which it acknowledges is cholehep inflammation of the gall ducts and duodenum. This condition is indicated by some or more of the following symptoms; slight jaundice, constipation of the bowels, loss of appetite, jaundiced tongue, pain and uneasiness coming on, about four or five hours after taking food; and pain in aid of manipulation over the region of the abdomen corresponding to the situation of the structure implicated. The timesence produced under such circumstances, may simply include or it may altogether stop the flow of bile into the duodenum by obstruction of the common
ṭripe of the common bile duct. When the orifice is com-
ppletely obstructed, the bile accumulates behind the point
of obstruction, distending the common bile duct, gall-
bladder and hepatic ducts. Absorption of the constantly
increasing secretion then takes place, and thus the pigment
and other elements composing the bile leave the
circulation, through the veins and lymphatics, from which
it is absorbed by the various tissues of the body, coloring
them in different degrees, and is eliminated in that of
the evacuations. After a short time, three days from the
time of obstruction, the conjunctiva begins to take a tinge
yellow, as does also the skin, from remnants of bile
pigment in their texture. The pigment is present in
the bones from a few hours after the obstruction has
taken place, but a certain degree of concentration is
necessary for it to appear in the tissues, and hence the
and conjunctiva do not become tinted until the
skin, however, becomes changed. Of all the organs
in the body the liver is the first and the most deeply
colored by the bile pigment. Its usual muddy brown
color is exchanged for a deep yellow one. The colon,
rectum is first affected, and in greatest intensity, in the
centres of the lobules, gradually shading off towards
their periphery, as is can be seen the cut surface
of the organ is not of an uniform yellow color, but rather \textit{brilliant}, \textit{the darker that corresponding to the center of the lobules. Under a microscope the hepatic cells may be observed to be filled with bale yellow contents.} At some time the bile pigment may be seen detec-
ted in the from of minute emulsifying droplets in their interior. After the surface of a short period of time, the skin and conjunctiva begin to give evidence of the presence
of bile pigment in their textures by the yellow color which they assume. As regards the skin, more portion of it, which forms the most delicate elastic layer of epithelium, such as the sides of the nose, angles of the mouth, and face and cheeks generally, become ivory \textit{colored.} The cheeks and more recently organized epithelial cells become first-tinted, and as they approaches the
surface the thickening of the older and more insufficient ones. In does the yellow color of the skin become more intense. This has a practical bearing on treatment: For the color of the skin remains for a considerate time after all indications of bile pigment in the urine have ceased (in the acute); indeed the yellow color will persist until the deeper epithelial which were last tinted, have reached the surface under this year old. This process occupies a considerable
thus, which will be proportionately larger in the higher
individuals in whom therefore the yellow tinge more
and longer. The tint of the vein varies in different persons
in young subjects bright, delicate veins, it is bright yellow;
in the old and wrinkled it approaches to a dirty green;
and between these extremes it may be of various inter-
mediate tints. In some inferiors forms of jaundice
the vein may be of a brownish color and should never
be suspected as a symptom of the blood coagulation, the color
may be almost green. The additional poison of the body
becomes of a citrine yellow color; a deep ochre
violet; the reason of this is that the homeostatic
exchange their usual colors for various shades of
yellow. The red healthy color of the muscles becomes
mixed with yellow owing to the jaundice and one of their
infecting sheets of a color tints. The brain never
gets colored unless infiltrated with serum, then the
yellow color of the serum is imitated to the venous
mass. The aqueous and vitreous humors of the eye
also have a tinge of the universal yellow color, and
as a direct result, in some few cases, all objects
appear yellow from being viewed through the colored
medium. Of wines, effusions happen to co-exist
with the jaundice they become colored to a prussi-
that of the bile, being formed from the biliary acids in the blood, or the bile-salts and may cause no change of color at all. Sometimes it is caused standing for a time thrown down a sediment of bile pigment, and on holding a portion of the under a microscope seems to cylinders of bile pigment, which have evidently been deposited in the tubular structure of the kidney. May often be observed the degeneration epithelial cells from the kidney, tinge of a yellow colour and often containing granules of pigment, may also on some occasions be seen during the progress of Jaundice, bile is often contained as in the region of the kidney. Depending on an inflammatory condition in that organ, leading to the degeneration referred to above. If the disease continues long enough the kidney comes to assume a yellow or greenish tinge, and of at this time that it is indicated by its degree and the urine highly colored with biliary pigment. Cylinders of pigment are formed in the tubuli as before and more especially in the straight tubules composing the pyramids, seriously impairing the functioning functions of the gland. Under such circumstances, the urine amount of urea is not increased in the
Urine and a corresponding increase is found in the blood. Quantities of bile pigment and sometimes of albumen are constantly found in the urine in cases of Jaundice. A large proportion of this pigment is excreted through the skin by the sebaceous glands, and particles of bismuth cause the yellowish color of the stool of jaundiced patients to become intense yellow. If the amount of coloring matter, filtered out of the bile, is not in this way, he at all considerable. In a state of his liver has in some instances been the first incident to direct the patient's attention to the condition. Defect of pigment such as color where in the kidney, have not been observed in the glands of the liver. The pigment has been supposed to have been present in the milk of female while still-lying infants. It is not present in any of the melanotic proteins. The absence of bile from the intestine gives rise to various abnormal phenomena, the chief among which are; a yellow color of the secretion and jaundice. It is supposed to act as a stimulus to the hepatic movement of the intestines that the constitution in Jaundice is not altogether due to these being deficient for the stools through bile, are often formed regularly enough. The absence of a sufficient amount of bile secretion is also an element in the production of the symptom. Constitution is not invariably present for
liver when the bile is wholly excluded from the intestines for the opposite condition—cholera—sometime takes its place. Patients labouring under jaundice are often annoyed by flatulence owing to the matter passing into the alimentary canal undergoing chemical transformation and evolving gas. The presence of bile acting as an antiseptic prevents this in health. If there have been no previous affection of the digestive organs, the asphyxial does not usually become impaired during the further progress of the disease. The patient usually exhibit an aversion to fatty articles of diet. As if, therefore, patients indulge in them to any great amount, some proportion of these is usually passed by stool. For although the circulate secoalien mating and clinging not soluble, it cannot cause their absorption by the intestinal villi. Some justification is in health, except at the bile liver on the fatty matters or on the bile so as to cause their absorption into the economy. Fatty matters will become capillary (also more clearly when motivated) into bile then with any other fluid in this as it is more than probable that the action exerted by the bile as an to cause their absorption from the alimentary canal. Timely cholic in setting the bile. Producing a de
Ott, physiologists have abundantly proved that these
bile salts are absorbed in much less quantity when the
 bile is absent than when it is present in the intestine.
They tied the common bile duct in dogs and in the ex-
periments of Jauden, and after an interval killed
the animals, when they always found that the fluids
contaminated in the chylus, and in the thoracic duct,
were thin and deficient in fatty ingredients. The food
has been demonstrated over and over again by
establishing bile in paste in the same animals,
and it is also confirmed by the vomiting where
Take place in Complete occlusion of the common bile
duct in the human subject. The bile in bile
in Chauden is most marked when the patient, live
on a diet principally composed of Animal Matter
The bile, even a little, and which acid and trioses are
present in them. When again an Angioid diet is
taken the evacuation are of acid reaction, and have an
excessively sour taste owing to the diuretic substrates
having undergone the lactic acid fermentation in their
passage through the gut, he does not the change of starch
into sugar and then into lactic acid. Take place to
some extent in heat but after the Chyme has left
the Stomach, the more development of the process is
Cheeked by the alkaline bile. Its peculiar change is effected on the blood by the absorbed principles of the bile. Beyond the coloring of its plasma. Analysis of the blood in slenderer frame frequently been made and has always been the same distinct. In abnormality having been found sufficiently constant as to render it probable that it was due to a deleterious action exerted by the bile pigment. The blood after constant bile in and cholesterol in considerable amount but of all the principles entering into the composition of the bile. None, except its coloring matter, can be constancy detected. The blood has often been tested for its bilirubin and biliverdin. By Pettit-Roth's test, the bile shows a distinct green reaction. But on no occasion have they ever been found. Neither can they be detected in any of the exercise. Direct or indirect by the flame or any other test hold to give evidence of their presence. The acids absorbed along with the coloring matter of the bile undergos the same transformation, as the bile, when injected into the vein of dogs as in French's experiment. And hence the amount of coloring matter present in the blood bears no relation to the quantity formed in the liver. Staining of the liver is some time present in the case for some days before the
When the pulse becomes very rapid and in most cases it keeps away, it is in some cases has not been mentioned, and it is sometimes unfeeling throughout the acute phase of the disease. It probably depends on some irritation of the constant intemperate nerves by the bile pigment circulating with the blood. Catarrhal irritation in some cases has been observed to accompany this disease. Oftentimes the pulse is not greatly accelerated and is often below the normal standard. If any acute inflammation should develop while during the progress of the disease, the pulse does not rise to high as it should otherwise have done, had the disease been present. Again, when the pulse becomes too rapid, the progress of the acute inflammation, the pulse tends still below the standard, which is the condition. These phenomena do not always occur, but they are sufficiently constant to notice. The exact cause of this irregularity in the pulse is not known; it might possibly depend on some peculiarity action exerted by the bile pigment on the branches of the mesenteric arteries supplied to the heart. The respirations are also diminished in number and not in a degree proportionate to the reduced frequency of the pulse. The progress of inflammation.
Depending on whether the gall-dust is a cholesterin or calcium, in calcium, it is usually insoluble; at the same time if the kidney is affected, it is all embossed in the discharge of its juices, the disease may prove fatal by kidney complications; or if the stone are long continued, it may be the means of inflicting permanent injury on the secreting structures of the liver and kidney. Salicylic and acetylsalicylic are the remedial agents principally employed in the treatment of this form of disease. They are exhibited in a to procure frequent and loose stools. If the stone are at all troublesome, aromatic or other vermifuges may be administered, Ipecacuanha and anthracize are useful in carrying the bile pigment out of the liver. The first indication of the stone is perceptible, is the passage of some bile with the aburine black stools. The quantity this passes goes on increasing from day to day until the stools acquire their usual color and the patient be usually healthy.

Biliary calculi are among the most frequent causes of cholestasis. They are usually formed in the gall-bladder, but are also not infrequently found in the gall-dust within the substance of the liver. A incision is necessary to their formation.
and it most frequently consist of a small grain of fibrous matter, but they may be of various forms such as bits of blood, cholesterin, and even, in some cases, a black, unidentifiable substance. The gall-bladder, which is located in successive layers as to increase its size, is at its highest point to be a calculus. When more than one calculus is present in the gall-bladder, they may be small, large, and irregular in form. From their various shapes and positions, they may obstruct the outflow of bile. 

When the gall-bladder is not full, it is comparatively small and at first it is of a more or less spherical form, but when it has grown to a large size, its diameter corresponds to the short diameter of the gall-bladder. Its further growth is hindered, in that particular direction, by the presence of a calculus or cestum or small stones, which are added to the other ones. As that the bile of the gall-bladder at last comes to be voided, this shows that bile is somewhat constant and depends on the anatomical constitution of the gall-bladder. So long as the calculi remain in the bladder, they are unable to pass uneventfully, and when they enter the cystic duct, on their journey to the intestine, they attach to the lining, making slow progress in traversing the body. In the application of any eating cause, such as violent muscular action, especially after a full meal,
Contraction of the muscular coat of the gall-bladder is induced, which, by compressing the Cæcum, causes them to move from the bladder they before occupied, and compels them to enter the cystic duct. As long as the Cæcalus remains in the cystic duct, no Cæcalus is induced for the bile has little free access to the intestine, lest the irritation of its presence in the cystic duct causes contractions in the muscular coat and by their agency and by the for a long time the accreting bile when it has reached the common duct it is propelling along by degrees into the duodenum. A duct is finally formed with the success. The personsubject to the passage of a cholelith the bile duct become greatly dilated, sometimes to such an extent as to admit one of the fingers with ease, and after having been once dilated they are long in regaining their usual calibre. Calculi are more common in the persons as are habitually nourished and lead sedentary lives, and a departure of the desire. More common in the small then in the male in the color of the bile. Yellow pigments are manifested during their passage through the bile ducts. These pigments have close to the peritoneal cavities, in experienced across the region of the skin.
gastric wall. During these exacerbations the patient will often huddle herself about on the floor with her legs drawn up under the abdomen or they will voluntarily compress the epigastric region by leaning the body over some hard resisting object, as the back of a chair. At first local pressure seems to relieve the pain but if the calculus stays a lengthened time in its transit usually tenderness is present indicating the commencement of inflammatory action in the gall-bladder. And when this occurs tenderness pressure evokes the patient to shout. At this stage rigidity of the abdominal muscles may be present as if an effort of nature to protect the inflamed structure beneath from injurious pressure. The pulse is slow and feeble, a cold and clammy sweat heeds not face before often occur from the irritation caused by the calculus, just as they do in the analogous case of a bougie being forced up the urethra. The accession of pain before the region may come to guard us from mistaking the disease for the commencement of an acute inflammation or a septic attack. Fever, pain, vomiting are also prominent symptoms and when the vomiting has continued for some time, the act comes to be attended with heim and uneasiness owing to the stomach having nothing to contract upon.
Hiatus is an obtrusive symptom often added to those already mentioned. When those symptoms have continued for a time, ranging from a few hours to a number of days, the faeces cease to be suddenly as they commenced, from which it may be concluded that the calculus has safely reached the intestine. Through its certainty, that it has, can only be attained to, by its discovery among the excreta, if it have occurred in any considerable time in its transit from the abstraction from bus. The formation of calculi within the liver also gives rise to several facts. In the form the stools are of their natural color, for a quantity of bile, varying in amount with the size of the duct implicated, passes through the intestine. Calculi in this situation are not composed of cholesterol, but entirely of biliary matter; they are black and specifically heavier than the cholesteino variety. They are not usually expelled into the gall-bladder, owing to the non-existence of a muscular wall in the duct, in their situation, but latter become impacted - the cyst being formed by the wall of the duct in which they happen to be lodged. Then in time cause atrophy of those lobules of tissue whose ducts converge to form the one in which
They are situated,头脑 at an early period of their growth, the force of the bile accumulating behind them. Force them down into the gall bladder. When expelled they may give rise to aches of the liver, and all its affections. A hyperaemia treatment during the passage of a gable stone, he can only alleviate by saying that in time the stone will safely reach the duodenum. Phenolphthalein must be administered frequently and in doses sufficient to relieve the exquisite distress. It has only one objection, and that is its tendency to diminish the secretions. If vomiting be severe, it may be relieved by giving the patient a glass of water holding some alkali in solution, as a drink.

A certain amount of vomiting is of use as favouring the speedy passage of the calculi. Thermometers are not infrequent, and that concentrated spirit applied to the epigastrium will be found of great service. A hot bath, made up of fine pieces of aniseed, motor oil, and a tined gallon of water, is affirmed by Dr. Scott of Bombay, to characterize like a charm, producing immediate ease during the passage of calculi. It is to be used daily, the feet being kept in it for ten minutes or twenty minutes.
And then bile collected with albumin clotting. As regards
Calculi impacted in the ducts in the substance of the
liver, he can never judge from symptoms manifested
during life, that they are actually exist, and even if
he did know frequence of their existence, nothing could
be done to abate their effects. Pain often be
believed as a the Pan dies treated as in the other
forms.

Permanent Pan dies often enters from calculi
giving impacted in the narrow channel out
of the Common bile duct. The gall bladder. Hepatic
duct & bile in the hour of obstruction then become
enormously dilated with its constantly increasing
bile. Under such severe cases if the patient make
any sudden reaction, as in the act of coughing,
the gall bladder may violence with consequent
expulsion of its irritating contents into the portal
vein, exciting violent inflammation in that portion
usually terminating in death within twenty four
hours. If no such disastrous event occurs, in course
of time, the continually accumulating secretion comes
to exercise inpuruous presence on the liver. At
first the functions of the gland of Murray only the lumbar
venous but ultimately atrophy purely lumen.
At first the liver is enlarged from distention of the duct within its substance, and this enlargement goes on progressively increasing for a month or six weeks as shown by percussion, but at the end of that time it begins to diminish in size from day to day until even percussion can obtain no indication of its existence. After death the organ is found small, haggard, and not so greatly altered as in the natural condition. Its lobular structure can be detected by the naked eye on its cut surface. By the microscope no appearance of heating structure can be seen, but free oil globules and amorphous granular matter, resulting from the breaking up of the cells composing the lobules, are seen in great abundance. It is with extreme difficulty that a perfect secreting cell can be found. When the liver is in such a state to disorganization, as we have attempted to describe, it cannot possibly discharge its functions, and yet the patient is not, in general, free from some liability, from exhaustion consequent on impaired nutrition. Thus the liver is not an organ essential to life. The absence of albumin, convulsions, &c. in such cases proves that these symptoms in other cases are not due to any electrical action existing.
On the brain by the bile pigment present in the blood. Meanwhile in the liver is interpreted from disorganised functions, the arrangement in assimilation and absorption before referred to. Come to be present. The Constitution of the blood becomes impoverished; the red bone marrow decreases in number; and the fibrin diminishes in amount. Loss of appetite and great emaciation from fever. Haemorrhages are liable to occur from slight exciting causes. The passage of blood through the liver becomes impeded leading to great intolerance and congestion of the spleen and all abdominal organs from which the portal blood is derived. The superficial veins in the wall of the abdomen become enlarged and dilated in their effort to return the portal blood to the right auricle of the heart. Large effusions are apt to occur from the kidneys; of the portal veins, owing to their dilatation. Causing applic to diarrhoea, according as the blood is lowered out from the intestine or mucous surface of the gut. From the same cause the connective tissues membrane of the stomach and bowels is prone to become itself in process and after repeated haemorrhages tending to bring to the patient nearer and nearer to his final end. When the blood has coincided into the stomach, it seems
to act as an emetic and is vomiting a blackened con-
donction from contact with alkali, during the short time that it is allowed to remain in the stomach, when again the haemorr-
haage has been into the bowels the blood is pressed by
blood in a condition somewhat resembling tar. The oc-
currence of these haemorrhages is indicated by the usual
symptoms accompanying or following lop of blood from
any other cause, such as epistaxis, small fleshy piles, etc.,
with its disappearance and sooner or later the patient
survive the blood is ejected by mouth or stool in an al-
tered condition, giving positive evidence of their occurrence.
The course of time the patient die from exhaustion conse-
quently in imperfect absorption of nutritive matters from
the alimentary canal. Some individuals have been known
to live for eight or nine months, in pretty fair health,
and at times able to make a considerable distance,
without exhibiting any great amount of fatigue,
after complete exclusion of the Common Diest. Since
one cannot be expected because one is too emaciated
to relieve symptoms and ameliorate the patient's condition.
Obstructed constipation is almost always present, and
the free use of purgatives is often followed by marked
relief, if these agents be retained. Preparations of ales are
to be preferred, as being the best substitutes for the
Little Digestion is to be assisted by the exhibition of the boric acid, and to relieve the pain due to cholestatic้อ diseases are to be employed. The disease may at any period of its course prove fatal by head troubles, these being due to retained urine. The bile pigment is diffused in the tubular structure and throughout the substance of the kidney, so as to make the organ in the discharge of its own tissues function, and hence the direct renal urine accumulates to an expansion both in the bladder, producing its peculiar effects. The bowels have been proved fatal by allowing convulsions and coma. Urease has been proved to be deficient in the urine and to abound in the blood. In the relapsing fever that at one time prevailed in and around Edinburgh, Pern
-ocic was a frequent Concomitant, which, after it had continued for a time, often terminated fatally by head
-occlusions. The urine secreted was diminished in quantity and deficient in the proper amount of urea, and the timely use of diuretic medicines almost always saved the patient. Affected. The slum-die was not to any
-degree deeper in the cases fatal by these symptoms
-than in those in which no such complication occurred.
For such cases there were also been claimed the progress of the disease, when injected into the blood.
is well known to produce delirium, coma, and convulsions whereas any of the other substances present in the urine in such circumstances, taken similarly injected, produce no such effects, and hence it must be concluded that the marked symptoms are due to retained urine other than else. Calculi injected in the bile ducts may excite inflammations in the tissues around, leading to ulceration and ulceration, and thus eat their way to the surface and finally be extruded. When large the irritation of the presence of inflammation is yet why the bile duct contracts adhesions with the neighbouring organs. Stomachs or intestines, or it may lie with the abdominal wall. Adhesions also follow those branches as a the calculus, rapture into the gut or externally according as the adhesions have been effected in the or the abdominal wall.

I conclude. Sometimes makes it appearance during the progress of certain diseases, particularly those of inflammatory character, implicating the pleurae lining the diaphragm. The actions of its production is to be sought for in the internal movement of the muscles concerned in the function, for they, as well as the rib a large, contribute to the force which causes the bile to flow along the ducts, and hence when they are immersed or withdrawn the bile
moves languidly, thus offering an opportunity for its absorption by the lymphatic. A gland, if not indeed the greater, part of the Ileum does exude fluids. These he accounted for by Frenchet's theory of diminished transformation of the area of the ileum in the circulation. Constipation is not an infrequent cause of diarrhea. The transverse colon gets dilated with gases and exerts pressure on the bile ducts as they leave the liver, preventing or obstructing the flow of bile and in a direct manner causing its absorption and putrefaction. Our actions by disturbing the obstruction readily cause the consequent inflammation. Perforating enlargement of the lymphatic glands in the jiæna of the liver in some instances causes it. Ciles of the head of the pancreas, obstruction and diætes of the common bile duct of the cause permanent distress and its consequences. I found absence of the bilious and phlegmic secretions, the fatty element of the food less often helped in an unaltered condition by cholre, by mucus or later by cleansing a diminution in the caliber of the duodenum. This does not pass quickly through but as the aliment is digested, the alimentation is apt again in the intestines of the point as it is formed, after a time when the organ...
works against their further presence. The chills further add to the means already in existence in forming obstructive jaundice, and hasten the patient's end. Jaundice of all kinds as situated as to press down the bile duct at any part of their course may cause an acute, an acute or chronic hepatitis, and sometimes comes on in women during the latter months of their gestation, either from pressure of the enlarged uterus or from constipations. It is in general harmless in its character and terminates speedily on delivery or after the operation of a puncture. It often as a symptom of all the many morbid conditions of the liver; it is acute and chronic hepatitis. In these diseases it is caused by the biliary and excreted secretions of the liver, pressing upon and obstructing the delicate vessels of the bile ducts as they emerge from the lobules. It is also a symptom of cirrhosis and may be incidentally induced by all the other morbid conditions of the liver, such as cancer, fatty degeneration, hydatids, tumours, etc. By the older physicians a variety of jaundice, arising from closure of the bile duct, has enumerated. Jaundice cannot possibly arise from such a cause, for in order to produce jaundice the closure should require to last at least for three days, and one can...
hardly contain as charms of the gale does alone lasting
for less a lengthened period of time. In those some-
times follows quickly on violent emotions of the mind
as fear, anger. In some cases the yellow color makes
t its appearance almost immediately, as in others it
is not seen until some considerable time has elapsed
after the emotion has been experienced. The hæmatin
of the blood is transformed in the liver into the bile
pigment, and some have endeavored to explain the
form of Ëamnide by saying that the conversion
latter place suddenly, and to a great extent, in the
at large. The Inactivity to which the Ëamnide
leaves proceeded the idea of absorption altogether;
the yellowness must be produced by something al-
ready existing in the blood. The Ëane Reproach
can to yellow be, from Nature, and after
injection of the blood. The process of
transformation undergoes by the bile, and in
the blood. First brought forward by Freneh
offers a much more readily explanation of the
production of the hæmatin of Ëamnide, than a crum-
bling down of the hæmatin of the blood that
it does depend on an abnormal transformation of
the biliary acids, is elevated by the fact that
that inspiration and circulation are facts and that large quantities of colorless urine, like that of hypertensive females, are known just before the jaundice begins. The pigment produced in the blood in such cases is not absolutely proved to be the pigment of the bile, for although it behaves towards bile salts in the same way as that pigment, yet it might still be derived from some of the elements of the blood in the alimentary tract at large, though it were the bile the theory, according to its production to a changing transformation of the bile to acids, is by far the more probable. Some individuals always become jaundiced when under any emotion. Dr. Henderson in his lectures mentioned the instance of a medical man who al-
ways became so whenever he happened to have a difficult case under his care. Emotional Stundia may prove fatal in this usual way, but generally it produces a harmless course, and terminates with-out any mishap in a few days at most. In the other forms mentioned, it is from bite of cattle-
trares & phlemonia - the jaundice is not the fatal disease but only one of the many effects bro-
duced by the primary lesion, and it is in-
formed to quickly kills the patient.
The great majority of the Fatal Cases of Icterus occur in some
bility that condition of the liver known as Black or Yellow Atrophy. The
Disease sometimes manifests itself at first in detail but more commonly
there is a premonitory stage characterized by different symptoms
in different instances. Loss of appetite; fevered tongue, nausea, loss
of taste, constipation, swelling of the liver, desire of sleep in the night.
Hypochondriacal, or vague aetiology. And indeed, are all symp-
toms common enough at this period. The stools are not
in general clay colored, but the skin is cool, dry and insen-
sitive. On systole percussion at the outset of the disease the
liver is found to be of its normal size and no dulness corre-
Sponding to a distended gall bladder exists, prospectively beyond
the hepatic dulness. After a varying time, from the first appear-
ance of premonitory symptoms—of indeed any have existed
at all—violent headache accompanied by great restlessness come
on, soon passing into delirium, which in sometime mild in its
character. Sometimes fierce and unmanageable. So the patient
are continually wanting to get out of bed and can scarcely
be restrained. Convulsions succeed to the delirium, generally
extending over all the voluntary muscles, and sometimes, con-
fining to particular parts of the body, as the face and neck.
They have been observed to be confined to one lateral half of
the body. The convulsions gradually cease in tranquility
which soon passes into somnolence, deepening until comatose,
Coma with widely dilated pupils has been reached. The yellow color of the skin is not so decided as in simple obstruction from above and is always more manifest on the upper than on the lower part of the body. It sometimes even becomes deeper on its appearance of the acute symptoms. The pulse gradually quickens on the appearance of these symptoms, until as the coma deepens it becomes very weak, irregular and intermitted, and can scarcely be counted. At the same time the respirations, which at first were too quiet, become thicker, intermitted and stertorous. If as the disease advances the lungs be touched but how at a thin by percussion, it will be found that it gradually diminishes in size, until even percussion can obtain no indication of its existence. In the absence of dulness in the right hypochondrium cannot be accounted for by any tympanitic distention of the intestines. The heart, in a collapsed condition, again at the vertebral column, allowing the intestines to get up towards the diaphragm in front of it, and the rumbling stomach is a direct transition from the clear note of the lung to the dullness one returning by the intestines. Considerably with the diminution in bulk of the host of the lungs, the spleen is found to increase—sometimes enormously— in size. Even during the state of coma, pressure on the blood vessels occupied by the liver & spleen, gives rise to manifest indications of pain, hemorrhage, occurs sooner or later. During the progress of the
Disease of the haematuria type, as a rule, are the most common, but haematuria, albumin, and bleeding from the uterine blood vessels also occur occasionally. Detoxication and rubies are almost always seen. If the disease affects pregnant females, abortion with amniotic shock is often bleeding always happens. The urine on the addition of an acid gives decided indications of bile pigment, but no indication of the acids peculiar to the bile can be got whatever test be employed. Decoction, tannin, and other products of the meta-
products of the protein compounds, are found in abundance. Then
the urine is allowed to stand for some hours a precipitate sediment
composed of these substances, in the form of globules and exp-
plementary needles, falls down to the bottom of the containing vessel.
If the patient do not die at an early stage of the disease from
bleed of blood, urine comes to the deficient in the urine and to abound
in the blood. On the addition of nitric acid to the urine, of
any, oxalates of nitrate of lime can be seen with the microscope.
The urine is always acid in its reaction to test papers, and though
ammonia has been found in it, the amount has never been so
great as to account for the disappearance of the large quantity
of water. Tannin also in some cases occurring in pregnant
females, that fatty degeneration of the epithelium of the kidney
existed along with the acute atrophy, the albuminuria also
in the urine. But albumin is also advancing in amount, taking on
such condition exist, the the infiltration of the decaying structure
of the Kidney with bile pigment. No doubt unites its capability of eliminative area and lead to the accumulation of that effete product in the circulation. After death, which lasted in barely too-longed beyond a week, from the thickening in the heart symptoms, the liver is found diminished in all its measurements but especially as regards its thickness. Its weight is usually reduced to one pound and a half but in one instance it was only found to weigh 18 ounces. On the body being opened, the organ is found lying against the vertebral column, completely collapsed. It is of a yellow color, and soft consistence, its cut surface exhibiting to the naked eye no appearance of lobular structure, at least that the disease is far advanced. Under the microscope numerous granular matter and a oil globules are seen in great abundance but never any perfect specimen of the true secreting cells of the organ. The structure of the diseased organ can at the inspected letter from the hepatic or portal vein, the matter here becoming dis- fused amongst the granular matter and oil globules, here and there traversing the lobules; thus showing that the circulation through the organ in life must have been considerably embarrassed, so the more healthy parts of the liver, where the disease has not run its entire course, a good deal of congestion is found and the lobules are quite apparent, though the cells composing them are completely filled either with oil globules or pigment, denary and bilirubin have been found in the diseased organ but none
Amount. These products are found in the blood at large but more especially in that of the hepatic vein, being thus readily derived from the liver. The spleen too analyses also affords considerable quantities but their presence there may be accounted for when we know that it is one of the special functions of that gland to metabolize and otherwise change some of the effects of aerochemes produced present in the blood. Numerous theories have been entertained regarding the facility of disorganization of the liver. There is an analogous disease known in the whole range of pathology, in which any organ in the body, except the liver, becomes disorganized, reduced in bulk, and fails to bear an extract in as short a period of time; for the liver may in 24 hours be reduced to the condition which we have attempted to describe above. It is a disease regarding which many opinions may be advanced, and a yet-his of these admit of legal proof. One pathologist, among whom may be mentioned Dr. Retzius, has thought that disorganizational was due to a degeneration of the hepatic cells in the form secretion, with a peculiarly acute nature. The theory is disproved by the experiment of Dr. Brandt, who, to test the doing immersed portion of liver in bile for days, and after all did not find any special alteration in them. If the portion of dead liver can exert degeneration in their own secretion, we would naturally expect that the liver, which still retained its vitality, would be in a condition much more fit to resist such a process, knowing and
The bile might be. The oleic acid has been described and regarded by some as acute hepatitis, but none of the products of inflammatory action are found after death, nor are the symptoms manifested during life at all cues as would be produced by inflammation of the liver. 

The theory, which ascribes the destructive process to an acute fatty infiltration of the secretory cells of the liver, is the one most consistent with all that is known regarding the anatomy, and physiology of the gland affected. The bile of the cells containing the fat cells are extremely delicate, and it is one of their functions in health to remove a certain amount of fat. A large amount of free oil statement is invariably found among the debris of the diseased gland, and during hepatic cells when they can be found often almost always clearly indicate fat. 

Under the influence of some peculiar depression of the nervous influence furnished to the gland from the sympathetically flow the great accumulation of oil globules might take place in the cells, or as to cause them inflations of the livers that ducts the accumulation become internal. This fatty nutrition and destruction is seen in the secretory cells lining the Globules of the stomach, in some afflicting disease, just before death had. 

Appetite. Previously good, has suddenly ceased altogether, probably from want of the gastric juice. One part of the destruction of the cells whichpermite it. There can be no 

good reason advanced against the opinion, that a bile
Influence should cause the same results in far more delicate cells, a part of whose affeet it is in health, to furnish a certain amount of oil globules, by the increase of whose destruction is effected in disease. In the lymphs of the voluntary muscles they in no long time also reduce the fatty degeneration. The accompanying influence on the effect of the lymphs would also account for the congestion noticed during the first stage of the disorganizing process and the symptom of the disease might be explained as results of the latter. When the destructive process has extended over a considerable portion of the glands, the normal atrophy which is effected by the healthy lute, one to another is lost as a face calls after another, excreting force one to the duct of the other healthy lute, which has the flow of bile in bile and causing its passage into the vessels of the hepatic vein and liver in the long run. The calls after would also, on mechanical principles, account for the congestion and enlargement of the spleen a for the hemorrhages from the long tract of the alimentary canal. The nervous symptoms are no doubt in part due to blood retained in the blood but in addition the enormous amount of debris absorbed from the liver might also be an element in their production. The liver in health retains on an average 12% but after the disease has run its course it ordinarily retains only 15. The difference in

In light of what must help into the economy. For it can go no
clear, which is done slowly or after, whether that he is healthy
and springs or not. Such an amount of detail, knowing the
abdomen in such a limited portion of time can hardly ever
the exercising some injurious action on the various organs
and function of the body. Central to this have been
injected into the vein of animals without causing any very
manifest effect, but notwithstanding the fact the enormous
an out of effect matter absorbed from the liver. Must in
done degree contribute to the productions of the mephitic
symptoms. The prevalance of hemorhage, i.e. probably
due to the rise of the vascular system induced by deficient
secretion of bile, and absorption of matter from the liver, and
probably also to an altered composition of the blood, inc-
heding its ready transport through the ultimate vessels.
Abort Altramy is a disease almost peculiar to adolescent or
middle aged individuals; more common in female individuals.
Pregnant females are peculiarly atonic to it, and it does
not occur during the latter months of uterine stimulation, but
pressure might be insufficient to be its immediate cause
but rather during the earlier months when the fetus free-
forme can be said to exist. Any manifest plethora de-
generation of the plan dexter eth温室 of the kidney
has always found co-existent with it in pregnant females.
as applied to desperation. It is always bad, but when common it is dashed down. Every person has the right to gravity. Proper degree of training of the body is essential. A chat favorably. I have been want to study. It seems to

Charles Babbage

As I was leaving, I met Mr. Smith, who had been out hunting. He told me that he had seen a very fine specimen of the rare bird, the red parrot. He said that it was a most beautiful sight.