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Jaundice.

In order to treat a disease rationally, we must first acquire knowledge of its pathology. Usually, this knowledge is best obtained by examination after death, but idiopathic jaundice is so seldom fatal that physicians have been deprived of the advantages of post-mortem investigation in studying its pathology. Have been compelled to look to the symptoms and results of treatment for information respecting the true nature of the disease. But, fortunately, our knowledge of the action of remedies, this indicating they are capable of fulfilling in the economy, will often enable us to arrive at tolerably correct conclusions as to the character of the existing lesion or disorder, without the benefits of dissection.
disease, perhaps, has this means
printed out a more successful
course of treatment than in jaundice.
This course, however, is not pre-
cisely uniform, but as in all
other diseases is influenced by
the symptoms, & the symptoms of
course vary with the circumstances
attending each particular case.

The symptoms of jaundice are too
well known to require repetition in
this place, & in the following re-
marks I shall advert to each of
them only as may best subservi
the object of this article--that
namely, of determining the pathology
by consequence, the treatment of
the disease.

Before proceeding to detail the
treatment, then, it will be neces-
sary in order that my views may not
appear empirical, first, to state a
Conceivably as possible, what I conceive to be the true pathology of the disease. Afterward, to consider the indications of cure deducible therefrom, the mode of fulfilling them, I am aware that the Author recognizes an "excess of the coloring matter of the bile in the blood" as the true pathological condition in jaundice, but this view, if not erroneous, is certainly incomplete—it fails to satisfy the investigating mind of the rational inquirer—ise calculated to mislead the enquirer. When the young tyro who has derived his information solely from the views of systematic critics, comes in contact with the disease as it occurs in practice, he will learn from sad experience, the fallacy of their teachings. Are we then to accept the time

**Statement of a fact as the explanation**
tion of all the phenomena observed in this disease, or should we not rather look beyond a mere result to the fountain-head of the mischief? We are not to regard this existence of an excess of bilious coloring matter in the blood, as the disease in jaundice, but, if we would acquire a knowledge of the disease, which shall prove us in practice, we must endeavor to ascertain the source of this superabundance. Thence, the real seat of the mischief.

The sources from which the symptoms of jaundice may arise are these—Viz.: 1st Excessive production; 2nd Absorption; 3rd Deficient elimination, of the coloring matter of the bile—1st Excessive production, as in many cases of bilious fever.
Cholera, diarrhea, &c., we have, while the matter ejected from the stomach tends to be highly charged with bile, a jaundiced hue of the skin, cerus, &c., &c., one may have jaundice occurring as an original affection, with bilious stools—but this is comparatively an infrequent phase of the disease. The stools in jaundice usually show either a total absence or decided deficiency of the bilious coloring matter. Of course, of the principles usually associated with it, when due to excessive production, the symptoms are said to be less persisting than when they arise in other conditions, e.g., when due to deficient elimination.

2nd Absorption.

Owing to the frequent obstructions.
supposed to occur in the bilicy
passages, most authors have ascribed
the symptoms of jaundice to absorption
of the retained bile as the chief, if not
exclusive cause of the complaint.
but this hypothesis upon which this
explanation is founded, however
plausible it may appear at first
sight, is in my estimation, wholly
insufficient for the end proposed.

Those who advance it instead of
explaining the phenomena of jaundice
upon some other rational principle,
do but bend the symptoms to vary
the circumstances to accommodate
a species of thing, the creation of
their fancy. Although it may be
possible for the coloring matter of
the bile, once separated from the blood
vessels, arrested in its exit by absorp-
tion, to enter the circulation again,

Thus give rise to the symptoms of
Jaundice, yet, in by far the greater number of cases complicated by obstruction, the symptoms result not from absorption, yet, as a secondary consequence of the obstruction, the agency of the latter being excited through the presence of the accumulated bile upon the acini of the liver, suspending or suspending the functions of the organ & thus preventing the elimination of the coloring principle from the circulation—for I believe, with some of the French & other authors, that the coloring principle of the bile prevails as such, in the blood—the fact being proved by the experiments of Cassaigne, especially, who succeeded in separating that principle from healthy blood. The analyses of other experimenters also, as given by Kitler & Paget, with some facts contained in D.
Budd's work on the disease of the liver clearly confirm the opinion.
But, how is the theory of absorption sustained by anatomy? Do we find in secreting tissues generally a disposition to absorb the fluids present there from them to elaborate or a like tendency in the tissues of exiting passages to take up the matter they can intently to carry out of the system? What is the power of the lymphatic vessels or other sequestered tumors the body is so often called to encounter? Do they not originate from the retention through absorption of the proper secretions of the glandular follicles in which they occur? Why, if secreting matter can taken up again by the glandular cells in their production on evacuation, are tumors to form?
developed in such situations?

Again, what physiologist will
compromise his reputation by
declaring that absence is ever
absent from the surface with
which Nature has placed if in
contact?—or that in situation of
the serum, this fluid is taken up,
either from the pelvis of the kidney,
the cysts, or the bladder?—I am
aware that Carpenter (p. 332) and
others have cited instances in which
as a consequence of partial ob-
struction of the surface, the se-
cution of the kidneys appears to
have been re-absorbed, but if
we examine these cases care-
fully I think we shall find that
the absorption was only apparent.
Does the existence of a propor-
tion of the surface in the blood spare such circumstances,
This elimination by other organs
from the fluid, these principles must be
passed out of the system through
the kidneys, & into the circulatory
again by absorption, or does it
only from these, owing to the em-
burs assume the secreting function
of these organs suffers from the
presence of the accumulated fluid.
The urine is prevented escaping by
the ordinary outlet in sufficient
quantity, & discharged vicariously
through the skin & other organs.
The case mentioned by the same
authority, in which the urinary
apparatus was imperfectly devel-
oped, or having been developed, the
kidneys were afterwards subject to cer-
tainly from that, the principle of the
renal pelvis may accumulate in
the blood, the discharges independently
of these organs without the necessity
of
of a previous separation from re-absorption into the circulating fluid. So that, from analogy, we are forced to the conclusion, that the onerous task imposed by authors upon the absorbents in jaundice, is in almost every instance, entirely gratuitous - that the coloring matter of the bile arbus have shown to be the case with the principle of the sebum, may accumulate in the blood independently of their agency. The results of treatment, also, lend us to the same conclusion - the means best calculated to concern the disease being such as act upon the hepatic function either directly, or indirectly by removing from impurities to the process of secretion in the organ...

As to the idea advanced by some, that the bile may pass into the
blood again by a kind of retrograde movement, a reverse action of the recent cells of the liver, we might with equal plausibility imagine that in venous obstructions the blood would agglutinate, not only through the valves of their vessels, but through the capillaries themselves. But I regard this assumption as unworthy of further notice.

Now to the consideration of the third and last form—viz.,

3°—Deficient elimination, from which has been stated and the preceding heads it will be evident that we regard the symptoms of jaundice as due, in the great majority of cases, to deficient elimination, or a failure on the part of the liver to perform its appropriate function, thus namely, of separating the bile.
from the blood, this deficiency of action being due to etiopov, or functional disturbance of the liver from cancer which may or may not be appreciable. Among the known causes that may operate to impair the action of the organ may be mention, as already intimated, obstructions, whether from biliary calculi or simple spasm of the ducts, the presence of the accumulated bile acting in those cases as an irritant elsewhere to as to suspend the hepatic function. But from any limited observation that of those upon whom I can rely, as well as from published accounts of the disorder I believe that I can cite one case in ten of jaundice in which obstruction is attended by obstruction, otherwise, how is it that we so rely on one.
The violent pain characteristic of spasm & calculous obstructions. Or why do we so uniformly observe, instantly, often almost simultaneously, a decided depression of the vital powers? A more fruitful source of the disease, however, is to be found in the congestion, either acute or passive, the result of the action, if any, of embolus, pruritus, or other embolic agent-which so frequently occurs in the liver & portal circle generally.

The manner in which these dangerous engagments operate in the production of the disease will be apparent at once. In action congestion, the liver is flooded with blood; its function is overwhelmed in the general excitement & the secretion of bile of course.
very seriously interferes with,

hence, we have the symptoms of jaundice develop. In passive congestion, as will be readily understood, a similar state of things obtains, with the same ultimate results. Hence we see that, in almost every instance of the disease, if we have any type of the liver in the beginning, all the active agencies concurred in the production of the disease. Strom to exert their influence upon the biliary function directly, or otherwise, so as to bring about that condition, and in the organ enable to throw off from the circulating sinus the excess of biliary coloring matter, upon which the characteristic symptom
of the disease depends. What

Course of Treatment, then would
three facts point out? This
will appear under the sub-
hint, that, namely, of the
Treatment.

The main indication deduc-
ible from the foregoing consid-
eration of the nature of jaun-
dice, is, to promote the normal
action of the Liver, Kidneys &c.

Thus, removing the excess of
bilious Coloring matter from
the Circulation, preventing its
accumulation — in ordinary,
uncomplicated Cases of the
disease, this indication is
best fulfilled by the use of
emetic doses of Quercuska,
unduced stimulate by the
addition of Pangaminaria—re-
peated daily for several days.
fail to arouse the hepatic function sufficiently by some one of the mercurials in active doses, & saline cathartics, to stimulate the liver, remove congestion & improve the system, the alkali carbonate, & spirit of vitriol or cyan to enhance the action of the kidneys, with such minor appliances as may promote the comfort of the patient. When, from idiocy of nature, or other cause, mercury cannot be used, nitro-mercureate acid offers a very good substitute, & may be used endemically in conjunction with the mercurial with advantage.
V. Also combined with soap, may also be used as an ingredient to some remedies mentioned.

When active congestion of the lining epithelium, the disease is to be treated as a common phlegmon of the organ. Spasm and calculi obstruction of the ducts, can be overcome by the means calculated to relieve these conditions, such as anodyne. The warm bath, blading, etc., and the case treated subsequently as one of simple jaundice, provided the symptoms persist after the removal of the obstruction.

Thus I have attempted, as briefly as possible, to set forth my views, touching the nature.
and treatment of jaundice.

And in submitting them to the perusal of the learned body whose duty it is to take cognizance of them, acknowledging my diffidence, I wish this noble institution, with which I am proud to have identified my interests as a student of medical science that eminently dignifies of prosperity and success, to which true merit so justly entitled.