A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

SEAMEN'S HOSPITAL, GREENWICH.

THREE HEPATIC ABSCESES; OPERATIONS; RECOVERY.

(Under the care of Dr. CURNOW and Mr. JOHNSON SMITH.)

For the following notes we are indebted to Mr. E. H. Booth, M.B. Lond., house-physician to the hospital.

Frederick W—, aged seventeen, sailor, was admitted on July 14th, 1885. He came to the hospital complaining chiefly of pain over the lower part of the right side of his chest, and of cough. The following were the chief points in his history. He had been quite well up to fifteen months ago, when he had a severe attack of dysentery whilst in Java. He recovered at the end of three months. His present illness commenced nine months ago; he attributes it to his getting wet through and remaining for some time in his wet clothes. Soon after he suffered from pain of an aching character over the lower part of the right side of his chest, together with a dry cough, occasional shivering, and perspirations, the latter being worse at night. These symptoms had persisted, and, becoming more severe, he had come to the hospital for advice.

On admission, he appeared to be well nourished, though somewhat anæmic. He had pain and tenderness over the lower part of the right side of his chest, the pain extending from the back round the side; he also had a troublesome dry cough. Tongue dry; no appetite; bowels constipated. Tenderness on deep pressure over the hepatic region. Liver slightly enlarged, the edge just being perceptible to touch beneath the margin of the ribs. His chest was dull over the base of the right lung, and some dry crepitations and a few crackling friction-sounds were heard. There was a slight deficiency of vocal fremitus, breath- and voice-sounds over the same area. Temperature 103°; pulse 104.

July 27th.—Patient remained in much the same condition up to this date; his temperature rising at night to 101° or 102°, with slight shivering and sweats, falling in the morning to 98° or 99°. The chest mischief remained stationary. A puncture with the exploring needle was made in the eighth intercostal space; the needle was pushed fully two inches into the liver and a little pus drawn off.

29th.—An anæsthetic having been given, an incision about two inches long was made in the eighth space, parallel to the ribs; the incision was carried deep down into the liver. Dressing forceps being introduced, pus freely escaped; the quantity let out was almost a pint. At the region of incision there were no adhesions, the finger freely communicating with the peritoneal cavity on examining the wound. A drainage-tube was introduced. The operation was done with the strictest antiseptic precautions.

After this operation the patient rapidly improved; the discharge gradually decreased; appetite returned. Temperature and pulse remained normal. The drainage-tube was removed, and the resulting sinus healed up; the patient, in fact, was almost convalescent.

Aug. 20th.—For the past two or three days the patient has felt unwell and has lost appetite, he has also had slight shivering and sweats at night. Temperature taken in the evening was found to be 100°.

25th.—These symptoms continued; evening temperature rising to 102°, morning temperature 99°. It was suspected that pus had reaccumulated in the old abscess cavity. An anæsthetic was given and the old sinus laid open, the incision being carried deep down—i.e., into the site of the old abscess. Only a little blood-stained serum escaped. On introducing the finger, the old abscess cavity was found contracted to the size of a walnut. Pus being suspected in some other region of the liver, an exploratory puncture was made in the tenth space behind, about one inch external to the erector spinæ, and pus was drawn off. An incision about two inches long was made in this region. This incision had also to be carried deep down before reaching

pus, when about half a pint was let out. One finger introduced into this abscess cavity, and another finger into the old abscess cavity, showed that the two abscesses were distinct, the two fingers not being able to get near one another. A drainage-tube was introduced. This operation was also performed antiseptically, and, as in the first, the finger in the wound was in free communication with the peritoneal cavity.

The patient again rapidly improved and was almost convalescent, when, on Sept. 10th, he began to feel ill, shivered, and had perspirations. The temperature, which had been normal morning and evening since the day of the last operation, again went up to 102° at night. Under an anæsthetic, the sinus leading into this last abscess was opened up, but only a small quantity of blood and pus escaped.

Sept. 19th.—The symptoms continued. Temperature in the evening 104°. Patient getting very thin and unable to retain food, and during the last three or four days has had severe diarrhoea. On careful examination a very slight bulge was detected high up in the axillary region—i.e., over the fourth and fifth intercostal spaces. Exploration was made and pus drawn off. An anæsthetic was given and a free incision was made into this third abscess; about one pint of pus escaped. On introducing the finger, the abscess was found to be situated in the upper region of the liver, the layer of liver substance between the abscess and the diaphragm feeling obviously thin and flaccid.

The after-treatment in this case did not differ in any way from that following the two previous operations. The drainage-tube was removed on Oct. 13th. The patient visibly improved from the day of the operation, recovering appetite, diarrhoea ceasing, and rapidly gaining flesh. He was discharged from the hospital on Nov. 20th, convalescent.

Notes by Dr. CURNOW.—This case well illustrates—(1) That in all cases of suspected abscess of the liver, explorations should be made in many directions; fluctuation, bulging of the ribs or local œdema should not be waited for, otherwise an abscess may exist and not be found. (2) The advantages of the treatment by free incision with the strictest antiseptic precautions, over aspiration or partial evacuation. (3) The non-necessity of waiting for adhesions before operating; in fact, the difficulty is rather to find the abscess, than to treat it under the Listerian method when its existence has been proved. The case is further remarkable for the successive formation of three distinct abscesses, and must suggest the possibility of their being due to absorption from the colon, for this patient had previously suffered from dysentery, and this has been our invariable experience at the Seamen's Hospital.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY.

CHOREA AND EPILEPSY.

(Under the care of Dr. FRANCIS HAWKINS.)

CASE 1. *Choreic movements in a boy five years old; recovery; purpura four months afterwards.*—Giles J—, aged five years, a schoolboy born in London, was admitted on Aug. 14th, 1885, complaining of having spots over his legs, and "pains" in both knees. His father, a tailor by trade, has very good health, the mother also is strong and well; there are four other children, two boys and two girls, older than the patient, all of whom are quite well. There is no history of any nervous disease or of rheumatism in the family, nor in any of the patient's ancestors. The house is comfortable, and much better than the majority of houses inhabited by the poor. The food has been fairly good, with the exception that no vegetables except potatoes have been eaten for some time. The patient has never had measles or scarlet fever, and was quite well until Dec. 24th, 1884, when the mother noticed that both arms "twitched" a good deal. The twitching continuing and increasing, the patient was taken to Middlesex Hospital on Jan. 13th, 1885, when the following note, taken from the out-patient card, was made:—"Slight choreic movements of both arms (more especially the left), which have existed for three weeks." The choreic movements gradually became less, and the patient ceased attending at the Middlesex Hospital on March 9th, 1885. The present illness began on July 22nd, when the mother noticed a number of small spots on both legs. The spots have continued to the present time (August 14th), but vary in brightness. The patient is well developed and fairly muscular. The hair is fair; face, lips, and gums are pale;