

DISEASES OF THE LIVER GALLBLADDER AND BILE DUCTS

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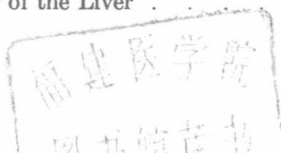
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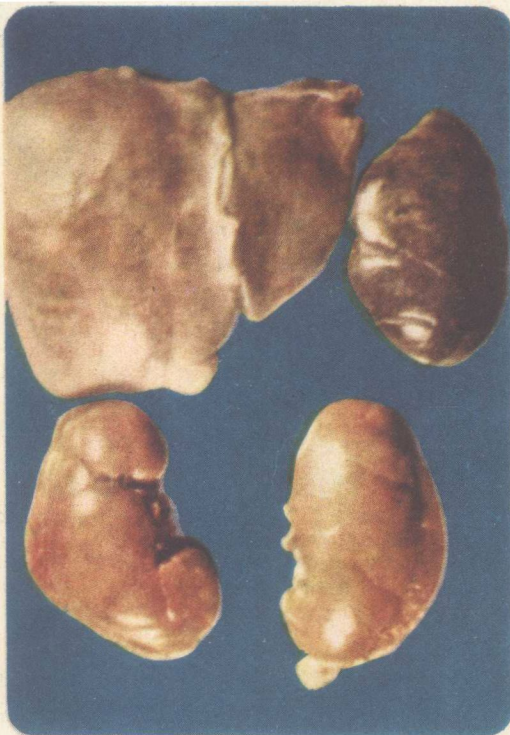
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Acute Diffuse Hepatic Necrosis (Acute Liver Atrophy)

Upper, Shrunk liver compared in size and weight with spleen and kidneys. Liver, 600 gms. Spleen, 170 gms. Kidneys, 200,205 gms. Lower, Cut section of liver. $\times 5$ (Clinical history, and gross and microscopic pathology, cf. p. 578)

PREFACE TO THE THIRD EDITION

THE liver has been referred to as "that inexhaustible topic." This is borne out by the fact that extensive revision of the text has been necessary after only a brief interval since the last edition. The number of works dealing with the anatomy and blood supply of the liver, alone, reflects the intensity of recent inquiry into basic fundamentals. There have been an ever increasing number of studies attempting a searching correlation between structure and function. While the results have not fully satisfied their sponsors, their efforts have led to subtle refinements in tests of liver function and in histopathologic technics. The advances in chemical and electrophoretic fractionation of the serum proteins are examples of such progress. Punch biopsy of the liver has proven to be indispensable as a research tool. The risk to life involved in the performance of this procedure, minimal as it is in the hands of the expert, is a calculated one. To promote this procedure for routine diagnostic use, would soon, in the hands of the inexperienced, lead to its condemnation because of an increasing number of casualties.

The rôle played by specific viruses in the etiology of liver disease is fully accepted. The effort is now directed toward clinical means for identifying them. The extent to which they enter into the causation of cirrhosis of the liver is a matter of growing concern. The rôle played by still undefined nutritional deficiencies is undisputed. Lipotrope deficiency is now more narrowly circumscribed in its connection with human liver disease. Lipotrope therapy is limited to the early stages of choline and protein deficiency states. It retains a secure position in prophylaxis and as a nutritional supplement. The antibiotics are assuming increasing significance, not as near-virucidal agents, but as unexplained nutritional benefactors resulting from their selective bacteriostatic action upon the intestinal flora. The miracle drugs, cortisone and ACTH, have proven disappointing as effective agents in liver disease. Diet continues to hold importance. The need for drastic reduction in sodium intake in approximately half the cases of recurrent ascites associated with portal cirrhosis is now recognized. Isotope studies have confirmed, beyond dispute, the recirculation of ascitic elements: the fluid is not a static compartment. The nature of hepatic coma has defied the searching inquiries of the biochemist and clinician. Advances in knowledge of iron and copper transport and economy have led to better understanding of the fundamental nature of hemochromatosis and hepatolenticular degeneration.

Surgical mastery of technics for establishing artificial communications between the portal and systemic venous circulations has provided further hope for those who would perish from intractable esophageal