

AN
INAUGURAL DISSERTATION

ON

Acute Hepatitis

SUBMITTED TO THE

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BY

R. W. Couch

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Acute Hepatitis

Inflammation of the liver like the same disease in any other organ is attended with heat, swelling, redness and pain, and also at the commencement with a spasmodic closure of the capillaries, which causes the circulation to increase in rapidity for a while and then the vessels expand and the blood is more sluggish in its movements and the above symptoms become more fully developed.

Heat is the effect of a determination of blood to the part and by this means causing an increased oxidation in the part affected. Swelling is caused by the

increased circulation, and determination to the part producing distention by the effusion of serum in the neighboring tissues.

Redness is caused by the effusion or extravasation, of the coloring matter of the blood. Redness is of various shades from that of a bright red, to a purple. Pain is caused by pressure upon the nerves of the part - this also varies in intensity with the congestion and tissue in which it is located.

These symptoms vary according to the structure, function, or vitality of the part or constitution of the individual, that may be affected.

Inflammation may terminate in resolution, suppuration, gangrene,

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adhesion, effusion, or induration,
as the case may be - but the first
is by far the most frequent.

Hepatitis may be acute, or
chronic, and all the intervening
grades - these grades frequently pass
so gradually from one to the other
that it is almost impossible
to diagnose the one from the other.

It will be most convenient to
give the description of the whole
and then each part in succession
so far as I can discriminate
between them with the experience
and authority which I have upon
the subject.

Inflammation may affect the
substance of the liver or its
peritoneal covering. If the substance

is affected the patient will experience great weight, accompanied by dull, heavy, aching, dragging, pains in the region of the liver, and if the peritoneal membrane is affected the pains will be sharp, lancinating, or cutting in their character. These being very closely connected one of them cannot be seriously affected without also involving the other.

The most characteristic symptoms of this disease are pain and tenderness in the region of the liver (the right hypochondriac and epigastric). The pain varies greatly with the seat and grade of the disease. The pain is sometimes confined to one point, at others

changeable and always increased
by pressure on the part. The
patient should be placed on his
back with his shoulders raised
and his lower extremities flexed
so as to relax the parietes of
the abdomen as much as possible.

The physician should now
press his fingers directly back-
wards under the ribs - then
flex them up against the
liver and if there is any in-
flammation in the ^{part} pain will
be produced.

If hepatitis does exist to any
great extent this mode of diagnosis
will be very painful. In
short it can be detected in this
way when all other diagnostic

signs have failed. There are other pains which indicate the different parts affected. The pain in the right shoulder over the clavicle and scapula and in the axilla indicate inflammation of the convex surface of the right lobe. The same is due to the left lobe. Without the greatest caution this may be confounded with rheumatism.

This affection is merely sympathetic and is not increased by pressure or movement of the limb while rheumatism is very painful on each and every movement of said limb, from the fact that the tissues are directly involved in which the

pain is located. The most frequent position of the patient is on his right side, or on his back, and inclined forwards because a position on the left side renders the patient very disagreeable, in fact there is most usually some heavy dragging pains in the region of the liver, caused by the tenderness of the suspensory ligament, or of the great weight of this organ, while in a state of inflammation suspended as it were by that ligament.

The liver is subject to great enlargement and it is said by some authors, to have been so much enlarged as to fill the

whole of the right, and left, hypochondriac, right lumbar, and epigastric and a portion of the umbilical regions. The liver is also subject to displacement and may be in a wholly abnormal position without any enlargement of the organ whatever.

It may be pressed into the chest by abdominal tumours, or ascites. And it may fall lower into the abdomen by a relaxation, or stretching of the suspensory ligament.

Such displacements may be easily detected by placing the patient in a horizontal position on his back and then it will either return itself or be easily

returned with the fingers. We can mark its entire outline both above and below by percussion.

This shows that the subject is not ascribable to the enlargement of this organ— but to its abnormal position.

Enlargement of the liver, can be easily detected by stripping the patient and placing him in a horizontal position and then stand at his feet and compare the two sides— the ribs of the affected side will be projected outward and upwards.

The diagnosis is greatly embarrassed by abdominal tumors and ascites. In such cases auscultation, and percussion, may be advantageous.

resorted too for the sound produced
by the abdominal and Thoracic viscera
are easily produced distinguished from
that of the liver except it be
in a case of consolidation of the
lungs. The Stomach is apt to
be somewhat disordered sometimes
great nausea and vomiting of bile,
mucous, and sometimes the ordinary
contents of the Stomach.

The bowels are always disordered
sometimes torpid but most fre-
quently a diarrhoea prevails.

There is frequently ^{of} ~~in~~ ^{fever.} in this disease
and mostly in the acute form and
it does not differ very essentially
from inflammation of other im-
portant organs. The causes of the
disease are very various.

It may run a few days only or last for weeks, months, or even years, and then terminate in a hepatic abscess, which may empty its contents in various directions, by an adhesion between the two layers of peritoneum.

By this way it may pass off through the parietes or into the stomach and will be vomited up.

It may also pass up through the diaphragm and into the lungs and will be expectorated - or it may go into the duodenum and go off through the bowels.

But if adhesion has not taken place it is very apt to empty its contents into the cavity of the peritoneum and it will there excite

inflammation that will more than likely terminate fatally.

Either of the passed forms of discharging where there is adhesion will more than likely terminate favorably. But when the lancet has to be used there is two chances to one for the patient to die.

For unless adhesion has taken place fully death is almost inevitable in every instance.

Suppuration is marked by rigors, or chilliness, increased frequency of pulse which is usually about 100; though softer, and softer weaker, than before, there is also general relaxation and a tendency to perspiration, with a feeling of weight and throbbing pain in the

region of the liver. Hepatitis is a frequent source of other morbid affections. Of these the most common is dropsy, and especially ascites.

Jaundice is also a frequent affection of this disease. Hepatitis very often produces gastritis, enteritis, splenitis, and nephritis, by their close relationship to each other, and the great congestion of the liver shutting up as it were the portal circulation giving rise to great congestion of the abdominal vessels.

The treatment of hepatitis must vary with the constitution of the patient and course and rapidity of the disease. If the patient be plethoric and has a full hard pulse general depletion should be resorted to, and carried to fainting or until the

symptoms abate and if it has seized upon the peritoneal covering bloodletting should be resorted to; again, and again, until the symptoms entirely abate. Local depletion is also of great benefit and may be resorted to in anemic cases where the patient is entirely too feeble for general bloodletting. Local depletion may be practiced by way of leeches or cups immediately over the organ affected.

Purgatives are also of great importance not only by their revulsive effect upon the bowels but also their depletion effect upon the capillaries of the liver.

Mercury is the best cathartic known because it acts more promptly upon the secretions of the liver than any other known substance.

At the commencement of the disease a dose of calomel may be given of from 5 to 15 grs, followed in eight or ten hours by a mild purgative. If calomel is found to be irritating to the stomach or bowels we might substitute the blue pill in the same proportion.

After the bowels have been properly cleared we may give calomel in minor doses - say two or three ^{grains} every night followed in the morning by a saline cathartic, in order to get one or two evacuations daily.

If the skin is hot the tongue dry and great nausea and vomiting is experienced by the patient the neutral mixture is perhaps the best refrigerant diaphoretic.

But when the stomach is not irritable tartar emetic may be given either alone or combined with nitre dulcis. If the symptoms do not appear to give way after all that has been done we should then resort to a general mercurial course.

We should give it in more minute doses and at shorter intervals than before until the gums become somewhat affected, and then suspended for a while when it should be repeated again so as to keep up the ptyalism until the normal secretions are established, then it may be abandoned.

In the tropical regions where this disease runs a more rapid course they adopt a more prompt and energetic treatment in proportion to the

violence of the attack And in doing this they resort to purgatives doses of calomel and then to its effects upon the system.

If the disease is moderate there may be two or three days taken for depletion before the impression upon the general system is sought for.

If dropsy occurs in connection with this disease - we must then resort to diuretics as squills and cream of tartar in conjunction with drastic purgatives as jallop and calomel so as to carry off the water by way of the bowels and kidneys

There should be some attention paid to the diet

R. W. Couch

January 12th 1854