

From these observations it would seem clear that the development of the Pictou Cattle Disease is but slow and that there is extensive involvement of the liver before any of the symptoms show themselves. Our experience with the development of fibrous connective tissue in man indicates that this is a matter of weeks and months rather than of days.

Shortly after my return from Pictou the first case of human cirrhosis which came to post mortem presented a condition which resembled greatly those seen in the Pictou Cattle Disease. The fibrous change in the liver, it is true, was further advanced, and the liver was small and hobnailed in appearance, but there was the same enlargement of the mesenteric and retroperitoneal lymph glands and those at the hilus of the liver, and the same curious gelatinous edema of the mesenteries and walls of the intestines, a change which had not been noted in connection with this condition in man, although since then I have frequently found it present. This has led me during the last two years to study the bacteriology of human cirrhosis.

More than one form of human cirrhosis is recognized, 1st, the so-called hypertrophic biliary cirrhosis of Hanot, which has for long been regarded by Hanot and the French school in general as of infective origin, brought about by the inflammation of the bile ducts. 2nd. by far the most common form is the atrophic or portal cirrhosis, in which the new fibrous tissue is laid down primarily it would seem along the sheaths of the branches of the portal vein within the organ. This form most commonly occurs in those giving an alcoholic history so that alcohol has long been regarded as the main cause, indeed, the condition has been known as the "gin-drinker's liver." But now those who have studied the subject are practically agreed that while alcohol may be and probably is an exciting cause, it is not the essential cause. Many cases are on record in which no alcohol has been taken, and again feeding animals with alcohol, in the great majority of cases leads to no cirrhosis, while thirdly, a systematic examination of the livers of confirmed drunkards, shows that cirrhosis is the exception rather than the rule; the fatty liver is the common alcoholic condition.

On the other hand there are definite indications of infective or bacillary disturbances in connection with cirrhosis. The ascites which is so common in this condition is not pure but shows evidence of a combined inflammatory disturbance with the development of adhesions and frequent evidence of inflammation around the liver with adhesions to the diaphragm, while in quite a large proportion of cases we obtain a history of a right-sided pleurisy which points to an extension of the inflammation through the diaphragm to the overlying pleura.