ROYAL ACADEMY OF MEDICINE IN IRELAND.

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Friday, November 9, 1917.

PROFESSOR E. J. McWEENEY in the Chair.

Cholecystitis with Secondary Abscess of Liver.

DR. T. T. O'FARRELL, with the kind permission of Dr. W. J. Dargan, showed specimens from the following case.

The patient, C. C., aged 50 years, was admitted to St. Vincent's Hospital suffering from prostration, and with symptoms simulating influenza. On physical examination no lesions in the lungs could be found, but there was a well marked mitral systolic murmur in the heart. The temperature was subnormal. On the third day after admission the patient complained of a very severe pain situated just below the costal arch in the right nipple line.

Simultaneously signs of a marked acute pleurisy developed on the right side. The temperature rose to 101° F. up to 104° F. on the sixth day.

The possibility of the presence of a liver abscess was considered, but owing to the existence of the pleurisy a definite diagnosis could not be arrived at. Owing to the condition of the heart an operation was deemed inadvisable. The pleurisy with effusion on the right side became more marked, and the bases of both lungs showed signs of involvement. The patient died on the seventh day.

At the *post-mortem* there was a purulent effusion into the right pleural cavity. The right lung showed some œdema of

the lower lobe, and in its substance was a small, somewhat ragged-walled, gangrenous abscess cavity. The left lung showed much the same condition, except that the upper lobe was emphysematous and the pleurisy was limited to the diaphragmatic surface.

The heart was enlarged and appeared to be somewhat flabby. The venous sinuses and chambers of the heart were filled with partly clotted blood. The tricuspid orifice showed marked dilatation, and there was slight thickening of the edge of the mitral valve. The cavities were somewhat dilated and there were some petechial hæmorrhages underneath the endocardium.

There was a moderate amount of atheroma in the aorta and great vessels. On opening the abdomen the under surface of the gall-bladder was found adherent to the anterior wall of the stomach, near the pyloric end. These adhesions were broken down with very little difficulty.

The stomach contained a large amount of blood-stained fluid but no point of hæmorrhage could be found.

The liver had a characteristic nutmeg appearance. On examining the under surface of the organ the gall-bladder was found to be very contracted, and its walls were considerably thickened.

A single facettèd gall-stone was found impacted at the opening into the cystic duct. This portion of the bladder wall was distinctly gangrenous, the colour forming a marked contrast to the remainder of the mucous membrane, which was quite pale.

A probe could be readily passed through a perforation in the gangrenous area into an abscess cavity in the liver.

This abscess was situated within the under surface of the right lobe, and in position corresponded to the junction of the renal, colic, and duodenal impressions. It was about the size of a Tangerine orange, and contained foul-smelling, though not blood-stained, pus. A mixed culture of *B. coli* and streptococcus was obtained. There was no peritonitis over the most prominent part of the abscess.

The right kidney contained two small fibromata, and in the left, one fibroma was found.

The other organs appeared to be normal, except for some adhesions about the spleen.

*Infection with Bovine and Human Viruses in Human
Tuberculosis in Ireland.*

DR. O'KELLY read a paper dealing with this subject. The relative frequency of these infections had been worked out for other countries, but not for Ireland. He had been appointed by the Medical Research Committee to carry out this investigation under the direction of Professor E. J. McWeeney, with the assistance of Dr. T. T. O'Farrell. He described briefly his technique, and then dealt with the cases *seriatim*, the figures being as follows:—Cervical gland tuberculosis, 9 cases, 7 eugonic viruses, 2 dysgonic; intestinal tuberculosis, 9 cases, 5 viruses isolated, 4 eugonic, 1 dysgonic; genito-urinary cases, 9 cases, all eugonic viruses; tuberculosis of bones and joints, 6 cases, 5 viruses isolated, all eugonic; additional cases, 4, 2 viruses isolated, both eugonic.

Classified according to age-periods he found:—In the age period 0—5 years, 1 human and 1 bovine virus (cervical glands); in the age period 5—15 years, 4 human and 1 bovine virus (cervical glands); in the age period 15 years and upwards, 22 human and 1 bovine virus (abdominal tuberculosis).

Dr. O'Kelly suggested that as his work had definitely established the existence of an appreciable amount of infection with the bovine type of tubercle bacillus in Ireland, the only satisfactory manner in which to deal with it was to slaughter all tuberculous cattle, and thus remove the source of infection.

THE CHAIRMAN drew attention to the importance of having definitely ascertained the existence of a bovine infection in juveniles. The original intention had been to work upon such patients only, but owing to insufficient material this had not been possible. He asked whether Dr. O'Kelly considered that a morphological distinction could be made between the human and bovine types of tubercle bacilli.

DR. KIRKPATRICK inquired whether there were cases of cattle

having been infected by a human strain of bacilli, the human virus being subsequently transmitted by a bovine medium.

DR. O'KELLY, in replying, stated the necessity of working upon a further number of juvenile cases as regards morphological distinctions, as it was held that, when grown upon glycerinated horse serum, the bovine bacillus was shorter and plumper than the human type. He believed one or two cases were on record where cattle exhibiting tuberculosis had been found to be infected with the human virus.

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