A CASE OF ADENOMA OF THE LIVER, ASSOCIATED WITH CIRRHOSIS.

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A GERMAN, aged forty-five years, was admitted to the Adelaide Hospital, under my care, on May 26, 1896. He stated that, although he had been in the habit of drinking beer freely, he had been in good health till about the end of April, when he found his abdomen beginning to become swollen; his legs shortly afterwards also became swollen. When admitted he had a large amount of ascitic fluid in the abdomen, and his feet were slightly œdematous, but, otherwise, nothing amiss could be detected.

During June, 1896, I twice introduced a trochar and canula through the linea alba; but, though physical examination showed the presence of abundant fluid in the peritoneal cavity, none came through the canula. Subsequently, at the *post-mortem* examination, the omentum was found to be very long; I suppose it must have blocked the canula.

He improved somewhat, and left hospital, but was re-admitted on August 18, 1896, and on account of his great discomfort was tapped next day, 10 pints being drawn off. After this he remained in hospital, and was tapped regularly every fortnight, from 10 to 13 pints being removed each time. A remarkable feature was the rapidity with which the abdomen filled after each tapping. You might tap him in the morning and draw off all the fluid that would come, in the evening the abdomen would be again distended; and next morning you would find him nearly as tense as before the tapping.

His urine was generally very high coloured, but was otherwise normal, as also his heart, lungs, and other viscera appeared to be. He gradually became weaker, and died on April 26, 1897, having been tapped, I think, seventeen times in the eight months.

At the *post-mortem* the spleen and liver were found almost equal in size, the spleen being hard and firm, while the liver was

smooth on the surface and very tough. Microscopical examination shows the cirrhosis to be in considerable degree monolobular, and so the contraction of the liver was fairly even and uniform.

As we were cutting into the liver we came on a round pale-coloured mass, about $1\frac{1}{2}$ inches in diameter, surrounded by a smooth and distinct capsule. This mass was exceedingly soft, having about the consistency of well-boiled stirabout. It broke down under the least pressure, and did not appear to the naked eye to have any structure. We thought it was some kind of retention cyst, or something of the kind, full of soft *débris*, and put a little bit under the microscope to see what kind of *débris* it was. To our surprise the mass consisted of perfectly formed epithelial cells, with one or two well-staining nuclei in each.

Dr. Scott, although with considerable difficulty, on account of the softness of the tissue, succeeded in making sections, showing the mass to be an adenoma of the liver.

It consists then in polygonal epithelial cells, irregular in size, but many of them rather larger than the normal liver cells. Some contain two nuclei. These cells appear in places to be disposed irregularly, but generally they tend to form columns of about the thickness of two cells. There is in some places the appearance of a space or lumen between the cells, but I think this is only due to the shrinkage of the cells in hardening. There is hardly any connective tissue between these columns of cells, and there are but very few blood-vessels. The tumour is sharply cut off from the liver substance by its capsule. But for this the tumour might be considered a carcinoma, as its microscopic structure is not distinguishable from some very soft cancers. We found no trace of any similar growth elsewhere.

Adenoma of the liver appears to be a rather rare tumour. Such is the opinion of Ewald, Birch-Hirschfeld, Ziegler, and others. Hamilton, on the other hand, says "adenoma-like masses are often seen in the cirrhotic liver." As far as Dublin is concerned, this statement seems to be misleading. Cirrhotic livers are fairly common; but several hospital physicians of large pathological experience have told me they had not before seen a growth like this.

Adenomata are generally multiple, forming small tumours

up to the size of a cherry, scattered all through the liver. From the anatomical point of view they appear to be of two varieties—(1) Those tumours the arrangement of whose cells corresponds more or less to the normal arrangement of the liver cells, and so lie in more or less solid columns. (2) Tumours composed of tubes, convoluted or fairly straight, lined with a single row of cubical epithelium cells, and containing a distinct lumen. A section of such a tumour is compared by Ewald to a section through the cortex of the kidney. My case belongs to the first variety.

As to the origin of these tumours, in some cases their existence seems connected with the cirrhosis which often coexists. Pieces of liver tissue become surrounded by cirrhotic bands, while the rows of liver cells retrograde into bile-duct-like structures (Hamilton). In other cases there appears to be a true outgrowth of rudimentary bile ducts from those already present.

These adenomata generally, as in my case, give rise to no symptoms, but occasionally, growing to a large size, cause ascites or other symptoms. In some cases secondary growths in the lungs have been described; but it is, I think, doubtful if these should be at all classed with the adenomata.