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ST. GEORGE'S HOSPITAL.

DROPSY: ULCERATION OF INTESTINES: CONGESTION AND SUBSEQUENT ATROPHY (?) OF LIVER.

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J. R., aged 43, a gentleman's servant, of tolerably robust make, was admitted October 1st, 1856. He stated that he suffered eighteen months ago from severe diarrhoea, which continued nine months, and then entirely ceased, leaving him in a very exhausted condition, and subject to frequent fits of giddiness. But his complaint when he came to the hospital was of dull heavy pain at the epigastrium, general debility, and tendency to oedema of the legs. These symptoms had manifested themselves five months before admission. The dropsy was rapidly increasing, and his legs and abdomen were both anasarcaous. He had occasional severe pain in the loins; but there was nothing in the state of the urine to lead us to consider the case as one of renal dropsy. There was distinct fluctuation over the abdomen, and in the hepatic region hardness and extension of dullness on percussion; but the *pain* was confined to a small space just below the ensiform cartilage.

October 2nd. Leeches were applied to the epigastrium, and he was ordered a mixture containing nitro-hydrochloric acid. The pain was greatly relieved by the free bleeding from the leech bites; and by continuing the mixture, and keeping the bowels freely open, he improved in his health and general appearance.

October 24th. There was still an oedematous condition of the legs, but the epigastric pain had diminished, and there was far less extended dullness in the right hypochondrium. A very faint trace of albumen was detected in the urine.

November 4th. He had several slight attacks of diarrhoea, which were checked by chalk and opium. The abdomen was more distended, but not hard, and he complained of cough; this, however, was but trifling, and auscultation satisfied us that the lungs were not affected. He could lie on either side, or on his back, and did not suffer much from dyspnoea in any position.

November 24th. Towards the middle of this month he became very much more anæmic, and a steel mixture was prescribed. On the above day he began to have severer and more continued pain at the epigastrium, for which alkalies and aromatic powders were given, and fomentations constantly applied. This pain harassed him daily, and he sank, evidently exhausted by it, on the 8th of December.

The body was examined about eighteen hours after death. Some fluid existed in both pleural sacs; the heart and lungs were healthy; the peritoneal cavity was moderately full of fluid, and the lining membrane somewhat opaque and thickened. Dark patches of small size existed in several places over the small intestines, and corresponded to deep ulceration of the mucous lining. About the centre of the jejunum one very large ulcerative patch was found. The

large intestine was healthy, as was the spleen. The capsules of both kidneys were adherent, and the right kidney was much congested. The liver, externally, presented a dark blue colour; it was deeply congested, and of small size, the left lobe having apparently dwindled more than any other part. On cutting away the ligaments, gall-bladder, etc., the organ was found to weigh only 1 lb. 13½ oz.

REMARKS. In the report of the Vienna Hospital for 1854, great stress is laid on an almost unrecognised form of liver disease, to which the name of "*acute atrophy*" is given; and two instances of it are recorded, one at considerable length. I have ventured to bring forward the above case rather in a speculative manner, than as affording decided proof of such a pathological change. We have long looked for an illustration of the disorder, and this appeared to us the first which could justly claim resemblance to those named in the Viennese report. If we estimate the normal weight of the liver in the adult male at 55 oz. avoirdupois, surely there must have been some strange alteration, or wasting of structure, to cause it to shrink to 29½ oz. in this patient, who was a well proportioned man, somewhat above the average height. At the first glance the appearance of the gland reminded one of lung tissue, compressed by effusion into the chest; and of course the easiest way of accounting for the change was to consider the dropsy as the cause of it. Yet, on further reflection, this cannot be a satisfactory or right explanation. If pressure from fluid were the cause, why did not every portion participate equally in the waste? whereas the dwindling had chiefly occurred in the left lobe, which was amazingly small. If we have a small liver, with ascites, we at once attribute this smallness to thickening of Glisson's capsule, and pressure on the nutrient vessels. But here was no appearance of cirrhosis, either to the naked eye or under the microscope. And how generally, where there is double the amount of effused fluid, do we find an *enlarged* liver, or one of average size and weight. Moreover, it is not very evident how mere pressure could compress an organ like the liver, which has above it a muscle admitting of wide movement, and is surrounded by the yielding abdominal walls. Nor are the cases of compressed lung and liver parallel. Certainly the thorax is, to a great extent, elastic; but the lung is tied down and pushed back into the most bony and unyielding corner of the cavity; widely different from the liver in its situation.

The intense yellow colour, spoken of by Rokitanaky, was absent, and the natural lobular arrangement was perfectly seen. When a microscopical examination was made, the hepatic cells presented their usual polyhedral form, but they were gorged with bile, and *perhaps* were of smaller size than natural. Now, whether this arose from the "distended capillaries of the portal hepatic plexus pressing on the intervening cells, and causing them to be stunted and atrophied,"* is open for consideration. If there be such distension and pressure, it may also produce absorption of surrounding structures, and so account, to some extent, for the remarkable dwindling of an organ which is not generally reduced in bulk unless from the pathological changes above named, and which a *post mortem* examination at once reveals. We shall watch, in the hope of meeting at St. George's with another example of a disease (for such it is) which has hitherto attracted comparatively small notice.

* Vide Sieveking and Jones' "Manual of Pathological Anatomy".
Art. "Liver."