

a thick fluid. Similar changes are spoken of in the cases of Dr. Budd, who, by microscopical examination, has found the secreting cells entirely destroyed, or greatly diminished, their place being occupied only by granular matter, resulting from their change. Rokitansky, and more recently, Wedl, describe the appearances quite similarly. The latter thus speaks:—"The most remarkable histological character of the affection is seen in the merely rudimentary condition, or entire dissolution of the hepatic cells. For in the softened parts, merely rounded nuclei are observable, sometimes quite free, sometimes surrounded by a group of dark yellow, brownish yellow, or reddish brown pigment molecules. Parenchymatous cells in a better state of preservation, and retaining their polygonal outline, are extremely rare, and exist, in any considerable quantity, only when the softening is less advanced. Ultimately, the nuclei of the hepatic cells also disappear, nothing being visible but a fine molecular substance with aggregated and solitary, larger or smaller fat-globules."—Path. Hist. p. 254. Syd. Ed.

Now, when we look to the size and importance of the liver, and to the extensive—sometimes almost total—structural disintegration which it has undergone; can it be surprising that the whole system should sympathize with it, and that the *shock* thereby given to the nervous system should manifest itself by the usual phenomena indicative of irritation or failure of the organ of innervation. There is nothing strange in it, for we see the same occurrence in cases where there can be no suspicion of toxæmia, as, for instance, in fatal cases of pericarditis. Dr. Latham, speaking of the difficulties of the diagnosis of that disease, has mentioned cases where the symptoms during life were those of affection of the brain, while, after death, no trace of disease could be found in that organ, but the pericardium manifested unequivocal signs of recent inflammation. Dr. Watson urges the necessity of attention to head-symptoms occurring in acute rheumatism, as indicating, generally, latent affection of the pericardium, stating that such cases might be mistaken for meningitis.† To this same purport we find Andral‡, after giving a case of "pericardite aigue sans aucun symptôme caractéristique," and in which the characters were those of "méningite," remarking:—"Il n'est pas d'organe, dont la lésion ne puisse déterminer les symptômes nerveux les plus variés," &c. Again, the appearance of delirium and other nervous symptoms is well known as not uncommon, and as giving rise to an unfavourable prognosis in the latter stages of pneumonia, &c., &c.

* Essay V. London Medical Gazette, vol. iii. p. 209.

† Lectures. Am. Ed., 1848. p. 490.

‡ Clinique Médicale, tom 3. p. 32.