

March 28.—Headache, almost constant dizziness, and deafness complained of; pains in calves of legs and thighs; to-day complained of pain in the liver region and under the right scapula, which was very severe in the afternoon, but suddenly abated and was followed by an attack of diarrhoea.

April 1st—Diarrhoea has continued, stools liquid and bright yellow, complains of acute pain in the region of the gall bladder, had one attack of excruciating pain lasting three minutes, severe headache, jaundice less marked.

April 15th—Diarrhoea still continues, stools liquid, saffron yellow and not offensive, colicky pains complained of in the abdomen. The treatment has been chiefly symptomatic, sprudel salts and phosphate of soda; mustard applications in the beginning until diarrhoea set in.

11th—Somewhat better, diarrhoea kept in check by an occasional camphor and opium pill, hæmorrhoids have caused some distress.

17th—Condition much the same, diarrhoea with yellow stools continues, and headache more or less constantly present.

May 17th—Patient has continued much in the same condition, but during the last three weeks fluid has accumulated in the peritoneal cavity, complains of more or less constant pain in the abdomen; during the last three days vomiting has been frequent, urine loaded with bile pigment, sp. gr. ranging between 1012 and 1026, and containing abundant deposits of leucin, but I was not able to detect tyrosin; no albumen.

May 20th—Urine suppressed to-day, and abdomen much distended with ascitic fluid and gas; pulse 130; respiration 40; temp. 97°; pupils widely dilated; she is in a condition of stupor, tossing about, profound coma supervened, death occurring about midnight.

Autopsy seventeen hours after death.—

Rigor mortis present post-mortem, discoloration on back and shoulders well marked, skin generally has an icteroid hue, not much emaciation, 2½ inches of fat on abdomen, about four gallons of ascitic fluid removed from the abdomen, stomach distended with gas, but normal in appearance. Liver weighed 38 ounces, averaging 1¾ inches in thickness, rather firm in consistence, although very flaccid as a whole, bile-stained, yellowish brown in color, thickly mottled with small whitish spots which are raised above the surface, gall-bladder contained about two ounces of fluid, bile is easily forced through the cystic and common ducts into the duodenum. Spleen weighed 6½ ounces, dark violet in color; kidneys normal in appearance, slightly congested, capsule not adherent. Microscopical examination of the liver shows marked hyperplasia of the connective tissue, much of it apparently freshly formed, vessels and bile ducts have been formed in it, the lobular arrangement of the cells is completely obliterated, the cells much atrophied, and in some places have undergone fatty degeneration, in others only the detritus of broken down cells remain, in some cells bile pigment is deposited, no crystals of hæmatoidin or bilirubin observed, few of the terminal interlobular branches of the portal can be seen. There are masses of liver cells apparently belonging to sound lobules surrounded by white fibrous tissue, besides these masses there are those where only a few atrophied cells are found also surrounded by connective tissue. Connective tissue is especially abundant in and around the portal space, the marked angularity of the cells is a striking feature in the sections, no ecchymoses were discovered; the nuclei in some of the cells take the stain.

I found this case interesting chiefly from the fact that I was not able to make a satisfactory diagnosis. After a few weeks observation a number of affections of the