health, and often the stone can be felt occupying its lumen, while above the obstruction the greatly distended ureter is easily traced behind the peritoneum; indeed, it may be so dilated that, were it not outside the peritoneal cavity, it might be mistaken for small intestine. When the ureter is not the seat of serious pathological changes, when the subperitoneal fat is abundant and the intestine is over-distended with gas, much difficulty may be experienced in tracing the course of the duct. The point at which it is most easily detected is where it crosses the brim of the pelvis.

With the improvements in the operating cystoscope attempts have been made to extract calculi from the orifice of the ureter by dilating the duct with a catheter and removing the stone with McCarthy's flexible forceps passed through the cystoscope. Such an operation may be very nice if it succeeds, which is very questionable, but it is not surgery. It is very true that there are many operators but few surgeons. If a stone is so small that it can be picked out of the orifice of the ureter by forceps passed through a cystoscope, the strong presumption is that if a little more patience and a little less zeal for operating had been exercised the stone would in a short time have found a way out for itself.

The case is a very exceptional one where the lumbo-ilio-inguinal operation is not the most suitable operation to employ. It has many advantages over all the others; when any unusual features present themselves, as, for example, in Cases VI and VII, they can be dealt with easily.

REFERENCES.

⁴ Sir Henry Morris: *Surgical Diseases of the Kidney and Ureter*, 1901, vol. ii, p. 526.

EPIDEMIC JAUNDICE IN WAR TIME.

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JAUNDICE has been known to occur epidemically in peace time among the civil population, affecting then preferentially children. More frequently it has been observed in barracks, prisons, etc., but the largest epidemics have occurred in armies in war time—thus in the American war of 1862, in the Franco-German of 1870, and the Boer war. Its occurrence in this war seems probable.

The etiology of epidemic jaundice is still obscure. Jaeger described, as the cause of the disease, a micro-organism, the *B. proteus flavescens*, which he separated from the urine of patients affected with infectious jaundice.

There is no doubt that epidemic icterus is a disease *sui generis* due to some infective agent. Rainy and damp weather are mentioned by some authors as predisposing causes, but these might be excluded, for we find that the epidemics of jaundice have occurred more frequently in the summer and not in the rainy season. The supposition that the infective agent might be introduced into the human system by food or drinking water seems to be controverted by the fact that in several of the epidemics which have occurred only those men in the army were affected who had been digging dykes or trenches or had been engaged in earthworks. The infection seems to be due, therefore, rather to a virus or organism which develops in the soil during the decay of organic matter (excrements and dead bodies) and which is either swallowed or inhaled. There is no doubt that bad camp conditions were the principal cause of the large epidemic in the American war. In this war, in round numbers, out of 1,087,000 men in the Atlantic army 22,000 men fell ill with icterus; of 1,100,000 men of the central army 20,500 became affected, while of the 30,000 men of the Pacific army only 100 became icteric. The troops most affected were those of the Potomac Camp before Washington (1861-62), those before Yorktown (April, 1862), and those on the Chickahominy (January, 1862).¹ The total number of cases of jaundice among the white troops observed in that war amounted to 71,691.²

The accumulation of huge masses of men, bad drainage and ventilation, the superficial interment of the bodies of the fallen in the immediate neighbourhood of the camps, gave rise to this, the largest of all known epidemics.

Similar causes no doubt prevailed in the siege of Paris (1870), where 2½ per cent. of the troops of the Bavarian army corps were affected with icterus.

The course of epidemic icterus is generally benign. Out of 10,000 cases affected in the first year of the American war, only 40 died from this disease. Sometimes the symptoms are very slight, but usually the illness runs a characteristic course.

The illness usually commences suddenly with rigor and rise of temperature without premonitory symptoms. At the same time there is lassitude, vertigo, and headache, due no doubt to the fever. In severe cases there is soon some stupor or delirium, and these symptoms occur much earlier than they do in typhoid fever. The tongue is furred, and diarrhoea is usual. The liver and spleen enlarge moderately. Between the third and the fifth day, rarely earlier, the icterus commences, so that until then the diagnosis may appear doubtful. The liver and spleen are found enlarged on percussion, the edge of the liver may be distinctly felt, and is sensitive on pressure. The urine often contains moderate quantities of albumin, hyaline and epithelial casts, sometimes blood corpuscles.

The bowels usually become more and more relaxed, and the stools clay-coloured. The temperature remains high, often up to 104°, with irregular remissions during four to eight days; it then goes down quickly, and becomes normal in further four to six days, and simultaneously the hepatic and splenic enlargements and the albuminuria disappear, whilst the jaundice may last ten or fourteen days longer and then fade slowly.

In about 25 to 40 per cent. of the cases a relapse takes place three to eight days after the temperature has become normal. The relapse is usually less severe than the first attack.

There is usually great loss of strength, loss of weight (10 to 20 lb.), and prolonged convalescence. In most cases severe muscular pains, principally in the calves or in the back, are felt from the commencement of the illness, and these pains may persist even during the period of convalescence. Occasionally a spotty erythema of the skin of the thorax and abdomen is seen, in others herpes labialis, rarely an erythema of the fauces and tonsils. Occasionally haemorrhages in the skin, conjunctivae, or retinae have been observed. Coryza, haematuria, melæna, or haemoptysis may occur; still rarer complications are parotitis, laryngeal pareses, neuritis, and iridocyclitis.

The duration of the febrile attack is from eight to ten days, that of the relapse from five to eight days; the whole duration of the illness from three to four weeks.

In regard to differential diagnosis, simple catarrhal jaundice, recurrent fever, and bilious typhoid come into question. Until the micro-organism of epidemic jaundice is found it will be impossible to distinguish slight cases of this illness from simple catarrhal jaundice. In some of the epidemics of recurrent fever many of the cases (25 per cent.) are affected with jaundice; the presence of spirillae in the blood will clinch the diagnosis.

As icterus is said to interfere with Widal's reaction, the differential diagnosis from typhoid may be difficult.

The "bilious typhoid," described by Griesinger fifty years ago as endemic at Cairo, as well as the epidemics of febrile icterus described by Kartulis in Alexandria (1888) and Diamanthophulos in Smyrna (1886), were probably of the same nature. Though records of epidemic jaundice can be traced back at least to the year 1699, and perhaps to Hippocratic times, Weil of Heidelberg, in 1886, described a small number of cases, and since then "epidemic jaundice" has been described under the name of "Weil's disease," not only in German, but also in English textbooks (*vide* Clifford Allbutt, Osler, etc.).

REFERENCE.

¹ Woodward: *Outlines of the Chief Camp Diseases of the United States Armies*. Philadelphia, 1863. ² *The Medical and Surgical History of the War of the Rebellion*. Part III. Washington, 1879.

STATISTICS published by the Bureau of Preventable Diseases of the Department of Health of the City of New York show that the number of cases of rabies found in animals examined in the laboratory of the department decreased from 64, recorded for the second quarter of the year 1914, to 15 in the corresponding quarter of 1915. There was also a reduction in the number of persons examined for dog-bite, and in that of dogs examined for rabies.