

MEETING HELD APRIL 27TH 1877.

Dr. Ross read a paper on a case of Aneurism of the Hepatic Artery, with diffuse suppurative hepatitis.

William Henry, æt. 22, had been admitted into the Montreal General Hospital, complaining of pains in the right side and great weakness. There was no dysentery, piles, rectal or intestinal trouble of any kind. His illness had begun with periodically recurring chills, every second day for several times. He was treated for intermittent fever in the Hospital Dispensary, and apparently relieved. After admission the general symptoms were rapid emaciation, occasional chills, high fever with remissions of several degrees; a dirty, dingy hue of skin; a very disagreeable odor, stools light-colored and offensive, no disturbance of digestion, occasional epistaxis, enlargement of liver which rapidly increased, and a dull pain over region of liver. Finally, collapse, with a temperature of $94\frac{1}{2}^{\circ}$, followed by a rise of 8° and death two days after. After death the liver was found to weigh 10 lbs., the peritoneum inflamed around it, adhesions by lymph to stomach and else where, the general peritoneum healthy, a number of fluctuating collections of pus in all parts of the liver. There was found an aneurism of the right branch of the hepatic artery, three inches long, almost entirely filled with laminated fibrine. There were no signs of general vascular degeneration.

This was a very unique case. One case of abscess of the liver was recorded by Virchow resulting from embolism of the hepatic artery, the origin of the embolus being gangrene of the lung. There were four cases on record of aneurism of this artery, two of them unaccompanied by any hepatic symptoms, and none of them accompanied by suppuration of the liver. Frerichs lays down the symptoms of aneurism of hepatic artery as threefold, (1) the tumor, (2) neuralgic pains from pressure on the hepatic plexus of nerves, and (3) jaundice. It was generally fatal by internal hemorrhage.

Dr. Osler then read a paper on the pathology of this case. Suppurative hepatitis was a remarkable thing as the result of disease of the hepatic artery. Its usual origin was disease of the portal venous system. He described the minute anatomy of the liver, showing the vicarious nature of the portal veins and hepatic artery, the functional and nutritive vessels of the liver, so that if the portal vein were obstructed, the other supplied its function. In this case would have to consider the possibility of two causes, total occlusion of aneurism by clots, or

escape of fibrinous emboli causing numerous areas of necrosis. There were two cases on record of total obliteration of the hepatic artery without suppuration. If the pyloric artery were not involved the organ would not be deprived of blood. Considering the embolic theory, why should suppuration have resulted? Areas of necrosis from mechanical deprivation of blood did sometimes degenerate into pus. The abscesses in this case were not recent, but were all formed with a distinct lining membrane.

Dr. R. P. Howard had seen the specimens when recent, and not knowing of the presence of the aneurism had sought to find a source of infection to the portal system. None had been discovered. In favor of the embolic theory would draw attention to the isolation of the suppurative centres. It was like ordinary pyæmic abscesses from disease of the portal system. Difficult to see how mere mechanical obstruction could lead to this suppuration. Clinically the case was interesting from its resemblance to ordinary pyæmia. There was found pus in the pleura and peritoneum, two serous cavities; the rigors also and remissions of the fever made it resemble pyæmia. Interesting to see a case of arterial pyæmia like venous pyæmia which was common. What was the cause of the aneurism? Was it due to an original embolus which was recognized as a cause of aneurism in the smaller vessels? The patient had not had syphilis. What was the condition of the coats of the artery? Believed that it had been stated that the interior was roughened.

Dr. Osler replied that the trunk of the hepatic artery was perfectly healthy, it was the interior of the aneurism which was roughened. There was a case on record of aneurism of the superior mesenteric artery from an embolus.

Dr. Howard remarked that an embolus would seldom get into the hepatic artery by reason of the angle which it made with the current of blood, but it might occur accidentally.

Dr. Shepherd said that the general vascular system of the body, which had been carefully dissected, was perfectly healthy.

A vote of thanks to Drs. Ross and Osler for their interesting papers was moved by Dr. R. P. Howard and seconded by Dr. F. W. Campbell.

Dr. Osler then exhibited some pieces of muscle, which were filled with encysted trichinae. The specimens were got from the body of a woman who had died at the Montreal General Hospital, from pneumonia.

DIED.

At Magog, on the 14th May, James B. Hall, M.D., aged 32 years, son of the late Dr. Archibald Hall, Professor of Obstetrics in McGill University.

BIRTH.

In Montreal, on the 3rd May, the wife of Dr. David A. Hart, of Bedford, Que., of a son.