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Hospital Reports.

WORCESTER GENERAL INFIRMARY.

CASE OF SUPPURATIVE HEPATITIS.

Under the care of SIR CHARLES HASTINGS, M.D., one of the Physicians to the Infirmary.

[Reported by ERLIN CLARKE, M.B., House-Surgeon.]

CHAS. RUDMAN, aged 40 years, was admitted an in-patient, Nov. 3rd, 1855. He is a stonemason by trade, and has worked in different parts of England and Wales, but has never been abroad. Five years ago, while working at Bristol, a large stone fell on his right side, in the region of the liver; and he was treated for several weeks in the Bristol Infirmary. Before this his health had been very good; but he says he has never been the same man since, and has frequently been obliged to give up work for some days together, though he has never been under medical treatment. A month before his admission, he got wet and cold while at work near Worcester, followed by severe rigors and erysipelas of the face; this was relieved by the medical man to whom he applied, when symptoms of peritonitis supervened, and he was directed to go to the infirmary.

On admission, he was found much emaciated, complaining of pain and tenderness in the left hypogastric region, but of no great severity. The abdomen generally bore pressure without pain; but the liver was found to be greatly enlarged, and the countenance expressed distress. There was also considerable dyspnoea. He said that he had formerly drunk freely, but lately had been very temperate in his habits. Calomel gr. i and opium gr. ss. were given thrice a day, and a blister applied to the seat of pain. Daily reports would be tedious, and I will only give the more important ones.

On the 7th, it was noticed that the countenance was becoming sallow, the pain increasing in severity and extent; urine scanty, high coloured, and depositing abundance of pink lithates.

On the 13th, jaundice was confirmed; he also had vomiting, a dry tongue, weak rapid pulse, rigors, and sweating. Effervescing salines were given, which slightly relieved some of these symptoms.

On the 10th, the gums were decidedly affected by the mercury; but there was no corresponding relief. The liver now was found to extend from the fourth rib to a level with the umbilicus; and a circumscribed swelling was found in the epigastric region, with an obscure feeling of deep fluctuation. There was general abdominal tenderness; and, on the following day, fluctuation was perceived in the peritoneal cavity.

During the following week, the jaundice deepened in tint; the urine was scanty, and loaded with bile; faeces of a slaty green colour. The fluctuation in the epigastric swelling became more distinct, but without any appearance of redness or pointing. There were no head symptoms, but the vomiting was incessant, and uncontrollable either by hydrocyanic acid, opium, creasote, or brandy. The surface became cold, pulse imperceptible, and he died on the 22nd of November.

POST MORTEM EXAMINATION, twenty-four hours after death. Body much emaciated. Some pints of clear brown serum escaped on opening the abdomen. Peritoneum thickened and injected; intestines covered with a thin layer of false membrane. The stomach and intestines were displaced downwards by the enormously enlarged liver, which had also pressed up the diaphragm to the level of the fourth rib. The liver was not adherent to the parietal peritoneum, except in a point corresponding to the epigastric swelling observed during life, where there were slight recent adhesions, easily broken down. Here, in the left border of the right lobe, there was an abscess as large as an orange, with dense walls, containing pus of a pulaceous consistence. In the right lobe, there were, besides this, five other distinct abscesses, one of which contained fully a pint of fluid healthy-looking pus; the walls of these were firm, dense, and white, of three or four lines thickness, and were surrounded by portions of healthy liver. In the left lobe were four abscesses of about the size of an egg, together with innumerable smaller ones; these had walls of very slight consistency, and one of them especially, on the extreme left border, broke down in removing the liver, and contained red grumous pus: the whole of the left lobe was completely riddled with small abscesses, and its general structure soft and friable. The gall-bladder was distended with healthy bile, and the cystic duct closed by the pressure of an enlarged gland. The only other morbid appearance was adhesion of the right pleura.

REMARKS. Suppurative hepatitis is not a common form of disease in temperate climates, and the majority of those cases which do occur in these latitudes may be traced to pyæmia—more especially to absorption of pus, or some morbid secretion, into the blood-vessels of the portal system; indeed, Dr. Budd, in his work on Disease of the Liver, recognises this as the cause of almost all such cases, either in this or tropical climates; and among sixty cases collected from various authorities, as well as his own observation, mentions only one as arising from direct mechanical injury. On attentively considering the present case, I think that, in the absence of any history of dysentery, or any other abdominal disease or injury, we shall be justified in dating the abscesses in the right lobe (evidently from their dense walls and general appearance of long standing) from the injury received five years previously; those in the left lobe, of a very different and more recent character, were probably formed after the exposure to wet and cold, seven weeks before death: this exposure, though not an efficient cause of the disease in a healthy subject, would probably be so when the gland was, as it were, predisposed to take on suppurative action, owing to the actual existence of this action in another part; or it may be, that one of the old abscesses may have become ulcerated, and the matter may so have got into the portal circulation, the great number of small recent abscesses rather favouring the latter view.

Another interesting point in the case is the facility with which mercury—which was given before there was any suspicion of the existence of abscess—affected the gums. Annesley states that it is impossible in this disease to produce the constitutional effects of mercury, in whatever dose it may be given; and this remark has been confirmed by Dr. Budd. The case, however, corroborates their observation, that mercury is not beneficial in this form at least of hepatic disease. It also bears on another point which has been disputed—viz., the relation of hepatic abscess to ul-

ceration of the bowels: it shows that primary suppurative inflammation of the liver may exist for five years without leading to any ulceration, or, indeed, disease of any kind, of the intestine.

ST. MARY'S HOSPITAL, MANCHESTER.

ULCERATION OF CERVIX UTERI, FOLLOWED BY PERIOSTEAL INFLAMMATION OF HIP-JOINT.

By GEO. BELLASIS MAFEN, Esq., Surgeon to the Hospital.

CASE. Mrs. R., aged 28 years, of lymphatico-bilious temperament, was admitted an out-patient, March 19th, 1853. She has been married five years, and has had two children born alive, but diseased, of which the first lived twelve weeks, and the other half an hour; and three miscarriages. Has had leucorrhœa during her pregnancies, and for the last month. Her last confinement was two months ago; has not menstruated since that, and is now swelled a good deal in the abdomen, which is worse at nights. Has never had syphilis, so far as she is aware; but her nurse attributes all the symptoms to syphilis, and says that she knows that the husband was under treatment for this disease about that time. I found the os uteri ulcerated, and there was a considerable leucorrhœal discharge; but she objected to a vaginal examination on this occasion. Ordered unguent. hyd. c. camph. to be rubbed in over the abdomen, and potas. iod. gr. ij, potas. bicar. gr. iij, dec. sarzæ co. 3j, to be taken three times a day. The vagina to be well syringed with warm water two or three times a day.

March 23rd. Sensation of swelling is less, and the leucorrhœa has disappeared since her last visit; but she complains of pain in her back and loins. On ocular examination, the os uteri was found congested and deeply fissured; and there was a patch of tawny ulceration, about the size of a fourpenny piece, surrounding it, and extending within the cervix. Solid nitrate of silver was freely applied, and the mixture ordered to be continued.

March 26th. A slight discharge has returned. Continue the mixture. Lot. arg. nitr. gr. x ad 3j to be injected daily.

March 30th. General health improved; no discharge. Continue remedies.

April 6th. Slight healthy-looking ulcer or excoriation over the whole of the os uteri. The solid nitrate of silver was applied.

April 9th. There has been a copious discharge since last date, probably owing, in some measure, to the nitrate of silver. She complains of heat at the stomach after food, but in other respects feels very well. Repeat mixture.

R Bismuth. trisnit., magnes. carbon., aa gr. vj; pulv. acacie, pulv. rhei, aa gr. v. Ft. pulvis bis quotidie post cibum sd.

April 13th. The discharge better, and the dyspeptic symptoms disappearing. Repeat mixture and powders.

April 20th. Has no discharge; ulcer nearly healed; heat at stomach rather increased; bowels regular. Continue powders.

May 4th. Ordered to continue the powders for a few days. Discharged "cured".

Nov. 15th, 1854. Eighteen months afterwards, she was confined with a healthy living child, at the full time.

Nov. 28th. Again made out-patient. Was suffering from a severe attack of bronchopneumonia, with copious mucopurulent expectoration. I could not detect the presence of tubercle; and she continued to improve under the influence of cod-liver oil and good diet for some time.

Feb. 12, 1855. She applied for admission, on the ground that her hip had been dislocated since her confinement, though she had no recollection as to when it occurred. I

should here mention that, though an out-patient, she had kept her bed till a few days previously, and had been visited at her own home. Mr. Hunt suggested that the case was one of diseased hip-joint, connected in some way with disease of the womb; and mentioned a similar case which he had treated, and cured of the acute symptoms; but the patient did not choose to submit to long continued treatment, and remained permanently lame.

The leg appeared rather longer than the other, and the toes were everted, but the malposition was not so great as would have been the case with any species of dislocation, and there was pretty free movement in every direction. There was considerable pain in the hip itself, in the groin, and down the thigh; while the pain referred to the knee, so characteristic of hip-joint disease, was absent. The following liniment was ordered to be frequently applied to the seat of pain, and an ounce of the mixture to be taken three times a day.

R Potas. iod., potas. bicarb., aa gr. xxiv; decoct. sarzæ co. 3xij. M. ft.

R Chloroform., tinct. opii, aa 3ss; lin. saponis 3ij. Ft. linimentum.

Feb. 17th. In consequence of severe pain and iodine eruptions, the mixture was replaced by the following:—

R Tinct. opii 3iss; iod. sesquic. 3ij; aquæ ad Oss. M. ft. Cap. 3j ter die.

Feb. 21st. Resume iodide of potassium mixture.

Feb. 27th. Complained of diarrhœa. Discontinue mixture.

R Tinct. opii 3j; mist. camph. Oss. M. ft. Cap. 3j 3tis horis.

March 3rd.—

R Syr. ferri iodid. 3j ter die sd.

R Mist. cretæ co. Oss; tinct. opii 3j. M. ft. Cap. 3j post sing. sed. liquid.

March 5th. Her general health and the symptoms of hip disease having very much improved, she was made out-patient, at her own request.

She remained under similar treatment till May 12th, when, there being no trace of either uterine or hip disease, she was discharged, cured.

REMARKS. Though it is well known that simple irritation or over excitement of the uterus is frequently attended with glandular enlargements and neuralgic affections of the neighbouring parts, yet in this case there was strong suspicion, though no positive proof (and this was borne out by the appearance presented by the os uteri), that the original leucorrhœa and uterine lesion were dependent upon a previous incompletely cured attack of syphilis; and, with this view, following out the plan of treatment first recommended by my friend and colleague, Dr. Whitehead, the local symptoms and the tendency to abort were removed. The patient remained free from any symptoms of disease for eighteen months, at the end of which time she was delivered of a fine healthy-looking child at the full period. The suspicion of syphilis was confirmed by the occurrence, after the confinement, of tertiary symptoms, which gave way in a few weeks to the iodide of potassium. I am not aware that this complication has been previously noticed, except in the case mentioned by my friend Mr. Hunt, though I have myself once seen a case which was probably of the same description. The case was one in which the medical attendant at a confinement got considerable blame from allowing his patient's hip to be dislocated. This turned out not to be the case, and it was pronounced to be hip disease. I did not attend the patient myself, and have no notes of the case; but I have since seen the woman walking perfectly well, and apparently retaining no traces of the affection.

Mrs. R., now a widow, has enjoyed good health up to the present time, Jan. 23rd, 1856, and has had no return of any of the symptoms.