

**CIHM
Microfiche
Series
(Monographs)**

**ICMH
Collection de
microfiches
(monographies)**



Canadian Institute for Historical Microreproductions / Institut canadien de microreproductions historiques

© 2000

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming are checked below.

- Coloured covers / Couverture de couleur
- Covers damaged / Couverture endommagée
- Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- Cover title missing / Le titre de couverture manque
- Coloured maps / Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- Bound with other material / Relié avec d'autres documents
- Only edition available / Seule édition disponible
- Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.
- Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from filming / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été filmées.
- Additional comments / Commentaires supplémentaires: Pagination is as follows: p. [245]-257.
La pagination est comme suit: p. [245]-257.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed / Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies / Qualité inégale de l'impression
- Includes supplementary material / Comprend du matériel supplémentaire
- Pages wholly or partially obscured by errata slips, tissues, etc., have been refilmed to ensure the best possible image / Les pages totalement ou partiellement obscurcies par un feuillet d'errata, une pelure, etc., ont été filmées à nouveau de façon à obtenir la meilleure image possible.
- Opposing pages with varying colouration or discolourations are filmed twice to ensure the best possible image / Les pages s'opposant ayant des colorations variables ou des décolorations sont filmées deux fois afin d'obtenir la meilleure image possible.

This item is filmed at the reduction ratio checked below / Ce document est filmé au taux de réduction indiqué ci-dessous.

10x	14x	18x	22x	26x	30x	
12x	16x	20x	24x	<input checked="" type="checkbox"/>	28x	32x

The copy filmed here has been reproduced thanks to the generosity of:

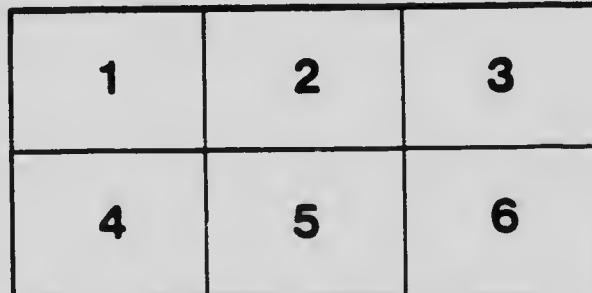
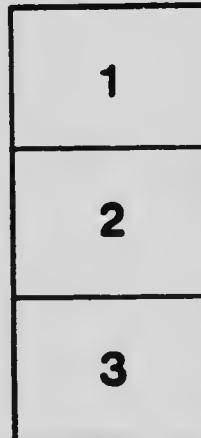
Gerstein Science Information Centre
University of Toronto

The images appearing here are the best quality possible considering the condition and legibility of the original copy and in keeping with the filming contract specifications.

Original copies in printed paper covers are filmed beginning with the front cover and ending on the last page with a printed or illustrated impression, or the back cover when appropriate. All other original copies are filmed beginning on the first page with a printed or illustrated impression, and ending on the last page with a printed or illustrated impression.

The last recorded frame on each microfiche shall contain the symbol → (meaning "CONTINUED"), or the symbol ▽ (meaning "END"), whichever applies.

Maps, plates, charts, etc., may be filmed at different reduction ratios. Those too large to be entirely included in one exposure are filmed beginning in the upper left hand corner, left to right and top to bottom, as many frames as required. The following diagrams illustrate the method:



L'exemplaire filmé fut reproduit grâce à la générosité de:

Gerstein Science Information Centre
University of Toronto

Les images suivantes ont été reproduites avec le plus grand soin, compte tenu de la condition et de la netteté de l'exemplaire filmé, et en conformité avec les conditions du contrat de filmage.

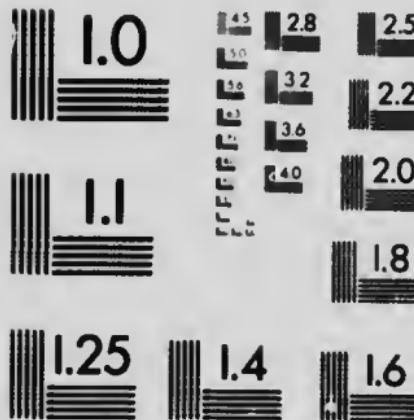
Les exemplaires originaux dont la couverture en papier est imprimée sont filmés en commençant par le premier plat et en terminant soit par la dernière page qui comporte une empreinte d'impression ou d'illustration, soit par le second plat, selon le cas. Tous les autres exemplaires originaux sont filmés en commençant par la première page qui comporte une empreinte d'impression ou d'illustration et en terminant par la dernière page qui comporte une telle empreinte.

Un des symboles suivants apparaîtra sur la dernière image de chaque microfiche, selon le cas: le symbole → signifie "A SUIVRE", le symbole ▽ signifie "FIN".

Les cartes, planches, tableaux, etc., peuvent être filmés à des taux de réduction différents. Lorsque le document est trop grand pour être reproduit en un seul cliché, il est filmé à partir de l'angle supérieur gauche, de gauche à droite, et de haut en bas, en prenant le nombre d'images nécessaire. Les diagrammes suivants illustrent la méthode.

MICROCOPY RESOLUTION TEST CHART

(ANSI and ISO TEST CHART No. 2)



APPLIED IMAGE Inc

1653 East Main Street
Rochester, New York 14609 USA
(716) 482 - 0300 - Phone
(716) 288 - 5989 - Fax

ON FATTY CHANGES IN THE LIVER, HEART, AND KIDNEY.

By C. G. IMRIE, M.B., *Medical Research Fellow, University
of Toronto*.

From the Department of Pathology, University of Toronto.

In a paper by Hartley and Mayorgordato,¹ attention was first called to the fact that when the amount of fat in the liver is increased the amount of unsaturated acids in that fat as determined by their iodine value is diminished.

This fact has been repeatedly confirmed and holds for other species besides man; when the liver contains what may be regarded as a normal amount of fat, yielding fatty acids after saponification amounting to less or little more than 3 per cent. of the weight of the fresh tissue, then the iodine value of these acids will be about 135, whereas when more is present this value is lower till in the highest degrees of fatty change, when the fatty acids obtained may amount to 20 per cent. of the fresh weight, the iodine value is almost as low as that of the acids obtained on saponifying adipose tissue. This, in conjunction with certain other facts, gave rise to the following comment:—"It is difficult to see how this is to be explained except by supposing that when there is an excessive amount of fat in the liver it is because an excessive amount of the stored fat of the body has been brought to the liver. And the inference comes ready to hand that a normal liver too has fat brought to it composed largely of saturated acids, but being normal it is able to deal with this fat, converting the saturated acids into less saturated ones".

In the same place reference is made to the case of the heart and kidney, which are also liable to fatty changes, but in which sufficient determinations of this nature had not been made in order to say whether in them too a similar relationship holds between the amount of fat and of unsaturated acid, though it was already clear that variations on the scale upon which they are found in the liver did not occur in them.

¹ Received May 8, 1911.

² *Journal of Path. and Bacter.* (Cambridge), 1908, vol. viii, p. 371.

Harvey Lecture on the "Functions of the Liver in relation to the Metabolism of Fats" by J. B. Leathes, *Lectur*, London, February 27, 1909.

The fatty acids obtained from the normal liver and kidney, like those obtained from the normal liver, differ from those in the fat of connective tissue in that they consist largely of acids more unsaturated than oleic acid; their iodine value is 135 or more, while that of the acids of adipose tissue is in man about 65, and that of oleic acid is 90. If an organ, therefore, becomes fatty because of an access of connective-tissue fat, the iodine value may be expected to fall in proportion to the amount of connective-tissue fat imported.

In a considerable number of cases, mostly from the Toronto General Hospital, the liver, heart, and kidneys were examined in the same way. Weighed portions freed from connective tissue were heated with potash till liquetted, alcohol added, and the heating continued for half an hour; the fatty acids were precipitated from the soap solution by sulphuric acid, and taken up in a measured quantity of petroleum ether of which a fraction was evaporated, and the residue weighed and taken for the determination of its iodine value by the method of Wijs.³

The results have been grouped in four tables. In the first two the cases are arranged in order of the amount of fat found in the liver; in the others, in order of the amount found in the heart and kidney respectively. In each table the group which contained the smallest amount of fat was taken as a standard, together with the average iodine value for this group. And using this standard a curve was constructed for each organ with percentage of fat represented in the abscissæ, and iodine values in the ordinates, so as to show the iodine value that would correspond to any percentage of fat on the supposition that any additional amount of fat found in such an organ was imported connective-tissue fat. In the cases of the liver, for instance, there were eleven cases averaging 2·8 per cent., with the iodine value 136. Taking these values as the standard for this organ, then if an equal quantity of connective-tissue fat with the iodine value 65 were imported, we should have 5·6 per cent., with the iodine value 100·5; if double the amount, then 8·4 per cent., with the iodine value 89, and so on. The curve so obtained is drawn in a continuous line in Fig. 1. It therefore represents the conditions that would obtain if importation of connective-tissue fat were the only factor in the fatty change.

The average observed values for the different groups in Table I., with their average iodine values, are shown in the diagram as points surrounded by circles. It is clear that the correspondence between the observed values and the curve is so close that the importation of connective-tissue fat or, what amounts to the same on ordinary diets, of fat absorbed from the intestine, seems to be the main factor

³ The details of the method and precautions taken were those prescribed in Longmans' biochemical monograph on The Fats, by J. B. Leathes, 1910. Cholesterol, when it was estimated, was estimated in a separate portion; all the figures used in this paper refer to the extract composed of fatty acids mixed with from 10 to 15 per cent. of cholesterol.

lney, like the fat of saturated fat of the ric acid is excess of in pro-

Toronto d in the re heated unmed for solution petroleum hied and of Wijs.⁴ two the he liver; kidney smallest average curve was l in the iodine supposi- gnm was instance, e value en if an 5 were 0·5; if and so Fig. 1. vortation

Table I, points between ration of diets, factor

ngmans' n it was s paper ent. of

determining fatty change in the liver. But it is to be noticed that as the percentage increases up to 6 per cent., or a little more than double the standard amount of fat the observed values tend to be above the curve, but with three times the standard amount or more than that they tend to be below the curve. If the function of the liver is, as the articles referred to above contend, to desaturate fatty acids, then it would appear that this function is stimulated by amounts of fat up to about double the standard amount, increasingly embarrassed by amounts larger than that.

In Table II, the results of the examination of the organs of a few infants and foetuses are given separately; the figures for the

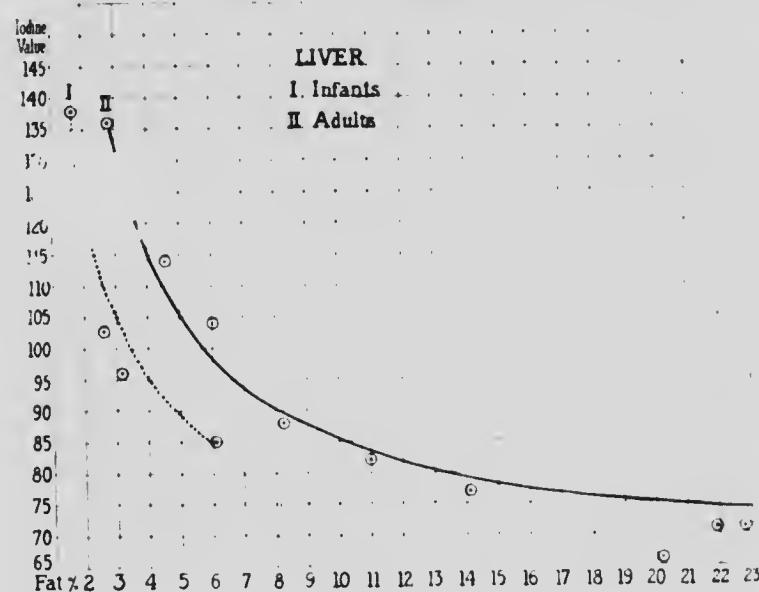


FIG. 1.

amount of fat in the liver appear to be lower than in adults, and accordingly, though the data are obviously too few in number, they have been treated separately and referred to the dotted curve in Fig. 1, the standard for which is the mean of the two cases where the iodine value was about the same as the standard for adults, and which also represents the conditions that would be required on the supposition that any access of fat above the standard amount would be converted to tissue fat with the same iodine value as in adults. The observed values follow the course of the theoretical curve sufficiently closely to justify the expectation that with a larger number of data the correspondence with that curve would be as close as in the case of the adult livers.

In the case of the heart and kidney the first point to be noted

appears in Table I. The cases, grouped there in order according to the amount of fat in the liver, and exhibiting a gradual increase in iodine value from group to group as the amount of fat in the liver approaches the standard value, show no such orderly sequence in the other organs in these respects. The largest average amount of fat in the heart, for instance, occurs in the fifth group, and the next largest in the ninth and seventh, and the average iodine value of the fatty acids from the heart in the third group of cases is practically the same as in the last group; and so too with the kidney, so that it is clear that the condition of the fat in the liver is not what determines the condition of fat in these organs. If they normally take up fat that has been desaturated in the liver, when fat is accumulating in the liver, they do not appear to take up, because that is so, the unaltered fat from the blood; at least such fat is not necessarily found in them in increased amounts. A liver in which the unaltered fat is accumulating may nevertheless be forwarding a normal amount of normally desaturated fat. The accumulation in the liver is not necessarily caused only by failure of the liver to do its work; it may be due to excessive activity in the mobilisation of fat from the storage depots, and to the fact that the liver does not send out the fat it has received till it has been desaturated. But when the figures obtained for the heart and kidney are arranged, as in Tables III. and IV., in groups in order of the amount of fat contained in these organs severally, it is observed that here too the average iodine value for the groups increase as the amount of fat approaches that found in the group containing least fat. So that there is a tendency for the fat in these organs also, when they contain more than usual, to approach in some degree to the type of connective-tissue fat.

When, however, curves are constructed, as has been done in Fig. 2, similar to the curve for the liver in Fig. 1, taking as standard value the average percentage and iodine values observed in the group with the smallest amount of fat, and representing the conditions that would obtain if all fat above that amount were imported connective-tissue fat with the iodine value 65, the average observed values are all found to lie above these curves; in other words, the iodine value does not sink, as it does in the liver as much as it would if all the additional fat were imported direct from the connective tissues. The discrepancy between the observed values and the values calculated on that basis increases as the amount of fat increases. The fatty changes in these organs therefore do not admit of the simple explanation that is so clearly indicated in the case of the liver, that all additional fat is imported from the connective tissues. Some of it may be, but the more fat the organ contains the smaller is the proportion of the additional fat that is of that nature.

Two ideas with regard to the fatty changes in heart and kidney are compatible with what is known: one is that an organ such as the

ording to
increase
of fat in
an orderly
the largest
s in the
enth, and
et in the
oup; and
of the fat
se organs,
the liver
er to take
lest such
A liver
s be for-
accumu-
the liver
dilution
does not
But when
ed, as in
contained
age iodine
ches that
tendency
than usual,
at.

done in
standard
the group
tions that
connective-
values are
aine value
if all the
es. The
ulated on
y changes
ation that
tional fat
e, but the
on of the
d kidney
ch as the

heart, and probably the kidney, in which fat is oxidised to supply energy, may when diseased lose this power, and in that case become encumbered with a supply of the material that it has lost the power of burning up. If there was a tendency for such fat lying idle to revert to the saturated connective-tissue type, then a condition would result similar to that which the figures reveal.

The other is that the complex fatty substances containing phosphorus degenerate in a diseased organ as they do in a divided nerve. If the importation of desaturated fat from the liver to replace

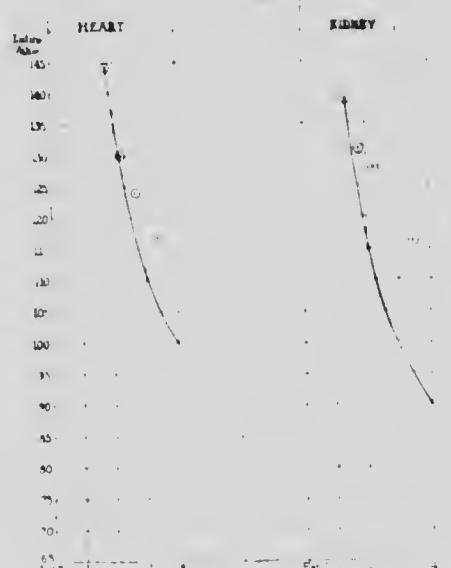


Fig. 2.

the degenerated fat went on as usual, the amount of fat would increase in the organ, and with a certain amount of reversion of the degeneration products to fat of the saturated type, then, too, a condition would be established similar to that observed.

The two points that the figures obtained seem to make certain are (1) that the accumulation of fat in the liver does not determine the condition of the heart or kidney; (2) that while in the liver fatty change is certainly an accumulation of connective-tissue fat, in the heart and kidney some other factor determines, or at least co-operates in determining, the change.

The histological protocols were all checked by Professor J. J. Mackenzie, to whom I am much indebted for this assistance. The rest of the work was carried out under the direction of Professor J. B. Leathes.

[TABLES]

TABLE I.—*Cases (Adult) grouped according to Amount of Fat in Liver.*

Case No.	Diagnosis	Liver.		Heart.		Kidney.			
		Per cent.	Iodine Value	Per cent.	Iodine Value	Per cent.	Iodine Value		
(A)	More than 29 per cent.	10 A1) (A2)	Alcoholism Tuberculosis HCl poisoning	21.90 22.80 20.20	71 71 66	2.97	128	2.54	126
	More than 12 per cent., less than 16 per cent.	35 23	Pneumonia Tuberculosis	15.11 12.81	76 78	1.60 2.80	133 118	1.32 2.11	137 119
			Average	15.11	77	2.20	126	2.17	128
(C)	More than 10 percent., less than 12 per cent.	30 7 24 29	Addison Coroner's Case Chronic pancreatitis Puerperal sepsis	11.77 11.19 10.61 10.31	83 84 79 81	2.04 1.89 2.09 1.94	121 141 141 147	3.25 1.70 2.27 1.81	126 137 129 137
			Average	10.97	82	1.99	138	2.27	132
		(D)	31 8 41 (A3) (A1) (A5)	Pneumonia ... Cholecystitis Acute pancreatitis Haem. pancreatitis Acute yellow atrophy	8.31 8.17 7.83 8.80 8.54 8.10	94 87 85 86 86 88	1.86 1.99 1.99 3.35 1.92 ...	152 131 119	1.92 1.79 1.30
			Average	8.29	88	2.40	134	1.86	127
(E)	More than 5 per cent., less than 7.5 per cent.	39 25 36 3 (A6)	Malign. endocarditis Typhoid Diabetes; lipaemia Pernicious anaemia Tuberculous meningitis	6.66 6.37 5.93 5.69 5.67	100 105 104 107 103	2.59 1.77 2.36 3.77 ...	133 155 132 109 ...	2.40 1.68 3.72 1.55 ...	117 141 105 132 ...
			Average	6.06	104	2.62	132	2.34	124

Table I.—continued

Liver	Kidney	Case No.	Diagnosis	Liver		Heart		Kidney		
				Per cent.	Iodine Value	Per cent.	Iodine Value	Per cent.	Iodine Value	
54	126	F	38. Pernicious anemia 18. Typhoid 12. Fractured skull 2. Pernicious anemia	4.70	109	2.01	135	1.90	111	
				Average	4.51	114	2.05	133	1.85	125
2	137	G	12. Acute peritonitis 17. Hydrocyanine poisoning 21. Toxæmia of pregnancy 22. Carcinoma of pancreas 33. Military tuberculosis 32. Pneumonia	3.80	118	2.20	138	2.03	140	
7	128			3.45	126	2.33	129	1.76	127	
5	126			3.27	115	1.80	143	1.48		
0	137			3.21	111	3.11	132	1.48	125	
7	129			3.14	149	1.91	17	1.69	144	
1	137			3.02	131	3.18	118			
				Average	3.32	127	2.37	133	1.65	135
7	132	H	11. Typhoid 10. Pneumonia 27. Gastro-enterostomy 26. Puerperal fever 1. Pneumonia 6. Pneumonia 16. Endocarditis 13. Endocarditis 37. Septicemia 19. Tuberculosis 9. Typhoid	2.99	120	1.88	142	1.47	133	
2	123			2.98	137	1.92	151	1.43	137	
7	130			2.95	139					
				2.90	133	1.40	144	1.31	137	
				2.89	138	2.19	127	1.44	139	
				2.86	150	2.43	136	2.01	129	
				2.75	139	2.52	131	1.32	138	
				2.74	127	1.82	124	1.67	130	
				2.66	131	1.83	156	1.22	142	
				2.54	134	1.57	140	1.84	123	
				2.46	131	1.35	13	1.52	134	
				Average	2.80	136	1.92	139	1.55	137

TABLE II.—Organs obtained from Infants and the Fetus.

Liver	Kidney	Case No.	Age	Liver		Heart		Kidney	
				Per cent.	Iodine Value	Per cent.	Iodine Value	Per cent.	Iodine Value
124		4	6 months	6.09	85	2.87	1	1.73	128
		5	2 days	3.18	96	2.19	108	2.41	168
		20	7th month fetus	2.58	103	1.26	132	1.71	138
		15	2 days	1.30	143	1.21	162	1.31	142
		14	6th month fetus	1.38	132	1.32	148	1.36	125

TABLE III.—*Cases grouped according to Amount of Fat in the Heart (Adults).*

	Case No.	Percent. of Fat in Heart.	Iodine Value.	Histological Notes.
A	3	3.77	109	+++
	41	3.35	119	++ not fatty to N.E.
	17	3.33	120	+++
	22	3.11	122	++
Average of 4 cases with more than 3 per cent. in heart.		3.39	118	
B	10	2.97	128	+++
	23	2.80	118	++
	2	2.62	112	++
	39	2.59	133	++
	16	2.52	131	++
Average of 5 cases with more than 2.5 per cent. in heart.		2.70	124	
C	6	2.43	136	++
	36	2.36	132	++
	42	2.20	138	++
	28	2.20	127	+
	1	2.19	127	No sections.
	32	2.18	118	++
	24	2.09	144	+
	30	2.04	121	+
	38	2.01	135	No sections
Average of 9 cases with more than 2 per cent. in heart.		2.19	131	
D	8	1.99	131	Brown atrophy.
	29	1.94	147	" "
	18	1.92	142	" "
	27	1.92	151	" "
	7	1.89	141	+
	19	1.88	142	+
	31	1.86	152	+
	37	1.83	156	(Tabby cat heart.)
	13	1.82	124	++
	21	1.80	143	Brown atrophy.
	25	1.77	155	" "
	12	1.66	144	" "
	9	1.65	141	" "
	33	1.61	159	" "
	35	1.60	133	+
	19	1.57	140	"
	26	1.40	141	"
Average of 17 cases with less than 2 per cent. in heart.		1.76	144	

FATTY CHANGES IN LIVER, HEART, AND KIDNEY 253

TABLE IV.—*Cases grouped according to Amount of Fat in Kidney (Adults).*

	Case No.	Per cent. of Fat in Kidney.	Iodine Value.	Histological Notes
A	4	36	372	105
	4	30	325	126
	Average of 2 cases over 3 per cent.		3·49	116
B	10	54	126	
	23	241	119	
	39	240	117	
	24	227	129	
	42	203	146	
	6	201	129	
	Average of 6 cases over 2 per cent.		2·28	128
C	35	192	137	
	31	192	123	
	38	190	131	No sections.
	12	185	135	
	2	184	111	
	10	184	125	
	19	184	123	
	29	184	137	
	18	189	123	No sections.
	8	179	111	
	17	176	127	
	7	179	137	
	25	168	141	
	13	165	139	
	28	160	134	
	33	160	143	0
	3	155	142	No sections.
	9	152	134	0
	Average of 19 cases over 1·5 per cent.		1·76	131
D	11	147	137	
	1	144	139	No sections.
	27	143	157	
	22	138	125	
	37	122	142	
	16	132	138	
	26	131	137	
	Average of 7 cases under 1·5 per cent.		1·37	139

HISTOLOGICAL PROTOCOLS.

HISTOLOGICAL PROTOCOLS.

Case 1.—No sections were examined.

Case 2 (PERNICIOUS ANAEMIA).—*Heart*—A large amount of granular fat, patchy in its distribution throughout the heart muscle. In such areas the granules are present in all parts of the cell cytoplasm, 2·62 per cent.; iodine value, 112. *Kidney*—A moderate amount of fat present in the epithelium lining the tubules, most marked in the straight tubules, 1·84 per cent.; iodine value, 111. *Liver*—Moderate amount of fat; fine granular forms distributed throughout the cells of the lobules, with larger globules located about the periphery of the lobules, 4·14 per cent.; iodine value, 117.

Case 3 (PERNICIOUS ANAEMIA).—*Heart*—Fat unevenly distributed, and where it is present the cells are markedly enlarged, 3·77 per cent.; iodine value, 109. *Kidney*—1·55 per cent.; iodine value, 132. *Liver*—5·69 per cent.; iodine value, 107.

Case 4 (ANEMIA IN A CHILD).—*Heart*—Shows a large amount of fat, fairly even in its distribution, 2·87 per cent.; iodine value, 97. *Kidney*—A small amount of fat quite irregular in its location, 1·73 per cent.; iodine value, 128. *Liver*—A large amount of fat present for the most part in the form of large globules, which in many areas extend throughout the whole lobule to the intra lobular veins, 6·09 per cent.; iodine value, 85.

Case 5 (INFARCT WITH ABSCESS IN THYMUS GLAND).—*Heart*—Showed no fat whatever, 2·19 per cent.; iodine value, 108. *Kidney*—Small amount of fat in local areas, 2·41 per cent.; iodine value, 108. *Liver*—3·18 per cent.; iodine value, 95.

Case 6 (PNEUMONIA).—*Heart*—A moderate amount of fine granular fat, also marked brown atrophy, 2·43 per cent.; iodine value, 136. *Kidney*—2·01 per cent.; iodine value, 129. *Liver*—Shows a moderate amount of fat, 2·86 per cent.; iodine value, 159.

Case 7 (CAUSE OF DEATH UNKNOWN).—*Heart*—Very small amount of fine droplet fat, with much brown atrophy, 1·89 per cent.; iodine value, 141. *Kidney*—Moderate amount of fatty changes, somewhat patchy in distribution, 1·70 per cent.; iodine value, 137. *Liver*—A very large amount of fat, both finely granular and large globular forms, extending irregularly throughout the whole lobule in some areas; 11·19 per cent.; iodine value, 84.

Case 8 (Lobar PNEUMONIA).—*Heart*—No fat present, but great majority of the cells show some brown atrophy, 1·99 per cent.; iodine value, 131. *Kidney*—Very small amount of demonstrable fat, 1·79 per cent.; iodine value, 130. *Liver*—Abundance of fat, fine granules throughout the cells of the lobules, with large droplets in the cells at the periphery of the lobule, 8·18 per cent.; iodine value, 87.

Case 9 (TYPHOID FEVER).—*Heart*—Shows no fat, but small amount of brown atrophy, 1·65 per cent.; iodine value, 141. *Kidney*—Very small amount of fat, 1·52 per cent.; iodine value, 134. *Liver*—Small amount of finely granular fat, 2·46 per cent.; iodine value, 131.

Case 10 (LOBAR PNEUMONIA).—*Heart*—Small amount of fine droplet fat in focal areas, and much brown atrophy, 1·88 per cent.; iodine value, 142.

Kidney—Moderate amount of fat present, particularly in the straight tubules, 1·84 per cent.; iodine value, 125. *Liver*—Small amount of fine granular fat centrally located in the lobule, 2·98 per cent.; iodine value, 137.

Case 11 (TYPHOID FEVER).—*Kidney*—Small amount of fat in focal areas, 1·47 per cent.; iodine value, 133. *Liver*—Small amount of fine granular fat, 2·99 per cent.; iodine value, 120.

Case 12 (FRACTURED CRANUM).—*Heart*—No visible fat, but marked brown atrophy, 1·66 per cent.; iodine value, 144. *Kidney*—Small amount of fat, 1·85 per cent.; iodine value, 135. *Liver*—Quite a moderate amount of fat, 4·49 per cent.

Case 13 (MALIGNANT ENDOCARDITIS).—*Heart*—Small amount of fine droplet fat, 1·82 per cent.; iodine value, 124. *Kidney*—Small amount of fine droplet fat, 1·67 per cent.; iodine value, 130. *Liver*—Moderate amount of fat centrally located in the lobules, 2·74 per cent.; iodine value, 127.

Case 14 (FOETUS, SIX MONTHS).—*Heart*—Moderate amount of fine granular fat evenly distributed throughout the cells, 1·32 per cent.; iodine value, 148. *Kidney*—No demonstrable fat, 1·36 per cent.; iodine value, 125. *Liver*—Moderate amount of fat present, 1·38 per cent.; iodine value, 132.

Case 15 (INFANT).—*Heart*—No demonstrable fat, 1·21 per cent.; iodine value, 162. *Kidney*—No demonstrable fat, 1·31 per cent.; iodine value, 142. *Liver*—Few granules of fat present, 1·90 per cent.; iodine value, 143.

Case 16 (PNEUMONIA).—*Heart*—Occasional fibres show large amount of fat, though, on the whole, not much fat is seen, 2·52 per cent.; iodine value, 131. *Kidney*—Very small amount of fat, 1·32 per cent.; iodine value, 138. *Liver*—2·75 per cent.; iodine value, 139.

Case 17 (HYDROQUINONE POISONING).—*Heart*—Very large amount of fat, 3·3 per cent.; iodine value, 129. *Kidney*—Small amount of fat, 1·76 per cent.; iodine value, 127. *Liver*—Moderate amount of fat, centrally located in the lobules, 3·45 per cent.; iodine value, 126.

Case 18 (TYPHOID FEVER).—*Heart*—No evidence of fat, but a large amount of brown atrophy, 1·92 per cent.; iodine value, 142. *Kidney*—Moderate amount of fat present, 1·80 per cent.; iodine value, 124. *Liver*—Considerable amount of fat present in both fine granules and larger droplets, 4·65 per cent.; iodine value, 116.

Case 19 (TUBERCULOSIS, PULMONARY).—*Heart*—Small amount of fine droplet fat, uneven in its distribution, 1·57 per cent.; iodine value, 149. *Kidney*—Very small areas of fine granular fat, 1·84 per cent.; iodine value, 123. *Liver*—Very small amount of fine granular fat, 2·54 per cent.; iodine value, 134.

Case 20 (FOETUS, SEVEN MONTHS).—*Heart*—1·26 per cent.; iodine value, 132. *Kidney*—Very small amount of fat, 1·71 per cent.; iodine value, 138. *Liver*—Moderate amount of fat, patchy in its distribution, 2·58 per cent.; iodine value, 103.

Case 21 (TOXEMIA OF PREGNANCY).—*Heart*—No visible fat, but considerable brown atrophy, 1·80 per cent.; iodine value, 113. *Kidney*—Small amount of fat present, 1·48 per cent. *Liver*—Moderate amount of small granular fat, 3·27 per cent.; iodine value, 115.

Case 22 (CARCINOMA OF THE PANCREAS).—*Heart*—Large amount of fat, droplets rather large, 3·11 per cent.; iodine value, 122. *Kidney*—1·38 per cent.; iodine value, 125. *Liver*—Moderate amount of fat in lobules and in the carcinomatous areas, 3·21 per cent.; iodine value, 131.

Case 23 (TUBERCULOSIS).—*Heart*—Large amount of fat, 2·8 per cent.; iodine value, 118. *Kidney*—Very small amount of fat, 2·41 per cent.; iodine value, 119. *Liver*—Very large amount of fat, 12·81 per cent.; iodine value, 78.

Case 24 (PANCREATITIS, CHRONIC).—*Heart*—Very few fat granules, but considerable brown atrophy, 2·09 per cent.; iodine value, 144. *Kidney*—Moderate amount of fatty change, 2·27 per cent.; iodine value, 129. *Liver*—Very large amount of fat, 10·64 per cent.; iodine value, 79.

Case 25 (TYPHOID WITH ORBITAL CELLULITIS AND MENINGITIS).—*Heart*—No demonstrable fat, but moderate degree of brown atrophy, 1·77 per cent.; iodine value, 155. *Kidney*—Very small amount of fat present, 1·68 per cent.; iodine value, 141. *Liver*—Large amount of fat, 6·37 per cent.; iodine value, 105.

Case 26 (PERIPHERAL SEPTICEMIA).—*Heart*—Small amount of fine droplet fat and some brown atrophy, 1·40 per cent.; iodine value, 141. *Kidney*—Small amount of fatty change, 1·31 per cent.; iodine value, 137. *Liver*—Small amount of fat demonstrable, 2·90 per cent.; iodine value, 133.

Case 27 (CHRONIC ALCOHOLIC, DEATH FOLLOWING GASTRO-ENTEROSTOMY). *Heart*—No visible fat, but large amount of brown atrophy, 1·92 per cent.; iodine value, 151. *Kidney*—Small amount of fat, 1·43 per cent.; iodine value, 157. *Liver*—Moderate amount of fat, for the most part in the cells about the periphery of the lobules, 2·95 per cent.; iodine value, 139.

Case 28 (TUBERCULOSIS).—*Heart*—Small amount of fat, patchy in its distribution, 2·2 per cent.; iodine value, 127. *Kidney*—Small amount of fat present, 1·6 per cent.; iodine value, 134.

Case 29 (PNEUMONIA).—*Heart*—No visible fat, 1·94 per cent.; iodine value, 147. *Kidney*—1·84 per cent.; iodine value, 137. *Liver*—Abundant fat present, 10·31 per cent.; iodine value, 81.

Case 30 (ADDISON'S DISEASE).—*Heart*—Very small amount of fat, 2·04 per cent.; iodine value, 121. *Kidney*—Moderate amount of fat, 3·25 per cent.; iodine value, 126. *Liver*—Very abundant fatty change, 11·75 per cent.; iodine value, 83.

Case 31 (LOBAR PNEUMONIA, MENINGITIS). *Heart*—No visible fat, but considerable brown atrophy, 1·86 per cent.; iodine value, 152. *Kidney*—Moderate amount of fat, 1·92 per cent.; iodine value, 123. *Liver*—Abundant fat present, 8·31 per cent.; iodine value, 94.

Case 32 (MILITARY TUBERCULOSIS).—*Heart*—Moderate amount of fat present, 2·18 per cent.; iodine value, 118. *Liver*—Small amount of demonstrable fat, 3·02 per cent.; iodine value, 131.

Case 33 (PNEUMONIA).—*Heart*—No demonstrable fat, some brown atrophy, 1·61 per cent.; iodine value, 159. *Kidney*—No fat present, 1·60 per cent.; iodine value, 143. *Liver*—Small amount of fat present, 3·14 per cent.; iodine value, 140.

FATTY CHANGES IN LIVER, HEART, AND KIDNEY. 257

Case 34 (GASTRIC CARCINOMA).—*Heart*—No demonstrable fat, but considerable brown atrophy, 2·12 per cent.; iodine value, 148. *Kidney*—Moderate amount of fat, 1·93 per cent.; iodine value, 131. *Liver*—Moderate amount of fat, 4·75 per cent.; iodine value, 85.

Case 35 (LOBAR PNEUMONIA).—*Heart*—Marked brown atrophy, but no fat, 1·60 per cent.; iodine value, 133. *Kidney*—Small amount of fat, 1·92 per cent.; iodine value, 137. *Liver*—Very large amount of fat, 15·41 per cent.; iodine value, 76.

Case 36 (DIABETES WITH LIPEMIA).—*Heart*—Shows a moderate amount of fat, some of which is intracellular, but the greater portion is present in the intercellular capillaries, 2·36 per cent.; iodine value, 132. *Kidney*—A large amount of fat present in the epithelium lining the tubules, and in the blood vessels and capillaries of the kidney, 3·72 per cent.; iodine value, 105. *Liver*—Shows quite a large amount of fat, there is some fine granular fat within the cells, but most of the fat is present in the intercellular spaces and so marking out the cellular structure of the organ, 5·93 per cent.; iodine value, 104.

Case 37 (SEPTICÆMIA).—*Heart*—Small amount of fat, but no naked eye typical "tabby-cat" markings, 1·83 per cent.; iodine value, 156. *Kidney*—Very small amount of fat, 1·22 per cent.; iodine value, 142. *Liver*—Small quantity of fat, 2·66 per cent.; iodine value, 134.

Case 38 (PERNICIOUS ANÆMIA).—No sections.

Case 39 (MALIGNANT ENDOCARDITIS).—*Heart*—Large amount of fine granular fat, 2·59 per cent.; iodine value, 133. *Kidney*—Large amount of fat, 2·40 per cent.; iodine value, 117. *Liver*—Abundant fatty changes, 5·66 per cent.; iodine value, 100.

Case 40 (CHRONIC ALCOHOLISM).—*Heart*—Large amount of fat, 2·97 per cent.; iodine value, 128. *Kidney*—Large amount of fat, 2·54 per cent.; iodine value, 126. *Liver*—Very abundant fatty infiltration, 21·9 per cent.; iodine value, 70·9.

Case 41 (CHOLECYSTENTEROSTOMY).—*Heart*—Very large amount of fat, 3·36 per cent.; iodine value, 119·3. *Liver*—Abundant infiltration of fat, 7·83 per cent.; iodine value, 85.

Case 42 (SEPTIC PERITONITIS).—*Heart*—Fine granular fat in all the cells; 2·19 per cent.; iodine value, 138. *Kidney*—Small amount of fat, 2·03 per cent.; iodine value, 146. *Liver*—Moderate amount of fat, 3·80 per cent.; iodine value, 118.

