

A CASE OF ASTHMA ASSOCIATED WITH PROLAPSE OF THE LIVER.*

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The etiological relationship which various sources of reflex irritation bear to attacks of spasmodic asthma, makes the report of the following case of interest, particularly as the determining factor in this instance is certainly an unusual one.

T.R., aged 25 years. Family history good; no record of asthma or other nervous affection. Patient was always rather delicate. In the summer of 1890, while working on his father's farm, keeping bachelor's hall at the time, he became very thin, was troubled with "catarrh" in the throat and nose and noticed a tendency to wheezing at times. For a year the wheezing disappeared. In the fall of 1891 the catarrh became worse and he had fits of coughing usually worse towards morning. In January 1892, he suffered from an attack of pneumonia and pleurisy on the right side. The amount of pleuritic effusion at this time could not be ascertained. Following this attack, Dr. D. J. Gibb Wishart treated him for the nasal trouble, removing several polypi. The catarrh was improved but the cough continued and he now began to suffer from asthmatic attacks at intervals of about three months, though he suffered from more or less wheeziness all the time. About Christmas, 1893, the patient suffered from a second attack of pleurisy on the right side, which confined him to the house for a month. The asthmatic trouble not improving, he was examined by a doctor the following May, who told him his liver was enlarged. Under medical advice, he went to the Northwest Territory in June, 1894, but gained no relief. Towards the fall, the attacks became more frequent and severe. He now began to suffer from indigestion, which was always worse before and during an attack, though it continued more or less all the time. The bowels were irregular and mucus appeared in the stools. A physician who examined him at this time told him his liver was displaced downwards. Under treatment for indigestion the asthma improved, and for a year he was pretty well; then he had another attack of right-sided pleurisy lasting about a month. He returned to his home in Toronto in January, 1896, and soon after the asthmatic attacks recurred. At this time he first came under my care. The asthmatic attacks were always preceded and accompanied by severe indigestion. On examination I found the liver displaced downwards, its lower margin as low as the umbilicus, with corresponding absence of liver dulness in the usual area over the ribs. The patient was put in bed and kept at rest, the diet carefully regulated and

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