

AN

INAUGURAL DISSERTATION

ON

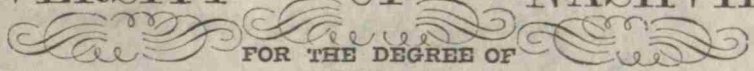
*Hepatitis*

SUBMITTED TO THE

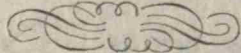
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

UNIVERSITY OF NASHVILLE,



FOR THE DEGREE OF



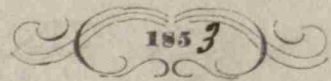
DOCTOR OF MEDICINE.

BY

*Isaac S. House*

OF

*Tennessee*



1853

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# Hepatitis

Inflammation may affect the membranes of the liver, the surface or parenchyma: it may involve the whole organ or only a part of it: it is sometimes acute and sometimes chronic and not unfrequently of an intermediate grade: it varies greatly in its degree of violence and rapidity.

The liver is situated in the right hypochondriac region with its <sup>lobe</sup> left, extending across to the corresponding region of the left side.

The liver has five lobes the right and left, the lobulus Spigelii, caudatus and quartus.

It also has five ligaments 2  
and five fissures. These ligaments  
are the means by which the liver  
is held in its right position.

The fissures are the lines which  
enable us to distinguish the  
different lobes. The liver is  
a very important organ, one  
~~of~~ which, the Anatomist and  
Physiologist, have laboured hard  
to demonstrate. It has an  
office to perform more important  
to the health of man than any  
other organ, that of secreting  
bile. Without this provision  
the food we take would not  
be converted into chyle and  
sent through the system as  
nutrition, but would pass through  
the alimentary canal as so much

# Anatomical Lesson

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When the parenchyma of the liver is inflamed: the viscus is found more or less congested with blood:

Somewhat enlarged generally softer than in health, and presenting when torn a granular aspect, a brighter and deeper colour than natural, and a considerable oozing of blood. When the investing coat is inflamed it is redder and more vascular than usual, somewhat thickened and often covered with an exudation of coagulable lymph, either semifluid or so consistent as to glue together the contiguous surfaces.

The substance of the liver if examined, will present a lighter coloured reticulum or mesh,

4  
Studded, with red or brick red  
granule in the early stage, but,  
if examined in the advanced  
stage, you will find abscesses  
varying from the size of a filbert  
or less: up to the capacity of  
filling one of the lobes, or  
it may involve the whole  
organ.

### Cause.

Long exposure to heat, is undou-  
btedly the most common cause,  
especially, when the system is  
in a debilitated state, or when  
the patient has been suffering  
from an attack of measles  
or unaccustomed to the rays  
of the sun. Change of climate,  
and miasmatic influences are also  
very frequent causes.

Many other causes of hepatitis,  
have been enumerated, as direct  
injury to the liver by falls, blows,  
or by the presence of gallstones.  
Violent and fatiguing bodily  
exertions, except in the use of rich  
animal food, intemperate drinki-  
ng, the abuse of mercury, the  
translocation of gout, or rheumatism,  
the suppression of accustomed  
discharges, especially from the  
haemorrhoidal vessels. Paroxysms  
of violent emotion, as of anger,  
terror & and continued mental  
depression, from grief, disappointment  
or anxiety. Perhaps the most  
fruitful of these is habitual  
intemperance, which in a vast  
number of instances, even in  
temperate latitudes, lays the

foundation of chronic disease of the liver. The liver is undoubtedly often inflamed through the agency of morbid conditions of other parts of the system, for instance, diseases of the heart, disordered stomach and intestines, notoriously affect the liver.

### Diagnosis.

The most characteristic symptoms of the disease, are pain and tenderness in the region of the liver in connection with pain in the shoulder, head and extremities. The pain varies in degree and nature, with the seat and grade of the inflammation, being sometimes severe and acute; sometimes dull and aching; It is almost always

increased by pressure over the 7  
part affected. Hepatitis is  
sometimes confounded with  
gastritis and rheumatism.

"Dr. Wood, says, the most effective  
mode of employing the means  
of diagnosis, is to make pressure  
upon the under surface of  
the liver, by this means, you  
compress the liver against the  
diaphragm and the tenderness  
will be detected, whether in the  
surface or substance, of the  
liver; It must be born in mind  
that Neuralgic pains are  
often felt in the region of the liver,  
when that organ is perfectly healthy.  
These are generally connected with  
a Rheumatic or eryth. diathesis,  
and, care must be taken not to



Confound them with such as are  
truly inflammatory. I think, they  
might be easily distinguished,  
by the absence of the other  
signs and symptoms of hepatitis.

Increased size of the liver is  
also a sign of hepatitis, Cough,  
dyspnoea and palpitations  
sometimes result, from the  
encroachment of the liver upon  
the lungs and pericardium.

The Stomach is apt to be disor-  
dered; the bowels irregular, the  
skin of a sallow colour, the  
eyes yellow, or orange colour,  
and a bitter taste in the mouth  
with fever and thirst. These  
are the general signs and  
symptoms but there are many others  
of great value, which are too tedious to Enumerate

## Prognosis.

The course of the disease and its duration, are exceedingly various. It may last only a few days, or continue for weeks, months, or years: and may terminate in resolution, or it may run on to suppuration, induration and sometimes gangrene, though I think it is very rare, we meet with a case of the latter. Under proper treatment Resolution may generally be effected. If we find out and remove the original cause by the employment of the right means, the febrile action will subside, the pain and tenderness will gradually diminish, the tumefaction will disappear, and the patient will

be restored to health. But if  
not, and, it terminates in suppu-  
ration; it will be marked by  
an increased frequency of the  
pulse, general rigors or chillings,  
a relaxation of the skin, and  
a tendency to perspiration?  
with a diminution of the pain,  
if it was of an acute character  
previously. After the suppu-  
ration is established, there  
will be copious perspiration,  
with great debility and exhaus-  
tion. And if you examine  
the side externally you will  
find circumscribed swelling  
which has at first a soft pesty  
feeling, and in a short time  
there will be obvious signs  
of fluctuation, indicative of the

presence of pus. As I have said, 11  
it may point externally, or it  
may break through into the cavity  
of the peritoneum and thus set  
up peritoneal inflammation.

Which is generally fatal, but  
not necessarily so, as the pus  
may seek its way externally,  
either through the intestines,  
or surface of the body. It is  
sometimes discharged into the  
Bronchial tubes or pulmonary  
tissue, and thus expectorated,  
Or it may find its way into the  
Stomach, and be discharged by  
vomiting, and it sometimes burst  
into the Colon, and ejected by stool.  
It sometimes penetrates the Biliary ducts,  
and thus finds a passage into the duodenum  
without disturbing the integrity of the hepatic

# Treatment

Acute hepatitis when it occurs, requires vigorous treatment at the beginning, for the object is, if possible to prevent suppuration. Blood should therefore be freely taken from the system by venesection, and, from the neighbourhood of the inflamed part by leeches. It is useless to mention the extent to which this antiphlogistic remedy should be carried, as it altogether depends on the severity of the disease. Depletion of the portal vessels may also be indirectly obtained by purgatives; especially by such purgatives as produce copious watery discharges. The sulphate of Magnesia, or any of the neutral salts are therefore

proper in this disorder. 13

It was supposed that their ~~Empiri~~cal effects were counter irritations upon the duodenum; but Dr. Do. Bowling and a number of other learned men assert, their effect in draining the veins that feed the vena portarum, and thereby relieving the hepatic congestion, is more obvious and more intelligible. You may dilute these saline medicines, or their action may be quickened if necessary.

By the addition of the infusion of Sumac. After bloodletting has been duly performed, and the force of the inflammation has been broken, Listers may be applied to the right hypochondria, and, my opinion is that

The larger the blister in moderation  
the more lenient we will receive from  
it. - One or two Setons may be used  
with as much, if not more lenient  
than the blisters. Some difference  
of opinion prevails, among Medical  
Men in regard to the employment  
of Mercury in the outset of acute  
Hepatitis. I cannot pretend to  
offer any result of my own obser-  
vations on this point, but I  
find, that the best authorities,  
among those who have treated  
the disease, in hot climates,  
are against its use at the very  
first, as being Stimulant to  
the liver. But after the  
first violence of the inflammation  
has abated, Mercury is not  
to be omitted, neither in the

acute, or in the chronic form of the disease; in the one case it should be so administered as to affect the system as speedily as possible, and in the other it is to be introduced with a slowness which bears a proportion to the speed of the disease.

Lobarcicum has at the present time as much celebrity, if not more in the treatment of hepatitis than mercury or any of its preparations. You may use this in the beginning of hepatitis with impunity, always bearing in mind that practice is a principal of theory, and reason a preceptor. When suppuration has taken place, or is unavoidable. When the patient ceases to complain