

**A case of waxy and syphilitic disease of the liver with ascites : portion of a clinical lecture / by T. Grainger Stewart.**

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# A CASE OF WAXY AND SYPHILITIC DISEASE OF THE LIVER WITH ASCITES.

PORTION OF A CLINICAL LECTURE

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[In the course of a clinical lecture upon cases of Ascites, with special reference to the indications for and the mode of performing paracentesis abdominis, the following case, which has been under observation for the past eighteen months, was described]:—

Margaret M., aged 28, dressmaker, single, born in Edinburgh, recently residing at Philpstoun Mills, was admitted to Ward VIII. on June 1, 1872, complaining of swelling of abdomen and extreme debility.

*History.*—Ten years ago amputation through the left thigh was performed for disease of the knee-joint. Two years ago abscesses formed over the first left costal cartilage and over both shoulders, and at a later period above both wrists. Some of these healed after a considerable time, others continue to discharge thin watery pus. About six months ago the patient was under treatment for ulceration of the soft palate, with necrosis of the bones in the neighbourhood. Shortly after this she noticed that the abdomen was becoming distended, since which time it has gradually increased in size. About a fortnight ago diarrhœa set in. The motions were at first of a dark grey colour; now they are light-coloured and watery. About the time the abscesses formed, the patient was insufficiently fed, and lived in a damp house; since then she has been under more favourable conditions. She has always been much confined to the house on account of her occupation. Some of her maternal uncles and aunts were subject to abscesses.

*State on Admission.*—General appearance: The patient is about the middle height, of dark complexion, pale, with dark rings round the eyes; is much emaciated, and seems to be in an almost moribund condition; temperature 100°. Alimentary System: Lips excoriated; teeth carious; gums anæmic; tongue red, flabby, dry, tremulous; fauces and palate inflamed; there is a perforation of the soft palate of considerable size, in consequence of which fluids regurgitate through the nose; thirst great; appetite almost gone; feeling of weight in the epigastrium; flatulent eructations; occasional sickness, but rarely vomiting; bowels loose, the motions light-coloured and watery. Abdomen distended, measuring 38 inches above the umbilicus; it is flattened above, and bulging laterally, its form altering on change of position; a dull note on percussion is

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always present at the most dependent part; on palpation, the characteristic thrill indicating the presence of fluid is detected. The liver feels hard and smooth, and measures seven inches and three-quarters vertically in the mammillary line. Circulatory System: Apex-beat imperceptible; pulse 108, regular, very feeble; superficial veins of abdomen distended. Lymphatic System: Blood watery; tenderness on pressure over the spleen; splenic dulness increased; cervical glands enlarged and indurated on the left side. Respiratory System: Chest bulging laterally at the base; voice nasal and indistinct; the system otherwise normal. Integumentary System: Skin dry; purpuric spot above the right ankle (there was recently a number of similar spots); nutrition bad. Urinary System: No lumbar nor vesical pain; urine averages from fifty to sixty ounces, of a straw colour, neutral re-action, specific gravity 1005, no albumen nor bile. Reproductive System: Catamenia, which were always irregular after the amputation, ceased upwards of fourteen months ago. Nervous System: Complaint of pain in the right, and to a smaller extent in the left hypochondrium; hearing on the left side has been defective for some time; speech slow; memory weak. Locomotory System: The left leg has been amputated above the knee; other extremities much emaciated; sinuses over right shoulder and above both wrists.

The diagnosis then made was—General scrofula, with constitutional syphilis; waxy liver, with syphilitic bands of fibrous tissue passing through the organ, and pressing upon some branches of the portal system; waxy intestines; possibly waxy spleen and waxy kidneys in the early stage; a considerable amount of ascites.

Let me now indicate to you briefly the grounds for this diagnosis. The ascites was obvious; and as there was no general dropsy nor heart affection, it was equally apparent that some hepatic disease or obstruction of the portal circulation was its cause. The liver presented none of the characters of cirrhosis, nor did the history or constitution of the patient make it likely that this existed. On the other hand, the abundant evidence of long-standing general strumous and syphilitic disease, and the enlargement and smoothness of the organ, made it clear that waxy degeneration was present. But this degeneration is not usually attended by ascites and there was no evidence of thrombosis of the portal vein, so that an explanation of the dropsical accumulation was still to be sought. I had occasionally, in dissecting the bodies of syphilitic waxy cases, observed that the syphilitic masses or the cicatricial bands of fibrous tissue pressed upon divisions of the portal vein within the liver, and thereby led to atrophy of districts of liver-substance, and I thought it possible that the abdominal symptoms in this case might be explained by

the existence of such changes. As soon as it became apparent that the patient was gaining strength and the treatment proving beneficial, I ventured to hope that although a considerable portion of the liver might become atrophied, yet compensatory hypertrophy of the other parts might take place, and the functions of the organ be re-established. This anticipation turned out, as we shall presently see, correct.

The diagnosis of waxy degeneration of the intestines rested upon the previous history, the existence of waxy degeneration elsewhere, and the diarrhœa. As the intestinal symptoms did not prove very intractable, I now doubt whether the degeneration really affected that part, perhaps the obstructed circulation may have had a larger share in its production than I at first supposed.

The symptoms which warranted the diagnosis of waxy kidney were the discharge, notwithstanding the ascites, of a large amount of pale and afterwards albuminous urine along with the evidences of wax disease elsewhere.

The plan of treatment adopted was with a view to checking the diarrhœa, relieving the tympanites, increasing the flow of urine, and improving the strength of the patient. Pills containing sulphate of copper and extract of opium were prescribed for the diarrhœa. The tympanites was relieved by assafoetida. Acetate of potash was given as a diuretic, and small doses of the iodide of potassium were after a time combined with it. Unirritating diet and Parrish's syrup of the phosphates were given to improve her general condition.

On account of the patient's extreme debility, paracentesis abdominis was not performed when she was admitted, but on June 18 (a fortnight afterwards), 360 ounces of fluid were drawn off. The fluid had a specific gravity of 1015, and on standing, large masses of lymph coagulated. For some time about this period the temperature continued about 100°, as before the operation. A fortnight later the abdomen was again tapped to the extent of 350 ounces of fluid.

The further history of the case is, that the patient required to be tapped at first every fortnight, and afterwards at longer intervals, and that from first to last the enormous quantity of 12,120 fluid ounces was removed. Notwithstanding this heavy drain on her system, the patient continued to gain strength and flesh, and the sinuses healed. After a short time almost the only medication employed was syrup of iodide of iron, along with liberal diet and a small quantity of wine.

The urine was examined at short intervals, but no albumen was detected till November 26 (about six months after admission), when there was a slight trace. The daily amount of urine increased to seventy ounces, and for some time was above 100 ounces. A trace of albumen was constantly present; but before

leaving the infirmary the quantity of urine diminished, and the albumen was frequently absent.

About a year after admission she was able to go out for an airing, and on July 31, 1873, it is noted that "the patient is getting actually stout. The albumen in the urine is not constantly present, and when present gives only a slight haze with nitric acid. The abdomen has not been tapped since May 1, and although it contains a considerable quantity of fluid, the patient is to-day sent to the convalescent house."

On September 22nd she again presented herself at the infirmary, in the enjoyment of good health. The fluid had been accumulating very slowly. On the 25th paracentesis was performed. The fluid was clear, straw-coloured, and measured 170 ounces. Three days later the abdomen was examined. The walls were flaccid. On palpation, the left lobe of the liver was found to descend a little lower than the right. The liver dulness in the right mammillary line measures an inch and three-quarters. In the left hypochondrium the lower end of the spleen was felt as a firm moveable mass, extending below the ribs, and to within an inch and a-half of the middle line of the body; its vertical dulness in the line of the anterior axillary fold was six inches and a quarter. The catamenia had recently appeared for the first time for upwards of two years and a-half.

A consideration of these facts proves that our anticipations have been fulfilled. The marked diminution of the tendency to ascitic accumulation occurring coincidentally with the shrinking of the right lobe of the liver and the enlargement of the left, make it certain that the ascites arose in the way we supposed, and that new channels have now been opened up for the portal circulation. The mechanical relief afforded by the paracentesis warded off imminent death, and the time was gained during which the restorative powers of the system could exert their salutary influence.