Case of Cirrhosis of Liver and Spleen.

By REGINALD C. JEWESBURY, M.D.

Boy, aged 4½ years. Admitted to St. Thomas's Hospital on October 30, 1919. Healthy at birth, full time; breast fed. Jaundice when 2½ years old, after this the "stomach started to swell." Has had attacks of epistaxis but no hematemesis or passage of blood per rectum. He used to suffer from frequent attacks of vomiting but has had none for the past four months. His mother said she has been in the habit of giving him gin, a teaspoonful at a time, in hot water, "on and off" since he was 12 months old up to the time he was brought to the hospital.

Family history: Father dead, cause unknown; mother healthy; one other child healthy.

On examination: A pale thin faced boy, undersized for age, with a very distended abdomen. The superficial veins in the abdomen are dilated. The liver is much enlarged, the edge is felt 2 in. below the level of the umbilicus; the liver is irregular (hobnail) and very hard but not tender. The spleen is much enlarged and hard, it reaches to the level of the umbilicus. The abdomen is dull to percussion all over but a fluid thrill is not definitely obtained, nor is shifting dullness definitely made out. Chest: Heart, occasional soft systolic murmur at apex. ? Congenital heart; lungs normal; fingers and toes show well marked "clubbing." Blood: Wassermann reaction negative. Blood count: Red cells, 2,810,000; white cells, 2,320; hemoglobin, 58; colour index, 1’0; polymorphs, 59’5 per cent.; lymphocytes, 36’5 per cent.; eosin, 2’0 per cent.

DISCUSSION.

Dr. F. LANGMEAD: I thought the child had congenital heart disease, and I based that view on the fact that the murmur seemed to be loudest in the pulmonary area, and was heard fairly clearly in the back, in the usual position to which a congenital pulmonary murmur is conducted. If that is correct we have an explanation for the clubbing of the fingers and toes and the dusky appearance of the patient, apart from the liver condition. Clubbing of fingers and toes is an important part of Hanot's cirrhosis, but I do not know that it has been described in association with cirrhosis of the multilobular type.
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Dr. F. Parkes Weber: I think the evidence here does really point to this being a case of hypertrophic alcoholic cirrhosis in a child, though ordinarily that is a diagnosis which I mistrust. The child has, so it seems, been given, at intervals, a dangerous dose of a toxin of the hepatic cells, resulting in a destruction of some of those cells from time to time, accompanied by an increase of the interstitial connective tissue—a sort of "substitution-cirrhosis." Such a case may be contrasted with acute or sub-acute hepatic atrophy following chloroform or some other poison of the kind, which destroys liver cells in large amount, so as to cause a more rapidly fatal result.

Dr. Jewesbury (in reply): I am interested to hear of the paper mentioned by Dr. Langmead. I was not aware that in cases of cirrhosis of the liver in children it had been proved that alcohol was such a frequent cause. This would tend to show that the tissues of a young child may be easily damaged by the administration of alcohol and should make us hesitate before giving it even for therapeutic purposes. I think there is no doubt that this child was given alcohol (gin) over a long period and that it was the cause of the cirrhosis. The child eats and digests his food well, and is of a lively and precocious type. In contrasting this case with a similar condition in the adult, it is interesting to note the size of the liver and spleen. In this case both these organs are very much enlarged, whereas in the case of the adult the liver is usually atrophic when the cirrhosis is so advanced, and the spleen is very rarely, if ever, as large as is the case in this child.

Isolated Disease of the Scaphoid Bone.

By E. A. Cockayne, M.D.

B. W., aged 4½ years. The girl is a cretin and has been a regular attendant at Great Ormond Street since the age of 2 months. For the last year she has complained on and off of pain in the left foot, and at times has walked with a limp. The mother thought she was suffering from "growing pains" and attached little importance to it. Lately the child has become worse. She complains of pain in the foot, and limps. There is some tenderness over the dorsum of the left foot, but no redness nor oedema. The X-ray shows normal ossification in the bones of the right foot, but in the left foot the scaphoid is very narrow, about half the normal width, very dense and the structure is indistinct. The outline is sharp except for four small projections. The other bones of the left foot are normal. There is no evidence of tuberculosis in the child and no history of tuberculosis in the family. The condition appears to be that which is sometimes known as Köhler's disease, of which