aspiration biopsy of the liver have shown that in 26 cases of sporadic jaundice in which staining appeared a few days after the onset, biopsy a week after the appearance of jaundice revealed a diffuse hepatitis characterised by inflammatory changes in the connective tissue with majority of mononuclear cells, by destruction of the trabecular structure of the liver and by necrotic disintegration of the parenchyma cells in irregular foci and by proliferation of connective tissue in the portal system and diffusely in the lobules. The jaundice in these cases varied in duration from three to 12 weeks and the jaundice subsided with restoration of normal liver structure in a month after disappearance of the jaundice. The cause of these cases was considered to be a virus, probably conveyed by pork.

Epidemic Infective Hepatitis.

Whether or not there is a truly catarrhal (obstructive) jaundice, as distinct from a sporadic infective (toxic) type, there does occur a definite epidemic jaundice of the toxic variety, best designated epidemic infective hepatitis, which is of great importance in troops because of its long duration and consequent prolonged stay in hospital.

The disease is most commonly seen in children and young adults, though older people are by no means exempt. It is common in Egypt, Palestine, Syria, Iraq and Malta.

Etiology.

No specific organism, bacterial or spirochætal, has been isolated. The incubation period is a long one—four weeks or longer—while the period of infectivity by the normal routes is probably short. The serum of a patient, however, is probably infective, and the occurrence of cases of the same symptomology and pathology following the use of the earlier sero-vaccine against yellow fever is considered to have been due to the unwitting inclusion of the serum of such individuals in the preparation of the vaccine. The accumulated evidence points to a virus cause. Spread of infection is probably by direct contact, perhaps by droplet infection; in some outbreaks nasal catarrh is a common finding.

Symptoms.

In most cases there are no marked gastric symptoms. The first common early symptom is anorexia. The urine becomes dark, the stools lighter and jaundice usually appears. In some cases, no frank jaundice may be seen throughout, but the icteric index is always raised and bile can be detected in the urine. The colour of the centre of a weal caused by the intradermal injection of a solution of 1 per cent. histamine will be yellow when viewed through an appressed glass slide as compared with china-white in normal individuals. There are usually headache and asthenia, symptoms of toxæmia and occasionally slight fever. The liver is often somewhat enlarged and tender during the early stages of the disease. In rare cases the jaundice persists and the patient becomes increasingly toxic and dies of liver failure. Sometimes the disease runs a rapidly progressive course, death from cholæmia occurring within a few days of the onset.

Pathology.

Biopsies made on cases of this condition show that, histologically, mild cases grade into the severe, the only difference being the degree of liver involvement. In a few fatal cases it has been possible to demonstrate that the stomach and the duodenum were normal, but that the liver showed degenerative changes in the parenchymatous cells with round-cell infiltration in the portal spaces. There was no change in the bile ducts.

Differential Diagnosis.

Epidemic infective hepatitis shows, even in the early stages, a slight leucopenia, with, in some cases, an increase in the large mononuclears. Weil's disease shows a polymorphonuclear increase and a leucocytosis. Yellow fever can be differentiated by the mouse protection test and the characteristic changes in the liver. Glandular fever with jaundice, a rare complication, can be recognised by the higher mononuclear increase and by the Paul-Bunnell test. Other varieties of jaundice—obstructive, hæmolytic and toxic—must be differentiated by careful clinical examination.

Treatment.

There is no specific treatment. Rest in bed and a light diet with extra glucose by the mouth are required. In severe cases, glucose should be given intravenously. The administration of from 5 to 10 units of insulin may assist in the assimilation of the glucose. Hospitalisation is about six weeks.

KING EDWARD'S HOSPITAL FUND FOR LONDON.

With His Majesty the King, as Patron, and H.R.H. The Duke of Gloucester as President, the King Edward's Hospital Fund for London, on February 3rd, celebrated its Fiftieth Anniversary, and published an attractive booklet entitled "Today and Tomorrow—An Outline of the Work and Aims of the King's Fund."

The object of the Prince of Wales, the Founder, was to commemorate the Diamond Jubilee of Queen Victoria, by setting up a central fund to give regular assistance to the voluntary hospitals of London. The Fund now distributes about £300,000 a year in grants to hospitals and has a capital fund of over £5,000,000. It also finances various services designed to increase the efficiency of the hospitals. Among these may be mentioned the Emergency Bed Service, which assists the general practitioner to find with the minimum of delay a hospital bed for the acutely-ill patient; the Nursing Recruitment Service which has guided over 10,000 prospective student nurses into the hospital training schools; and the Dietetic Advisory Service which, with its two Memoranda on Hospital Diet, has done much to raise the standard of catering for patients and staff. The Fund's Recommendations on the Supervision of Nurses' Health, on Standards of Staffing, and on the Employment of Domestic Staff, are also well known and much used in hospitals.

Under the National Health Service Act, the Fund will be entirely free to continue its work for the hospitals. The £300,000 a year now largely expended in maintenance grants will, however, be freed for other purposes when the Treasury takes over the maintenance of the hospitals. It is hoped that the Fund will thus be able to supplement the State provision for the sick with many humanising touches and to increase in many ways the value of the service which all the hospitals, whether ex-voluntary or ex-local authority, will render to their patients.

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