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THE DIAGNOSIS OF CHRONIC AFFECTIONS OF THE LIVER.

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The diagnosis of chronic affections of the liver is always a matter of great interest and often of obscurity. The most common chronic affections of the liver met with in Canada are : 1. Carcinoma; 2. Hepatitis from obstruction to the egress of bile; 3. Cirrhosis.

Carcinoma.—The form of carcinoma which most frequently affects the liver is medullary cancer, although scirrhus is occasionally to be met with. It frequently invades the liver from contiguity of tissue from the pyloric end of stomach or may begin in the liver, in which latter case its diagnosis is more difficult. The commencement of the disease is usually at the transverse fissure, when it appears in the fibrous tissue of that locality, or from disease of the lymphatic gland or glands, which are usually to be found there, and from this point the disease may extend on the under surface of the liver into the right or left lobe, deeply into the parenchyma of the organ without causing any pain or even much constriction of the bile ducts. I think it will be generally conceded that pain in any viscus is largely proportionate to the degree of involvement of the peritoneum, and this fact is often misleading. We often see extensive and active inflammatory disease of the liver without pain, and in the kidney the same thing may occur to a greater and more remarkable extent; in such cases the disease usually begins at the hilus of the organ, thence invading the parenchyma and leaving the peritoneum comparatively free from involvement.

In such cases, of growth involving the portal fissure of the liver, that organ may be displaced upwards and show by palpation and percussion considerable enlargement, without nodosities or much irregularity of surface, because of the seat of the disease, and in this we have a most confusing condition; soon however the hepatic duct becomes involved, and often the cystic duct and common bile duct as well, giving us one of the main, and most important symptom of carcinoma, viz., persistent jaundice. Murchison, in his able treatise on diseases of the liver, remarks, (page 210), "The co-existence of enlargement of the liver with persistent jaundice ought always to raise the suspicion of cancer." This jaundice is the result of direct pressure upon the duct or ducts by a carcinomatous growth, and consequently the appearance of a distended gall-bladder is not, as some hold, very strong evidence *against* the diagnosis of cancer. I have seen several cases of persistent jaundice occurring in patients above the age of forty years, and in most of these, where a post-mortem was obtained, carcinoma was present. In all such cases it is necessary to regard very carefully the history of the patient, especially as to his having had attacks of hepatic colic, for in the condition of hepatitis from destruction of the bile ducts, jaundice may be so severe, and the attacks so frequent, that it is practically persistent, and there may at the same time be great enlargement; in all such cases there will be a clear history of hepatic colic, and often, whilst the patient is under observation, an attack may occur, and the passage of a gall-stone be verified.

Next to jaundice the most important symptom is the presence of enlargement, with irregularities or nodosities upon the surface, so that hard and painful lumps may be easily made out; the presence of such places the diagnosis of carcinoma beyond dispute, often, however, the development and the rapidity of the new growth is at one principal seat, and though the remaining portions of the liver may be affected, these portions of new growth are comparatively small, often not larger than a split pea or bean, umbilicated in their centre and such as could not easily be discerned with certainty by palpation through the abdominal wall, but the method of enlargement, the greater growth of the right lobe which is in almost every case noticeable, and the marked irregularity of the edge