

## TWO CASES SIMULATING DISEASE OF THE LIVER.

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**CASE I. INTESTINAL CONCRETION, SIMULATING DISEASE OF THE LIVER.** Mrs. H., the wife of an officer in a dragoon regiment, had suffered much from bad health, and had, on several occasions, been under my care for severe and occasionally dangerous attacks of bronchitis. From change of residence and other circumstances, she had ceased to be a patient of mine; but on one occasion, being in Dublin, I was requested to visit her at Kingston, where she had been long confined to bed, by disease which was considered, in consultation, to arise from an affection of the liver. Her case, as I was informed, was considered hopeless, and her death was looked for as an impending event. She was certainly labouring under extreme debility, but not, in my opinion, affected with any symptoms denoting speedy dissolution. On careful examination, I ascertained that there were considerable abdominal swelling and partial obstruction of the bowels, and the diagnosis arrived at, on careful consideration, was to the effect, that the hepatic symptoms, which were evident enough, were not owing to any organic affection, or incurable disease of the liver, but symptomatic of the pressure and irritation of that viscus by some intestinal concretions, of the existence of which I fully satisfied myself. Being merely consulted as a friend, I did not, of course, interfere with the treatment, which appeared to be perfectly appropriate; but she was led to hope that her case was not, by any means, to be despaired of, and that if the intestinal obstructions were got rid of, there were good grounds to expect her ultimate recovery. She was, as I subsequently learned, ill for a considerable time, and a large Intestinal Concretion, the composition of which I could not ascertain, was at length expelled from the rectum, when perfect recovery took place, and she lived for several years afterwards.

**CASE II. TUMOUR IN THE RIGHT HYPOCHONDRIUM, SIMULATING DISEASE OF THE LIVER.** Mrs. —, the wife of a physician, had suffered from the symptoms of hepatic disease from time to time, combined with indigestion, and occasional very severe attacks of gastralgia. A solid persistent tumour had existed for a considerable period in the right hypochondriac region, which was supposed to be either a chronic enlargement of the right lobe of the liver, perhaps of the lobulus Spigelii, or else a biliary calculus. My attendance on her became necessary, on account of acute tenderness supervening at the site of the tumour, and a violent attack of acute symptomatic fever. She had, in fact, all the symptoms of enteritis, for which pretty active antiphlogistic treatment was necessary. Among the remedies employed, were full doses of calomel, followed by castor oil. During their exhibition, the supposed hepatic tumour shifted its ground, and then disappeared permanently from the position it had so long occupied. It was ultimately expelled per anum, and found to be a mass of indurated fæces, firmly agglutinated, constituting a specimen of the enterolithus scybalum of Good. Its nidus had probably been in the transverse colon: although I had satisfied myself of the continued existence of this tumour for several years, it remained

quiescent all the time, until the period alluded to, when from some cause or other it appears to have excited an attack of inflammation, which indirectly led to its expulsion. Perfect recovery followed the attack; and, at the distance of several years, there has been no appearance of a tumour in the site which it formerly occupied, nor any trace of fulness of the liver, or other symptom of hepatic disease. Attacks of dyspepsia, however, recur from time to time; but the gastralgia has greatly abated both in severity and frequency.

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### ON CONICAL CORNEA.

By W. WHITE COOPER, Esq., F.R.C.S., Senior-Surgeon to the North London Eye Infirmary, and to the Artillery Company, etc.

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MR. JAMES DIXON, Surgeon to the Royal Ophthalmic Hospital, Moorfields, has, like myself, devoted much attention to the subject of Conical Cornea. On the publication of the first part of this paper, he, in the most handsome manner, placed at my disposal the result of his observations; and I cannot but feel, that any value, which my communication may possess, is greatly enhanced by the contribution of so accomplished an ophthalmic surgeon as Mr. Dixon. The following are his remarks:—

“Conical Cornea particularly engaged my attention about six or seven years ago. The rarity of the disease, and the consequently limited opportunities that had occurred for investigating it anatomically, and the contradictory theories on the subject, made me curious to learn more of this *opprobrium medicinae*. I hoped to be able to determine for myself the real nature of the morbid change, but in vain; and, in the absence of any original researches into its true pathology, the notes I now send can be only regarded as *mémoires pour servir à l'histoire*, rather than as history itself. I can at least offer you a complete table of the cases recorded at our hospital since its first establishment. You will observe that the disease is first mentioned in 1819; before that time it was probably classed with staphyloma.

“As regards the earliest notices of Conical Cornea, a curious mistake has been made by almost every writer on eye-diseases, from Wardrop downwards, in attributing to Leveillé the authorship of what he merely translated—namely, a note in Scarpa's *Treatise on Diseases of the Eyes*: but if the first edition of that work (*Malattie degli Occhi*, fo. Pavia, 1801), be referred to, the so-called ‘note by Leveillé’ will be found entire at page 215. Our own countryman, Ware, however, had described the disease so early as 1795, in his ‘*Appendix and Notes annexed to the third edition of Remarks on the Ophthalmia, Psorophthalmia, and Purulent Eye*’ (p. 26), where he speaks of ‘those rare cases, in which the cornea undergoes a change from its round figure, and assumes a conical or sugar-loaf shape’. For the cure of this, he says ‘he had tried a variety of remedies—evacuation of the aqueous humour, followed by application of compresses;’ but adds, that ‘the cornea always resumed its projecting figure.