A FAMILY SERIES OF FATAL AND DANGEROUS CASES OF ICTERUS NEONATORUM—FOURTEEN CASES IN ONE FAMILY, WITH FOUR SURVIVORS.

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History.—Mrs. J. E., about 44 years old, is a short, spare woman; she has had fair health, looks weak, and has a rather sallow, earthy complexion; hair, dull light brown; is active and industrious; had jaundice when 4 years old. Has had fifteen children, the last born on December 7, 1900; all but one certainly had jaundice as infants; there is some uncertainty about the one. The children were, roughly speaking, half males and half females.

First child.—Died, æt. 7 months.

Second child.—A girl, æt. 24. One hand is congenitally absent; the stump ends about the middle of forearm, with one ill-formed finger; complexion good. As a baby had jaundice, but not very badly; has had severe anaemia.

Third child.—Died, jaundiced, as an infant.

Fourth child.—A boy, alive, æt. 17. As a baby had jaundice badly, and thrush very badly; is now deaf, on account of large perforations in both membrana tympani.

Fifth, sixth, seventh, eighth, ninth, and tenth children.—All died as infants with bad jaundice and convulsions; one, and only one, had bleeding from the navel, of which it died. None of these six lived to be more than a few months old, and some died at a few days.

Eleventh child.—A girl, the first observed by writer, born July 19, 1894. Confinement natural, vertex presentation, a healthy-looking baby at birth; the same afternoon was a little jaundiced. July 20.—More jaundiced, dark green meconium passed, and a little dark urine. July 21.—Deep jaundice, convulsed; forearms extended, hands clenched; eyes move convulsively; varying internal strabismus; motions dark green, and, later in day, deep yellow; bowels open five or six times to-day. No vomiting. Took hyd. c.cret., ½ gr. July 22.—Jaundice increased, more convulsions. Died at 7 A.M.

Twelfth child.—Born April 1895. Natural delivery; healthy baby at birth, but soon after developed marked jaundice of about fourteen days’ duration. May 1895.—Taking bottle, and sleeping well; bowels open naturally; complexion muddy, and skin loose. August 1896.—Alive, but died subsequently.

Thirteenth child.—A boy, born August 30, 1896; natural delivery, a healthy-looking baby. September 1.—Decidedly jaundiced, but seems well; bowels open, motion very dark green; took hyd. c. cret., ½ gr.; yawns a great deal. October 1896.—Has wasted; skin is very loose and still very yellow, but less deep than a month ago; has vomited a good deal, but not now; bowels open; motions rather loose, yellow or green, with curds in them. October 24.—Does not grow much; dirty, sallow
complexion; occasional diarrhoea. Died at about 7 months old, wasting and diarrhoea having continued.

_Fourteenth child._—A boy, born September 15, 1897; natural appearance at birth; the next day had jaundice, which increased; motions, deep green; urine, dark coloured. _September 20._—Motions still green; convulsions in the night. 10 A.M.—Calomel, ½ gr.; jaundice was deep, eyes twitching; slight convulsions occurred for some days, and the child took calomel (¼ gr.) on four occasions, with apparent benefit each time, being quieter and resting better after each powder. _September 23._—Less jaundiced; motions less green; yawns a good deal. _October 15._—Has been free from jaundice for about two weeks; looks fairly well, except for being anemic; takes milk well; ceased taking breast at about 14 days old. _June 6, 1898._—Has one tooth; anterior fontanelle rather large; rickets; often has diarrhoea; spleen not felt; liver about natural size. _September 6, 1898._—Noticed to have “no use in the legs”; infantile paralysis of both lower limbs. _December 1900._—Can stand and walk round a table while holding on to it; the knees are very weak, and the knee-joints almost flail-like; general health improves.

_Fifteenth child._—A boy, born December 7, 1900; a fine child at birth, looks well and healthy; mother seems remarkably well after confinement. _December 8._—Deeply jaundiced; seems to be hungry; has some boiled cow’s milk and water (1 to 2); is given powders of hyd. c. cret., ½ gr., to be taken twice daily. _December 9._—Crying all night; motions, dark greenish brown, with small curds; ordered lime-water (2 parts), water (1 part), boiled milk (1 part); has become very deeply jaundiced. _December 10._—Better, quieter. _December 12._—Less jaundiced; sleeps; is taking hyd. c. cret. (¼ gr.) twice daily; is now taking only breast milk; bowels open; motions dark coloured. _December 13._—Bowels open once yesterday, motion dark, no curds. _December 14._—Still takes hyd. c. cret. (¼ gr.) twice daily; no pain. _December 18._—Has taken one powder to-day, the last; seems very well; slightly jaundiced; motions rather dark. _December 21._—Convulsions occurred frequently, not severe, almost continuously for some hours; given potass. bromid., 1 gr., fourth hour, and hyd. c. cret., ¼ gr., _bis die._ Convulsions gradually ceased, and the child appeared quite well a week later. _August 20, 1901._—Has recently had a bad attack of whooping-cough; still coughs occasionally; is gaining strength, but is thin and weak; abdomen is rather large; liver edge is felt thin and natural, about 1 in. above the level of umbilicus in right nipple line; spleen not felt.

These cases of dangerous and fatal jaundice occurring in infants in one family are probably of the same nature as one described by Rolleston,¹ and others quoted there and described as cases of congenital obliteration of bile ducts. Cp. also similar cases.²

The noticeable points about these cases, which are recorded at length above, are—(1) The jaundice was not congenital as in some cases recorded. (2) The jaundice appeared in the first few days, in several probably, and certainly in one, at least, of the children.

1 _Brit. Med. Journ._, London, March 30, 1901.
2 _Ibid._, 1901, vol. i. p. 1142.
before the mother's milk had been taken. (3) The jaundice, when the child lived, lasted a few weeks to several months. (4) All the children (except, perhaps, one) of this family had jaundice as infants, but not all severely. (5) Mother had jaundice at four years old, and has a sallow complexion. All the children were rather weakly, one is deformed. (7) The motions, in the cases in which they were carefully observed, were never unduly pale, but unusually dark yellow or green. (8) Yawning, indigestion, and convulsions were the chief additional symptoms. (9) Haemorrhage only occurred in one of the children, in the form of bleeding from the navel. (10) These cases support the view of the pathology taken by Dr. Rolleston, that the symptoms are due to a hepatitis and descending angiocholitis, which in these cases probably did not reach the common duct sufficiently to obstruct it, and perhaps only reached the pancreatic duct in the one haemorrhagic case; vide Mayo Robson's view of the probably pancreatic origin of haemorrhagic tendency in cases of obstructive jaundice.¹ (11) Treatment by mercury was apparently very beneficial. (12) These cases are, on the whole, milder than most series recorded, and therefore there was a better opportunity for observing the sequence of events. (13) Males and females were both affected; in some family series, only males were affected.

¹ Brit. Med. Journ., May 11, 1901, p. 1134.