

Clinical Illustrations

OF

DISEASES OF THE ABDOMINAL VISCERA.

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ABSCESS OF THE LIVER.

(Continued from p. 143.)

WHEN abscess of the liver effects an opening into the lung by adhesions with, and ulceration through, the diaphragm and its serous investments, other symptoms arise in addition to those already enumerated. There is, first, a pseudo-pneumonia excited at the base of the right lung, extending but a short way up, and marked by crepitation; dulness on percussion; bronchial respiration; some cough and hurried breathing, and slight expectoration of mucus tinged with blood. There is no deficiency of the chlorides in the urine, as is usually the case in true pneumonia. When the abscess has effected a communication with the lung there is suddenly a discharge of a large quantity of matter, having a peculiar brick-dust colour. The appearance of this is, as Dr. Budd remarks, quite characteristic. "There is," he says, "no matter like it expectorated in any disease of the lung itself, and I believe that its appearing is pathognomonic of abscess of the liver, or at least of abscess perforating the lung." Mr. Busk, in a letter to me upon the subject, confirms the view of Dr. Budd. In six of my cases the abscess terminated by opening into the lung, and in every case with a fatal result. In four of these the expectoration had the brick-dust colour; in one of the remaining cases it had more of a mahogany colour, and a distinct bitter taste to the patient. Dr. Budd has noticed the large quantity of matter expectorated in these cases. My own experience confirms his statement. In the case of a captain whom I saw in consultation with Mr. Coward, in Stepney, the quantity of matter brought up in three or four hours was sufficient to half-fill a large chamber utensil.

One case will suffice in illustration of abscess opening into the lung.

J. M.—, admitted on board the *Dreadnought* Aug. 24th, 1860. Was in the hospital five weeks back with symptoms of congestion of the lung; and was discharged, relieved, at the end of eleven days. Since then he has been engaged on board his ship in dock. Eight days back, when at work, he felt something give way in his right side, and two or three days back he had rigors; otherwise has been pretty well. When he first presented himself, he had returned from the west coast of Africa, where he had been for six months, and had had ague, but not dysentery; but three years back, in China, he had suffered from the latter complaint for some months.

On admission, there was dulness on percussion on the right side, beginning a little above the nipple in front, and covering a large area behind; vocal resonance slight; moist and rather large crepitation, most marked in the act of expiration, heard anteriorly and posteriorly. Expectoration of thin frothy matter tinged with blood, and having a very bitter taste. No deficiency of chlorides in the urine. Weak rapid pulse, and an aspect of ague cachexia. He was ordered milk and beef-tea, some brandy, a dose of morphia at night, and to keep quiet in bed.

Aug. 27th. — Expectoration much the same in quantity, purulent, containing some blood, and of bilious odour; cough troublesome; physical signs not altered.

On the 31st the expectoration continued in considerable quantity, and was of the peculiar brick-dust colour. It varied in amount, but maintained the same appearance through September and the greater part of October.

Oct. 24th.—Amount of expectoration much increased, but the same in appearance. There is large crepitation over bases of both lungs posteriorly, but more marked on the right side, where there is deficient expansion and increased vocal fremitus.

No. 2349.

The expectoration continued in considerable quantity up to Nov. 20th, when it began to diminish and his condition to improve. On December 5th he was reported as gaining flesh and strength, and the expectoration as still sanguineous, but scanty. He was allowed a little meat, in addition to the nourishing fluid diet on which he had been exclusively kept thus far. He continued to improve for more than a month, and there seemed a fair prospect of recovery. Unfortunately, however, in the early part of January, 1861, matters became worse, and on Jan. 14th the report was: "Expectoration much more profuse, of reddish-brown colour, and purulent; dulness over right side to two inches and a half above the nipple; loss of appetite; anxious aspect; diarrhoea." On the 21st he complained of pain in the right shoulder, and there was pain on pressure over the right hypochondrium. From this period he gradually sank, and died on Feb. 21st.

At the autopsy the left lung was found to be adherent to the parietes, but healthy. Right lung adherent below to the ribs and diaphragm. The ribs were divided so as to take out the liver and lung together, but in removing these thick healthy pus escaped to the extent of about a pint. On dividing the liver and lung vertically, a large abscess was found occupying the upper part of the right lobe of the liver, and extending by a large opening through the diaphragm into the right lung. The walls of the abscess were irregular. The large intestine presented only a few old cicatrices.

I introduce the following case to show that hepatic abscess may occur in this country as an idiopathic affection. At any rate, the antecedent history, and careful examination during life and after death, failed to reveal a pyæmic origin. The record of the case is short, but sufficient.

J. H.—, a small tradesman, living in a low, damp district contiguous to the Wandsworth-road, was seen by me, with Mr. Powell, in May, 1861. He had not been a drinker, had never been out of the district in which he lived, and had not suffered from diarrhoea or dysentery. He had been ill for some time, and when I saw him was intensely jaundiced, had an anxious, hectic look, rapid pulse, pain over the liver, and occasional severe rigors. The patient died soon after, and Mr. Powell forwarded me the following report of the post-mortem examination:—Thoracic viscera healthy. Peritoneum covered with lymph, glueing together the bowels and opposed surfaces, easily separated, and showing a recent origin. Intestines healthy. Liver closely adherent to the diaphragm. On cutting into it, it was found to be riddled throughout with abscesses, varying in size from a pea to a walnut; intervening tissue soft. At the upper and back part of the right lobe was a larger abscess, which would probably have penetrated to the lung had the man lived longer.

On analysing my twenty-two cases, with reference to the mode of termination, I find that the abscess in ten effected no opening, six opened into the lung, one probably into the bowels, and five pointed externally. Of these, one opened by natural process, the others were opened by the lancet.

Etiology.—There is no doubt that a large number of the cases of abscess of the liver met with in this country are excited by contamination of the blood with pus from suppurative inflammation of the veins induced at some distant point. In one of my cases there were many small abscesses in the liver; points of matter on the spleen, surface of the peritoneum, and in the lungs, and, for apparently the exciting cause, an abscess in connexion with the urethra. Such general pyæmia not unfrequently occurs after surgical operations. Budd cites three cases of Dr. Jackson's at Calcutta, in which it followed an operation for the removal of piles; and Mr. Bedford, assistant-surgeon at the *Dreadnought*, informs me of a case which occurred there, in which the operation just alluded to was also followed by slight deposition of pus in the liver. In one of Dr. Budd's cases there were abscesses in the liver, lungs, and joints from phlebitis after bleeding. Admitting, then, abscess of the liver as a symptom in connexion with general pyæmia, we come next to the question of its association with dysentery. Dr. Budd, following, as Frerichs remarks, views first brought forward by Ribes, is of opinion that the exclusive cause of suppurative hepatitis is transmission by the portal vein, and the veins going to form it, of pus or vitiated secretion from an ulcerated intestinal surface. Ulceration of the bile-ducts or stomach was present in two or three of his cases, in which dysentery was absent. No doubt the association of the disease with dysentery is frequent. In fifteen cases of Dr. Budd's the state of intestine was not noticed in two, but in eight out of the remaining thirteen there were ulcers in the large intestine, in two in the stomach, and in one in the gall-duct. There was dysentery in both of his two cases at King's College Hospital.

In twenty-nine cases recorded by Annesley, twenty-one were associated with dysentery. In fourteen out of the twenty-two cases of which I have notes, dysentery was present. In one case there was general pyæmia, in another a large mesenteric abscess, and in six cases no dysenteric ulceration or evidence of pyæmic origin. Dr. Bristowe some time back analysed the cases of ulceration of intestine and abscess of the liver which had occurred in St. Thomas's Hospital, and found the proportion of the latter to the former to be small. In thirty-two cases of dysentery there were abscesses of the liver in four, and in three of these the dysentery was secondary. In fifty-one out of 300 cases of hepatic abscess occurring in the East Indies, and cited by Waring, there was no ulceration of large intestine in one-fourth. Morehead records seventeen cases of abscess of liver where there was no implication of the intestine, and seven where the dysentery was secondary to the hepatic affection.

If hepatic abscess be excited by phlebitis in connexion with intestinal ulceration, why, I would ask, is it so rare a sequence? At the *Dreadnought* it has certainly not occurred in more than five per cent. of the cases of well-marked and severe dysentery. It has never occurred in connexion with the ulceration of typhoid fever or phthisis. The conclusions that may be drawn are, I think, the following:—

1. That in some of the cases in which the dysentery had been the prior affection the pyæmic theory may be admitted, although in these cases the abscess may have been merely an accidental accompaniment, and induced by the same causes as the dysentery.
2. That in the cases in which the hepatic abscess has clearly been the prior affection, and in those in which there has been no ulceration of intestine or other evidence of pyæmic origin, the disease must be regarded as idiopathic; the exciting cause being probably, as Morehead suggests, a chill occurring in the cachectic state of system induced by a residence in the tropics or by other depressing influences.

(To be concluded.)

ON SUBCLAVIAN MURMUR.

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So recently as 1862, the subject of subclavian murmur was involved in much obscurity as regards its causes, nature, and indications. In that year a most interesting and comprehensive essay upon it, by Dr. B. W. Richardson, appeared in his "Asclepiad," in which was collected all that was previously

known about the sound; and a great amount of additional light was thrown upon it by his own extended observations and remarkable acumen. It should be read by everyone wishing to understand the question.

In 1864, by the courtesy of the Editor of THE LANCET, a paper "On Subclavian Murmur" was inserted in the number for April 2nd, in which I recorded certain observations I had made on the same subject under a different aspect. The difference consisted in this: that whereas it had hitherto been almost exclusively investigated among patients and at medical charities, and therefore unavoidably associated with disease as a symptom, my observations were made wholly among persons in perfect health.

In the following remarks, I desire to bring forward the result of three farther years' experience, and to give additional reason for believing that subclavian murmur, once looked on as a formidable sign arising from causes little ascertained, and therefore mysterious in their results, is a phenomenon commonly to be met with among working men in perfect health, and consequently, among that class at least, valueless *per se* as a proof of disease. In the paper alluded to, I gave the numerical results of one year's experience on the subject up to that month. Since then a considerable number of persons, chiefly belonging to the working classes, has been examined by me with a view to certificates of health. In each of these I have searched for the murmur. The result for the several years will be found in a tabular form below. To save space, I have grouped together sundry trades in one class, where they seemed to resemble one another in their character as affecting muscular development, and therefore bearing on the question whether or not the subclavian, or any other muscle, be an agent in producing the sound by its augmented volume.

It may be observed that, in the column for 1864, the proportion of instances of murmur is larger than that for other years. This is chiefly owing to the fact that I did not then adequately estimate the effect of raising the arms to hold the clothes away from each side of the chest in causing the sound. Since then I have been careful to make the person under examination keep his arms parallel with the trunk, thus eliminating the effect of the contraction of the subclavian muscle. Further, it often happens that a more or less distinct whiz of the murmur is heard at the top or acme of a forced inspiration. These, too, I have excluded, counting only those that occurred well within the range of easy respiration, and with the arms quite down. I regret that I did not keep an account separately of the instances I excluded from my list. Had I done so, and added them, the number of cases of the murmur would be increased by more than half. All were males between sixteen and forty-five years of age.

TRADES.	1864.				1865.				1866.				1867.				TOTAL.			
	Men.	Right.	Left.	Both.	Men.	Right.	Left.	Both.	Men.	Right.	Left.	Both.	Men.	Right.	Left.	Both.	Men.	Right.	Left.	Both.
Plasterers, bricklayers, masons, labourers, porters, chimney-sweeps	27	2	2	2	40	1	3	1	31	2	3	2	15	...	1	1	113	5	9	6
Shopmen, shoemakers, servants, butchers, police, clerks	25	...	2	2	19	1	...	...	14	...	2	1	19	2	1	...	77	3	5	3
Carpenters, sawyers, French polishers, coach and cabinet makers	13	1	1	2	19	1	3	2	17	...	3	...	18	...	3	...	67	2	10	4
About horses	24	3	3	4	32	1	2	...	27	1	...	2	33	1	2	1	116	6	7	7
Painters, plumbers, gilders, decorators,	25	1	4	3	16	2	3	2	18	2	1	...	14	...	4	1	73	5	12	6
Smiths, engineers, tinmen	8	...	3	...	7	1	...	1	10	...	1	...	8	...	1	1	33	1	5	2
Tailors, upholsterers, harness makers, and 4 unknown	7	...	2	...	6	1	1	...	5	...	...	...	...	...	...	...	18	1	3	...
Totals	129	7	17	13	139	8	12	6	122	5	10	5	107	3	12	4	497	23	51	28

From this table, the accuracy of which I have taken every pains to ensure, it will be seen that out of 497 working men, 102, or 20.52 per cent., presented the murmur in the precise and well-defined form I have described above—that nearly every fifth man of the trades mentioned was found to be a subject of the sound. Looking, further, at the relative proportions in each year to one another, the numbers are sufficiently alike to make it most probable that a similar result