HYPERTROPHIC CIRRHOSIS OF THE LIVER.¹

BY A. L. MASON, M.D.

CASE I. Julia Poivell, aged thirty, married, a very large, fat woman, entered the City Hospital April 11, 1883. She had had one child and three miscarriages, the last within five weeks of admission. Otherwise her health had always been excellent until within two months. She had been a free drinker of beer, but her nerves were steady, and she had not the appearance of a drunkard. There had been no headache and no hæmorrhages; no chills.

When first seen the condition was as follows: intense jaundice; constant nausea and bilious vomiting soon after eating; dizziness, flatulence, and occasional diarrhoea; pain at epigastrium; slight œdema of feet and ankles. The tongue was clean; the pulse 80, temperature 97.8° F.

The urine had a sp. gr. of 1017, a deep yellowish-red color, and contained a little albumen and much

bile pigment. Sediment normal. Dejections hard, light yellow.

Physical examination showed great enlargement of the liver and spleen, the former extending from the third intercostal space nearly to the crest of the ilium, and the spleen being readily felt below the ribs. No ascites. Examination of the blood showed the red and white corpuscles in normal proportions.

Three days after entrance the epigastric pain and the vomiting were severe, and were relieved by small doses of morphine. Under this treatment, liquid diet, and the use of an alkali, the symptoms abated, and in three weeks the patient was discharged, although the jaundice continued and the liver was no smaller. The temperature never rose above 100° F.

A diagnosis of hypertrophic cirrhosis of the liver was made, which involved an unfavorable prognosis, and the patient was told to return when she found it necessary. Three months later she came back, and was under the care of Dr. Denny. She had become

very weak, and was dizzy and forgetful, hardly remembering her previous stay in the hospital. Otherwise the symptoms were much the same as before — jaundice, large liver, headache, vomiting, and epigastric pain. The feet were numb, but she walked fairly. No ascites. Urine as before. Temperature 97°, pulse 108.

After a few days the appetite failed, micturition became involuntary. She was delirious, and died August 22d, after an illness of about seven months.

The autopsy was as follows:

Autopsy. Twenty hours after death; body medium-sized; abundant adipose development; marked lividity of face and dependent portions; rigor mortis present. Calvaria heavy and very dense. Sinuses contained a small amount of coagulated blood, as did also the vessels of the pia. Brain normal. Heart not much distended with blood, mitral valve admitting the tips of three fingers, tricuspid of five. Muscular substance of heart slightly fatty. Right lung œdematous throughout; left lung slightly œdematous. Spleen normal in size.

The liver extended one and a half inches below the ribs in front, and weighed six pounds four ounces. External surface smooth, with slightly greasy feeling. On section, it was firmer than normal, of a grayish, translucent appearance. Venous portions of acini marked, rather far apart, with grayish, translucent substance between.

Kidneys of usual size; capsule readily detached; surface smooth. On section, cortical portion somewhat opaque; pyramidal portion normal. Stomach and small intestines not unusual.

Large intestines very much distended with fæces. Vessels much injected. Mesenteric glands somewhat enlarged.

Diagnosis: œdema and congestion of lungs; slight fatty degeneration of heart; hypertrophic cirrhosis of liver, with slight fatty infiltration; cloudy swelling of kidneys; enlargement of mesenteric glands.

CASE II. Jennie Brennan, aged twenty-nine, married, a well-developed woman of medium size, entered the hospital April 7, 1886, in a delirious state. She had rheumatic fever four years ago, but had otherwise been healthy, and her family stated that she had not been given to excessive drink. For the last six months, however, she had suffered from debility, absence of menses, gastric derangement, and slight swelling of feet for two weeks. She had been in bed for the last six weeks, delirious a fortnight.

At the time of entrance the symptoms were very active delirium suggestive of alcoholism; slight jaundice; moderate fever; pulse 100; respiration 24. The lungs were normal, and there was a soft murmur over the præcordia. The urine was very high colored, specific gravity 1020, and contained a trace of albumen. The abdomen was tympanitic and distended, but there was no dropsy. Enlargement of the liver was not detected. The noisy condition of the patient made thorough examination somewhat difficult.

Soon after entrance she had a severe convulsion, followed by stupor, and she bit her tongue badly.

The usual remedies failed to procure sleep, delirium was constant, the condition became typhoidal, with increasing fever, parched lips and dry, brown tongue; jaundice was noticeable, and she died one week after admission about six months after the beginning of her illness.

¹ Read before the Suffolk District Medical Society, April 24, 1886.

Autopsy by Dr. Gannett. Brain and its membranes negative. Heart of usual size, flaccid, valves negative, hyperplasia of spleen. Kidneys, slight degree of œdema. Esophagus, stomach and intestines negative.

Liver much enlarged, weighing seven pounds nine ounces. Edges rounded, showing in general a yellowish color. On section, acini fairly distinct. Central portions for the most part pale red; in other portions of a bright yellow. Peripheral portions of a pale opaque yellow. Lobules separated from each other by gray translucent network. Bile ducts pervious. Diagnosis: chronic interstitial hepatitis, with fatty infiltration.

The symptoms and pathological conditions observed in these two cases correspond almost typically with those which, in recent years, have been classed as hypertrophic cirrhosis in distinction from the ordinary contracting disease which produces the hob-nailed liver of drunkards. While the causation may be the same, the conspicuous absence of dropsy throughout with the presence of jaundice and a greatly enlarged liver and spleen, make quite a different type of disease from that which we usually see as cirrhosis.

The post-mortem appearances as described in published reports have not always held together as they should to establish a characteristic pathology, but the discrepancies have been mainly histological, which might easily arise in examinations at different stages of the liver disease. The principal morbid change consists in a great increase of bile ducts surrounded by fibrous, non-contracting tissue. The portal ramifications are not interfered with as in the ordinary cirrhotic liver; there is seldom venous obstruction; dropsy is rare. The liver may weigh six or eight pounds, quite double its usual size, and the spleen is more or less enlarged. In Case I splenic engorgement was very noticeable at an early period but was not found after death.

The subjects of this disease may be young, as in the cases reported above, not seemingly broken down by drink; whereas atrophic cirrhosis is a disease of slow production, not very common even in drunkards before the age of fifty years. Ascites then first directs attention to the malady, while in the hypertrophic form jaundice is an early sign, and delirium, convulsions and coma more frequently precede death, which is said to be caused by biliary poisoning.

Without entering too much at length into the histories of these cases, I wished to record them on account of their comparative rarity, which may be inferred from the fact that, with the exception of a case reported by Dr. Doe several years ago, no other similar cases have been verified at the City Hospital, I think, although the same symptoms have been noticed in one or two other patients who went away.

—An exchange speaks of a young physician, who has just established himself, and has very little practice, but who is noted for his braggadocio. One of the older physicians, meeting him on the street yesterday, asked him how he was coming on. "I've got more than I can attend to," was the boastful reply. "I had to get out of my bed five times last night." "Why don't you buy some insect powder?" asked the old doctor.

Reports of Societies.

PROCEEDINGS OF THE OBSTETRICAL SOCIETY OF BOSTON.

C. M. GREEN, M.D., SECRETARY.

MAY 8, 1886, the President, DR. A. D. SINCLAIR in the chair.

DR. F. MINOT reported a case of

EXTENSIVE PHLEBITIS AND PELVIC ABSCESS FOLLOWING ABORTION.¹

DR. STRONG gave the following account of the patient before she entered the hospital:

The patient was between two and three months pregnant, and succeeded in the induction of abortion by the use of gin and ergot. The entire ovum came away; but the patient, supposing an afterbirth should also come away, made several attempts to remove what she supposed was the placenta, but what proved to be the posterior lip of the cervix: this she succeeded in nearly pulling off. At the end of a week the patient was doing well; but a few days later there was an attack of uterine pain and fever: phlegmasia came on, and the case was sent to the hospital. No abscess was recognized, although carefully looked for.

DR. MINOT, in reply to questions, said that the most noticeable features in the case, when the patient first entered hospital, were phlegmasia and a slough on the calf of the leg and heel. It seemed remarkable to him that there was so little pain or tenderness in the abdomen. In regard to the use of antipyrine, he thought it gave comfort to the patient in many different classes of cases. He regulated the dose according to the temperature, giving 20 to 30 grains when the temperature was high. He had found the drug of great value in the hectic fever of consumptives: in such cases he gave smaller doses, because the temperature was not high; perhaps eight grains in the afternoon, about an hour before the time of febrile exacerbation. He had never seen any depression following the use of the drug, although it sometimes caused sweating and vomiting.

DR. LYMAN thought it strange that in so large a proportion of cases the phlebitis occurred on the left side. He believed in the use of small doses of antipyrine, enough to bring the temperature down to what might be called the temperature of the disease, and not to the normal point: he thought the exhibition of large doses was followed by too much depression.

DR. E. M. BUCKINGHAM reported, by invitation, the following case of

POSSIBLE AIR-EMBOLISM AFTER LABOR, WITH RECOVERY.

A lady of twenty-seven was delivered of her first child by forceps, after a tedious labor, and with the following circumstances:

The pains had been inefficient, and excepting that for a short time the anterior lip had been a source of annoyance by falling over the head, inefficiency of pains had seemed to be the only reason for the slowness of the labor.

She was etherized for operation and during etherization she vomited, but the mouth was wiped out and there was no choking, for which reasons, as well as for another which will appear later, it is perhaps fair to

¹ See page 279.