of occult carcinoma. In another case the hypertrophy seemed the basis of organic granulation.

Having thus such elemental structures all combined together, we may easily see how repletion or hypertrophy in one or more of them may be attended or compensated by *anæmia* or atrophy in another. Thus we may have hyperæmia in the central vein connected with the hepatic—giving an undue extension to the vascular redness of the interior of the lobuli, while the portal capillaries are exanguine, and the peripheries of the lobuli pressed together, and this happens more frequently where there has been any obstruction to the circulation in the large caval veins, or in right side of the heart.

Again, hyperæmia has been observed but less frequently, in the inter-lobular or portal capillaries, while the intra-lobular or hepatic ones have been anæmiated—giving a more diffused redness to the organ on section, and by compression of the white part of the lobuli into beadlike lines and curves, an appearance arises somewhat similar to the wavy mixture of colour in a section of a nutmeg. This repleted state of the portal capillaries is generally owing to either a too great fullness or nutrition in the portal system, and undue *vis a tergo*, or else to obstruction in the glandular lobuli themselves. This hyperæmia even prevails so far as almost to render invisible, with the naked eye, the central or hepatic vein; but when seen it is only in the form of a *punctum*, which was not recognized by Dr. Hope in these cases, as the empty and compressed central vein.

An exaggeration or chronic state of this relative hyperæmia seems to tend to organic and fixed change—giving rise to the effusion of interstitial lymph, and condensation of the once elastic lobuli, from which results that permanent change, commonly called nutmeg-liver. This change has by some been reckoned a distinct disease, by others an hypertrophy of the white substance. In its advanced stage, it certainly has the appearance of something special about it, but its initial condition seems to consist only of a want of balance between the powers and contents of the afferent and efferent vessels. In reports of myristicated liver, it would be desirable, in many instances, if observers would simply state the relative appearances, instead of using an arbitrary term, which has so little definite meaning with many.

The proportions in which these two species of hyperæmia were found to obtain to each other, in well marked characters, were sixteen of hyperæmia of the central and hepatic vein and its capillaries to ten cases of a similar condition in the interlobular or portal capillaries, making twenty-six cases out of the fifty; the remaining twenty-four exhibiting either a normal condition of both classes of vessels, or some other more notable alteration of the organ.

Glandular Condition of the Liver.—Independently of the vascular state of the respective blood-vessels of the organ to which I have adverted, it appeared, during the progress of these researches, that the cell-structure also underwent several alterations. In the majority, the biliary cells appeared of uniform size and development, being filled with granules, and generally with a few minute oil ovules. In a few others, however, the cells were not so easily recognised, they appeared more diffuent, and, as it were, dissolved down—owing either to a want of tonicity in the organ during life, or to

speedy metamorphosis after death. Indeed, if good inspections of the hepatic cells be wanted, they should be submitted to the microscope, as soon after death as possible, as I have found that they soon lose their defined outline from early decomposition; for next to the kidney, and perhaps the brain, no organ sooner yields to innate resolution of its textures than the liver.

In two or three cases of what are called granulated or cirrhotic liver, I found that hypertrophy of the lobuli seemed to be the initial stage of these alterations, along with the atrophy of the vascular apparatus. Bouillaud, with whom Dr. Hope agrees, believes also that the granulations are not a new or accidental tissue; and certainly, as far as the microscope reveals, the same aspect and texture are observed in them as in healthy liver, only there seems to be an exaggeration of the cell-structure. In the advanced stages of declared cirrhosis, there seems to be an augmentation of granular matter, with less definiteness of the respective cells, and this probably may arise from an adventitious deposit of albumen leading to impaction of the secretory elements—and so more or less to obstruction of the sanguineous circulation, by which those serous effusions into the abdomen are promoted, which we see so often to attend these conditions of the liver.

To illustrate the foregoing *vascular* and *glandular* conditions, several correct coloured drawings, taken immediately after section, were exhibited, but which the nature of the Journal will not admit of publication along with the paper.

(To be continued.)

CASE OF SANGUINEOUS APOPLEXY IN A CHILD.

By W. C. WORTHINGTON, Esq., F.R.C.S., Senior Surgeon to the Lowestoft Infirmary.

Acute primary apoplexy in children is considered an unfrequent occurrence. The majority of authors state the period between 40 and 70 as that in which it is most common. M. Rochoux found in sixty-three cases, attended with extravasation of blood into the substance of the brain, that two only were between 20 and 30, the remainder from 30 to 80 years of age. Dr. Copland, in his "Dictionary of Practical Medicine," states, never having met with true hæmorrhagic apoplexy at an earlier age than 18. Of the numerous cases recorded by Dr. Abercrombie, one only is said to have taken place at 18, and one at 9; the latter was considered remarkable from the period of life at which the affection took place. The appearances after death are thus described:—The lateral ventricles contained coagulated blood; that in the right, was the size of a large walnut, the other smaller; the third and fourth were also filled with blood in a firm state. The spinal cord was enveloped with a stratum of blood throughout its whole extent.

Rilliet and Barthez, whose attention has been especially directed to this subject, look upon cerebral and ventricular apoplexy as a rare disease among children, and when it does happen, as either accompanied or followed by symptoms altogether unusual at a more advanced age. It is seldom met with in an acute or

primary form, but shows itself among the closing days of existence, or in the progress of a disease mortal in itself. According to the experience of these authors, two distinct pathological conditions were recognized, designated by them, capillary apoplexy, and apoplexy with blood effused in layers. In the first, the brain, when cut horizontally, presented a multitude of points, scarcely the size of a very small pin's head, discoverable both in the white and grey matter. In the second form, coagulated blood was found spread upon the cerebral substance, or extravasated into the ventricle, assuming a laminated appearance. The masses of blood occupied more frequently the cerebrum than the cerebellum, and that commonly on the left side. These lesions were rarely single, but generally associated either with tubercles, meningitis, or some other organic disease of the brain.

CASE.—James Raven, aged 11, of a rather spare habit, was reported to have enjoyed a tolerably good state of health, and had never previously suffered from any cerebral affection. On Saturday, the 13th of December last, he had taken his breakfast as usual, and soon afterwards left his home in apparent good health for the purpose of keeping sheep. At ten o'clock a.m. he was found in a state approaching to insensibility, and only able to articulate very feebly, that he felt extremely ill. After being removed home, I found him with the following symptoms:—

Hands and feet of an icy coldness; pulse at the wrist scarcely perceptible; countenance pale and collapsed; complete insensibility; breathing stertorous; frothing at the mouth; the right pupil permanently dilated to its full extent, the left contracted to a pin's point; convulsions occurring at intervals of about every ten minutes, the paroxysms lasting three or four.

There appeared to be little doubt that the brain had sustained a severe shock, but as to its precise nature, an opinion was not ventured. The extreme depression of vital power, and evident sinking condition of the patient, forbade any kind of depletion; on the contrary, pediluvia, and mustard poultices to the region of the heart, &c., were promptly employed with a view, if possible, of inducing reaction. These means, however, failed, and death took place at eight o'clock the same evening, during a convulsion fit.

A report was circulated that the patient had perished from the combined influence of inanition and cold, in consequence of which an inquest was held on the body, and a *post-mortem* examination demanded.

Inspection.—*Chest:* Heart and lungs healthy.—*Abdomen:* The viscera generally presented also a healthy appearance; the stomach contained a large quantity of undigested raw turnip, without any admixture of other food; the small intestines were loaded with the same vegetable matter.—*Brain:* On removing the skull cap, the vessels ramifying upon the surface of the brain were more vascular than usual; the right ventricle was filled with extravasated blood, which had insinuated itself into the posterior cornu; the substance of the brain surrounding the ventricle was lacerated to a considerable extent; in all other respects it was perfectly healthy. The vessel from whence the hæmorrhage proceeded could not be satisfactorily traced.

Lowestoft, April 6, 1846.

ON DISEASES OF THE EYE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The following papers are at your disposal, should you think them worthy of a corner in your valuable journal. It is hoped that they will serve to give definite and distinct ideas of the diagnostic marks characterising each disease, without distracting the mind by detail, and by thus not only useful to the student, but also serve readily to refresh the practitioner's memory amidst the hurry of business.

S. A. R.

CLASSIFICATION.

At the head of these papers I shall place the following list of diseases of the eye, feeling assured that it is of the utmost importance for clearness and correctness, to *tabulate* our knowledge. The usual three-fold division into—diseases of the eye itself—the eyelids—and the lachrymal organs—is followed; and the first of these is subdivided into—inflammation—its effects—and malignant disease.

TABLE OF CLASSIFICATION.

DIVISION I.

Diseases of the Eye itself.

Class.

I.—Inflammation. Ophthalmia.

1. Conjunctivitis.

a Catarrhal.

b Purulent.

a of Infants.

β of Adults.

γ Gonorrhœal.

c Pustular.

d Scrofulous.

e Eruptive.

a Rubeolous.

β Scarlatinous.

γ Erysipelatous.

δ Variolous.

2. Catarrho-rheumatic Ophthalmia.

3. Scleritis.

4. Corneitis.

5. Iritis.

6. Retinitis and Choroiditis.

7. Ophthalmitis.

II.—Effects of Inflammation.

1. Opacities and Specks on the Cornea.

a Nebula.

b Albugo.

c Leucoma.

2. Staphyloma.

3. Ulcer of the Cornea.

4. Onyx.

5. Hypopyon.

6. Synechia.

7. Prolapsus of the Iris.

8. Closure of the Pupil.

9. Hydrophthalmia.

a of the Chambers.

b of the Vitreous Humour.

c Subsclerotic.

10. Cataract.

a True.

b False.