

PRELIMINARY REPORT

Following is a preliminary report on the therapy of homologous serum jaundice (serum hepatitis).

Serum hepatitis presents a complicated problem because of the nature of the disease and because it has not been possible to produce a similar condition in animals by transmission of the virus causing the disease, thereby rendering it accessible to study. The incubation period of the disease, ranging from 5 weeks to 6 months, adds further complications, with the result that many cases have never been traced to their origin and may already have been the cause of contamination in other cases.

After many attempts to cure the underlying infectious cause, most of the workers connected with this special field have simply limited themselves to protecting the patient from liver damage and, in the initial stages of the disease, provided, by the intravenous route, fluid and nutritional replacements to prevent serious complications at the onset.

??? Very few reports have been made to the effect that antibiotic therapy may have shortened the clinical course, usually lasting from 4 weeks to 2 months, with long periods of observation on a caloric diet and eliminating from the diet any damaging factors, such as alcohol, etc., for as much as 3 years. Case reports, following that even a late liver damage can occur after the lapse of this period, stress the additional care that has to be taken in the management of this liver infection.

Considering the real danger that may arise from a further spread

of the disease, contaminating the blood banks and plasma banks, this report on a therapy which shows amazing and immediate response and facilitates the management of an otherwise long-prolonged incapacitation of the patient, seems to be justified, even though limited to this time the study of ^{it} to 2 cases, and is submitted here as a preliminary report. ~~such a degree the clinical course and the~~ ~~response in the treatment of the disease.~~ since, in the management in the case of homologous jaundice, a therapy that is ~~and that~~ changes the clinical course and therapeutical response ~~to~~ instead of weeks or months, should be brought to the attention of the (profession) practicing physician ~~and~~ and the hospitals. No other therapy exists at the present time that would alter the course of the disease so profoundly as the method used in the report on the two following cases:

It wasn't entirely accidental that this method was used - observations were made in several cases which came into contact with the known source of homologous jaundice and which were ~~initially~~ treated with the two factors used in the therapy as reported ~~heroin~~. Case No. 1, age 48, After a trip to the Far East, fell ~~evently~~ ill in Paris, fever of unknown origin, chills, pains in the bones, pains in the extremities, violent nausea, was in a constant state of malaise. On arrival in this ~~new~~ country, patient noticed discoloration of the urine, yellowish discoloration of the eyes and skin, and was unable to take food. (anorexia?) Syringe hepatitis retraced to 2 1/2 months ago. Was seen one week prior to that by physician, diagnosis: homologous jaundice.

Fluctuation test plus 4; bial positive; bowel movements negative, gray. Patient was seen 1 week later: condition changed. Was given cortizone and aureomycin by injection. Half an hour later, patient able to eat, no nausea. Blood chemistry taken 4 days

later: essentially normal with exception of fluctuation in icterus index 12.9, ??billy rubin .7, patient ravenously hungry, urine non yellow, bowel movements dark brown, increase in weight 2½ lbs. After 5 days very little discoloration of the eyes. Patient is up and around, still under observation.

Case No. 2, age 24, was operated on 3½ months ago for a ruptured disc, received two blood transfusions. After discharge from hospital patient "never felt at ease" as far as her digestion and appetite were concerned. Patient had continuing slight nausea and malaise. Four weeks prior to the onset of present symptoms, malaise and nausea increased. Patient felt sharp pain in the back and general pains in all extremities. One week prior to her treatment she noticed an increase in temperature up to 100°, which she still had on arrival. When seen first, patient was hardly able to talk, felt desperately ill and had already fully developed jaundice. Blood chemistry showed ??billy rubin 3.9, icterus index 44.8, cephaline fluctuation 4 plus. After 24 hours, cholesterol blood sugar and urea nitrogen within normal limits. Patient's condition had been especially unfavorable as she had suffered severe pain and disability prior to her disc operation and thereafter was further severely incapacitated through the homologous serum therapy followed only 2½ months after the operation. She was treated with aureomycin and cortizone intravenously and although there were still 2 incidents of nausea and vomiting, she was immediately able to take fluid and some fluid food. The second day, color of urine was markedly lighter and the bile ring hardly visible. She had a normal color of

bowel movement. After additional injections, patient was able to take solid food. On the third day, urine was almost normal in color and nausea had completely disappeared.

The rationality of the treatment is based on two observations in experimental tests with aureomycin: Lepert, at Univ. of Illinois, and his associates, in animal tests with dogs, could produce hepatic lesions with intravenous, intraperitoneal injections of various antibiotics and although the real cause of the abdominal tenderness, diarrhea and severe vomiting spells, in addition to the already reported rectal irritation, may have its explanation in these tests because the majority of liver disfunction tests will not show initial damage and a needle biopsy is too risky a procedure, the observations cannot be made.

Tests in Montreal, in animal experiments, it could be shown with cortizone, in spite of the otherwise inactive nitrogen base that accompanies the therapy, produces a marked increase of leukocytes and at the same time is an antialergic element, and seems a fact to be used as a synergistic factor ~~auxiliary~~ for the specific purpose in this peculiar disease. As previously reported, it has been used in the therapy for thrombophlebitis and thereby reducing the risk of local vascular damage with intravenous aureomycin therapy. In hundreds of injections of intravenous aureomycin we have not one side effect to report.

In summary, two cases of homologous jaundice showed a remarkable improvement clinically and in functional liver tests, which show thereby changing the aspects in the treatment of this disease and giving reasonable basis to serve if administered routinely in blood transfusion as a preventive.