REMARKS

ON

CASES OF EFFUSION INTO THE PERITONEUM,
ANALOGOUS TO CASES OF LATENT
PLEURISY.*

By GEORGE JOHNSON, M.D., F.R.S.,

Professor of Clinical Medicine; Senior Physician to King's College Hospital; etc.

THERE is a class of cases of serous effusion into the cavity of the peritoneum which, so far as I know, have not been definitely recorded by writers on the practice of medicine. During the last nine months, the following four cases have come under my observation.

CASE I.—Mary D., aged 51, was admitted on October 28th, 1875. She was married, had had three children and five miscarriages. She menstruated regularly up to last July; she then caught cold whilst menstruating. This was followed by pain in the lower part of the abdomen, and soon by swelling, which rather rapidly increased. Her habits had been active and strictly temperate. She was in good health before the commencement of the present illness.

On admission, the abdomen was much distended, resonant on percussion at the upper and anterior part, dull in the flanks; fluctuation was very distinct. The breathing was impeded and difficult, especially in the recumbent posture. The cardiac and pulmonary sounds were normal; the liver, so far as could be ascertained, of normal size. She had lost flesh since her illness, but she had not a jaundiced or a cachectic appearance. The urine was normal; pulse 104; temperature 98. She was ordered, as a diuretic, half a drachm of acetate of potash and ten minims of tincture of digitalis three times a day. A fortnight after her admission, her condition remained unchanged; and, at my request, my colleague Mr. Royes Bell tapped her, and drew off two hundred and four ounces of dark straw-coloured serum. She expressed herself much relieved. There was no pain or tenderness after the operation. There was no return of the swelling, and she was discharged cured on November 30th.

CASE II.—Mr. G., aged about 50, a verger of St. Paul's Cathedral, was seen by me twice, on the 11th and 19th of November, 1875, in consultation with my friend Mr. Holding. The patient's habits had always been regular and strictly temperate. About six weeks before I saw him, he began to have some tenderness of the abdomen; and this was soon followed by an enlargement which had steadily increased. At the time of my first visit, the abdomen was much distended and fluctuating, not painful or tender. There was no evidence of cardiac, pulmonary, or hepatic disease. The urine was normal. We agreed to give the following diuretic.

R Potassii iodidi 3j; potassæ acetatis 3iiss; tinct. scillæ 5ij; syrupi zingiberis 3i; aquæ ad 3vi. M. A tablespoonful in water three times a day.

I afterwards learnt from Mr. Holding that, under the influence of the diuretic, which he continued to take until January 6th, the urine had increased in quantity, while the abdominal swelling had steadily decreased; and the recovery had been complete. I have since seen him in the active discharge of his duties in the cathedral, and apparently in good health, as, indeed, he assured me that he was.

CASE III.—Grace M., aged 32, was admitted into Twining Ward on June 22nd, 1876. She had been married three months. She was not pregnant. The catamenia had always been irregular, often with an interval of six weeks. On Tuesday, June 6th, she was alarmed by her husband being brought home with a wound on his scalp; and she believed that she caught cold by being up and about the house with only her night-dress on. About June 10th, she complained of pain in the right hypochondriac region; and this was soon followed by a rapidly increasing enlargement of the abdomen. She had been thirsty and had lost her appetite since the commencement of her illness.

On admission, she appeared to be well nourished, and to have rather an excess of subcutaneous fat. The abdomen was much distended, tympanitic in front, dull and fluctuating in the flanks; slight tenderness on pressure; liver-dulness and pulmonary and cardiac sounds normal; urine high coloured and turbid with urates, not albu-

minous. The pulse ranged from 90 to 100, and the temperature from 99 to 101 deg. The following draught was ordered to be taken three times a day.

R Potassæ acetatis 3ss; tinct. digitalis mxxv; aquæ ad 3j.

On June 28th, six days after her admission, the abdomen was diminished in size, the measurement round the umbilicus being 42½ inches; and, at my visit, the house-surgeon, Mr. Ground, performed paracentesis, and drew off one hundred and twenty-four ounces of clear serous fluid without flocculi. After the operation, the abdomen measured 37¼ inches. No pain or fever followed the operation, and she expressed herself much relieved.

After about a fortnight, there was some return of the swelling, and fluctuation was again felt in the lower part of the abdomen. On July 24th, the house-surgeon a second time performed paracentesis, and drew off one hundred and six ounces of clear serous fluid.

[Since this paper was read, there has been a return of the effusion into the abdomen, and the case has been further complicated by the occurrence of serous effusion into both pleuræ. The case is still (September 12th) under treatment, and its history will be completed in a future communication.]

CASE IV.—Edmund F., aged 20, was admitted into Craven Ward on March 25th. He is a wood-turner, with a good family history. About March 1st, he began to feel weak, so that he could scarcely walk home after his day's work. Soon he had a sensation as of something rolling about in his belly, which was beginning to enlarge, but was not painful. He is not aware of any exposure to cold.

On his admission, he had an anæmic appearance. The abdomen was enlarged, the measurement round the umbilicus being 30 inches. The anterior part of the abdomen was resonant; the flanks were dull, with distinct fluctuation. There was the normal extent of percussion-dulness over the liver; no tenderness on pressure over the abdomen. There was dulness on percussion, with feeble respiratory sound, as high as the angle of the left scapula. The cardiac sounds were normal. The urine was acid, specific gravity 1020, of normal colour, and free from albumen. Temperature 101 deg. He was ordered:

Potassii iodidi gr. iij; infusi quassie 3j; three times a day.

March 30th. There were dulness on percussion and feeble respiratory sounds over the right base, but not to the same extent as on the left side.

April 3rd. The measurement of the abdomen had increased to 31 inches, and there was slight tenderness on pressure. He was ordered a wet pack daily, and to add to each dose of the mixture half a drachm of acetate of potash.

April 6th. He sweated profusely at night. The temperature had ranged from 98.2 deg. in the morning to 104.2 deg. in the evening. He was ordered to discontinue the packing.

April 10th. The signs of effusion into the chest and abdomen remained the same. He was ordered two drachms of cod-liver oil three times a day, and the following draught twice daily.

R Quinæ sulphatis gra. ij; acidi sulphurici diluti mxx; aquæ 3j.

April 27th. The urine now contained a small amount of albumen (1 in 20).

May 1st. The albumen had increased to 1 in 4, and contained small hyaline casts, some of which contained leucocytes. He was ordered to have a diet of milk exclusively. The fluid gradually disappeared from the pleuræ and peritoneum. There was for some days a friction-sound near the angle of the left scapula, but ultimately the chest-sounds became quite normal. His general health improved. The albumen gradually diminished, but a slight trace remained when he left the hospital on July 14th. For about a month before he left the hospital he was allowed fish and mutton in addition to the milk-diet.

The cases of serous effusion into the peritoneum which I have here briefly recorded appear to me to be analogous to cases of so-called "latent pleurisy", in which a copious pleuritic effusion is often found unassociated with pain or febrile disturbance. Case IV is the only one in which there was elevation of temperature, and that case was complicated not only with a simultaneous effusion into the peritoneum and into both pleuræ, but also with the subsequent occurrence of albuminuria. It is probable that the serous effusions and the albuminuria were all results of some temporary blood-contamination, consequent, perhaps, on a partial suppression of the cutaneous secretion.

Obviously it is of importance, with reference both to prognosis and treatment, to distinguish these cases of subinflammatory effusion into the peritoneum, the result, apparently, of a chill, from the much more intractable cases of ascites consequent on cirrhosis of the liver.

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