The Canadian Practitioner and Review.

Vol. XXXI.

TORONTO, JULY, 1906.

No. 7

Original Communications.

THE TREATMENT OF CIRRHOSES OF THE LIVER.*

BY PROF. R. SAUNDBY, BIRMINGHAM.

The report I am asked to prepare is to deal with the treatment of cirrhoses of the liver, that is to say, with all the forms of interstitial hepatitis. Very many of those known to pathologists are recognized only in the post-mortem room and have no special clinical symptoms, or these are overshadowed by the primary disease. This is undoubtedly true of the cirrhoses of the liver met with in chronic pulmonary tuberculosis, in heart disease, in malaria, and in infantile syphilis. In fact it is a question whether interstitial hepatit is in itself gives rise to any symptoms which attract attention apart from the mechanical disturbance of the circulation. In Hanot's hypertrophic cirrhosis with jaundice, and in the pigmentary cirrhosis of the liver seen in cases of bronzed diabetes, there is no special indication for treatment of the liver condition. In alcoholic cirrhosis the symptoms present are frequently only those of alcoholic gastritis, and it is undoubtedly possible for a case of alcoholic cirrhosis to go through all its stages without giving rise to any symptoms calling for medical aid, until death occurs from fatal hemor-The main symptom of importance which really depends upon the hepatitis is ascites, but the occurrence of this is rather an accident than a necessary consequence of the disease.

The obstruction of the portal circulation in the liver is caused by the gradual destruction of the hepatic lobules and the obliteration of the capillary plexuses lying between the radicles of the portal and hepatic veins, but at the same time a collateral circulation is developed by which the blood from the portal vein is carried onwards. This collateral circulation is formed by the dilatation of the coronary veins of the