

liver could be excluded, thus amyloid disease could not exist, as no chronic suppurative process was present and the liver was diminished in size—it was not cancer from the absence of great pain and progressive enlargement, hydatids are also accompanied by enlargement, the pain and history is different from what is observed in contractions of the liver following local peritonitis. In the contraction following occlusion of the gall ducts by calculi there is a history of numerous attacks of hepatic colic followed by temporary jaundice, clayey stools and the *fièvre intermittente hépatique* of Charcot. No evidence of occlusion of the portal vein by thrombus, pressure or otherwise was obtainable. The absence of fever, sweating, and rigors excluded all acute inflammatory affections. It seemed to become a question between interstitial hepatitis or sclerosis and acute yellow atrophy of the liver. Against the view that it is the former is the absence of a history of indulgence in alcoholic liquors or of metallic poisoning, the short duration of the attack, the persistent and high degree of jaundice and its occurrence at the onset of the attack, no enlargement of the organ preceded its atrophy, no particular emaciation of the patient, the late appearance of the ascites and its not being particularly distressing and the normal size of the spleen. In favor of the case being one of acute yellow atrophy there is the appearance of jaundice in the prodromal or early period of the disease and lessening during the later half—although this may be accounted for by the appearance of bile in the stools, as if some slight obstruction, catarrhal or otherwise, in the ducts had been removed, and it is noticeable that from the date of this egress of bile diarrhoea set in, and continued, being kept up chiefly through the obstructed portal circulation in the liver. A polycholia existed for a time, in which the jaundice was diminished but slightly, although

accompanied by copious bilious stools. The abundant deposits of leucin indicated a corresponding degree of lessened excretion of urea, the dilatation of the pupil during the last few weeks, toxæmic symptoms with elevation of temperature at the end, the termination in coma, and all occurring in a period of about three months are points in favor of a subacute form of acute yellow atrophy, and the microscopical examination demonstrates atrophy of cells and considerable development of connective tissue, a condition described as being sometimes present in this disease by Waldeyer. The age of the patient is very unusual for the occurrence of this disease, and its extreme rarity necessitates care in the diagnosis; but from most points of view I think the evidence is in favor of this case being one of this rarely observed disease subacute in character. Among the functions of the liver are its antiseptic functions; poisonous substances from the gastro-intestinal tract are destroyed, or their action modified in the liver. Some have supposed acute yellow atrophy to be due to the action of bacteria, but most observers have failed to find them, and have to fall back on the supposition that some irritating ptomaine is the cause. Why not in this case explain the lesser degree of atrophy by supposing the morbid products to have been conveyed to the liver in such amounts that it was able to overcome it partially, death occurring from toxæmia before all the lobules had been completely destroyed.

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### Society Proceedings.

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#### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, March 4th, 1892.*

F. BULLER, M. D., PRESIDENT, IN THE CHAIR.  
*Resection of the Intestines for fibrous stricture following Strangulated Femoral Hernia.*  
 —DR. SHEPHERD exhibited a woman, aged 53, on whom he had performed this operation in