

## EPIDEMIC CATARRHAL JAUNDICE.\*

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I N presenting this incomplete paper I may say that I have nothing new to offer. It is an old question that has been threshed out by better men, and for my shortcomings blame your president for bringing me here. This form of jaundice, by some said to be Weil's disease, can not be so very common, as this is the first epidemic I have witnessed in a practice of over 21 years.

*Etiology.*—It is most common in children, but may occur at any age, about 50 per cent. in the first decade. My youngest patient was 18 months, my oldest 81 years. It occurs in both sexes, more common in damp climate, is not spread by food or drinking water, though I think heavy feeders are more susceptible. Is it infectious? The majority think so, and a great many writers think it is a form of influenza. In our district it has been the exception to have more than one or two cases in a family. In some families I have had one case of jaundice while the other members of the family had influenza.

*Symptoms.*—The earliest symptoms I have noticed are a feeling of fullness, pain and tenderness in the gastric and hepatic regions. During the first two or three days there is generally slight fever, temperature 100 to 101, with the usual malaise, loss of appetite, headache, and drowsiness. Vomiting is common, the bowels are generally constipated. About the third or fourth day bile appears first in the urine, and next in the sclerotics and skin; the temperature then generally falls to normal, stools are clay-colored and generally remain so for ten or twelve days, sometimes much longer. The yellow color of the skin gradually fades and the patient looks pale, though I have been unable to find any marked leucocytosis.

*Complications.*—Perihepatitis, bronchitis, pneumonia and enteritis are the complications met with.

*Diagnosis.*—This is generally easy, the distensible pain in the gastric and hepatic regions with tenderness and slight rise of temperature, if seen early, is sufficient; later the pain, tenderness and jaundice. In only one case have I had any difficulty, and that was a case of primary nodular cancer of the liver, occurring in a woman, age 58, the diagnosis remaining in doubt till a late stage of the disease.

*Prognosis.*—This is good, as I have only been able to find one fatal case reported; that one occurred in Derbyshire, England, during the epidemic of 1901. Like other diseases occurring epidemically the severity of the disease varies in different epidemics, and also during the same epidemic under different circumstances. Two severe cases I have thought would be of sufficient interest to report.

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