Twenty alcoholic patients were described with jaundice, hyperlipemia, and anemia. The illness and chemical abnormalities improved rapidly once drinking stopped. Hemolysis was slight and short in duration. The liver biopsy showed fatty infiltration and minimal to moderate cirrhosis. This did not fit into a known pattern, and the findings were usually ignored. This did not fit into a known pattern, and the findings were usually ignored. The jaundiced patients had hyperlipemia or at least hypercholesterolemia and evidence of hemolysis. Both the lipemia and hemorrhage were usually of short duration. On liver biopsy all of the patients had fatty infiltration and some had mild to moderate cirrhosis. None ever had severe cirrhosis. The occurrence of lipemia in alcoholics was fairly well known; however, the simultaneous occurrence of hemolysis had not previously been recognized. One of the confusing factors was the rapid improvement that occurred in these alcoholics once they stopped drinking upon becoming sick. The lipemia and the hemolysis improved spontaneously, often within a week, and only partial evidence of what had occurred remained. This did not fit into a known pattern, and the findings were usually ignored as the patient improved without treatment. The cases with persistence of elevated serum cholesterol and alkaline phosphatase for more than a week were suspected of having obstructive jaundice, and some were operated on for gallstone obstruction of the common bile duct, which wasn't found at surgery.

"To me, understanding that the coexistence of jaundice, hyperlipemia, and hemolysis in an alcoholic patient was an entity with a predictable rapid recovery rate was important because one could eliminate from consideration the possibilities of more serious and prolonged liver diseases. The final answer is not in."

"This paper has been cited whenever the differential diagnosis of alcoholic liver disease or the occurrence of lipemia or hemolysis in liver disease is discussed."