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AN

INAUGURAL DISSERTATION

ON

Chronic Peritonitis

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On Chronic Peritonitis

There are two kinds of Chronic peritonitis, differing entirely in there origin, and much in there degree of fatality which are nevertheless so similar in their Symptoms, that it is not always easy to distinguish them. In one the inflammation is of the ordinary Character, and originates in the ordinary causes, in the other, it depends upon tubercles disseminated in the membrane and serving as a Constant Sorse of irritation. I shall first describe the former and then point out those additional Symptoms which may be supposed to indicate the existance of the latter. Symptoms— The disease is Sometimes original, but, when the inflammation is of the ordinary Character, is more frequently a mere sequel of an ill-cured acute attack. In the former Case, its Commencement is often very obscure, a little pain being Sometimes felt in the abdomen, with derangement of digestion,

and alternations of Constipation and looseness of bowels, which exist for a considerable time without attracting much attention. At length the general health is affected, a little febrile excitement is experienced towards evening, the patient loses flesh and strength, and the disease becomes fully develop. When the result of a preceding acute attack it exhibits the characteristic phenomena immediately after the subsidence of the primary Symptoms. In some instances, it would be difficult to decide whether the disease began in its acute or Chronic form; for, even in cases which might be considered as belonging to the latter the pain is severe at first and afterwards diminished and the truth appears to be, that there is no distinct line of division between the two varieties.
When the complaint is fully formed there is usually slight pain in the abdomen, which in many instances is scarcely felt

unless direct pressure, or on the occasion of some shock or jar such as that produced by a false step, or the motion of the carriage, or some effort on the part of the patient, such as coughing straining, &c which causes a sudden concussion or compression of the abdominal viscera Sometimes the pain and tenderness are confined to one spot, sometimes are diffused or variable. There is occasionally a sense of heat in the epigastrium.
The abdomen is sometimes swollen in consequence of effusion into the cavity, but, when this is not the case, it may be even flatter than in health, in consequence of the tention of the muscles. In the former case there is dulness on percussion, often more or less fluctuation, and sometimes an edematous of the feet and legs.
In the latter the abdomen is firm

and elastic to touch, and often more or less unequal from the irregular formation of adhesion and the development of tumours or of sacs within the folds of the peritoneum. Occasionally the abdominal effusion is so great as closely to imitate ascites if not to constitute a variety of that disease.

The apetite is feble or irregular, and the digestion impaired. In most cases there is nausea with occasional vomiting, and the bowels are irregular, being either Constipated or affected with diarrhoea,

Food produces a feeling of weight in the Stomach, and, in Some instances, Causes pain in particular portion of the abdomen, occering at a certain interval after eating

The State of the tongue is variable, but generally it is either Slightly furred, or Smooth, red, and more or less Chapped.

The pulse is frequent the urine scanty the skin usually dry, unless in the latter stages when hectics fever has been developed, and the face pale and expressive of anxiety.

The progress of the disease is usually very slow. Strength gradually fails, and the patient worn out by the constant irritation, as well as by the failure of digestion and nutrition, sinks in a state of debility and emaciation, which terminates at length in death.

The fatal issue is sometimes accelerated by the supervention of an acute attack of inflammation. The disease is sometimes complicated in its course by functional disorders of various organs, the action of which is interfered with adhesions, or tumours formed in the peritoneal cavity.

Thus, jaundice may result from pressure upon the gall-ducts, and obstinate constipation from pressure on the bowels.

Sometimes the disease is quite latent until near its close. It is not always easy to determin, during life, Whether the disease is or is not Connected with tubucles of the peritoneum. Whenever it is protracted and very obstinate, resisting the Curative measures employed, and when its origin Cannot be traced to a preceding acute attack to local injury of the abdomen, or to Chronic affection of the abdominal viscera, there is strong reason for believing it to be tuberculous.

In this form of the disease a close examination of the abdomen will often detect Small tumours Consequent upon enlargment of the mesenteric glands, and the external lymphatic glands especially in the groin, are also occasionally enlarged

The simultaneus existance of tubercles in the lungs, or an obstinate diarrhoea, indicating tuberculous ulceration of the bowels would be further

evidence of the nature of the affection.
Some aid in the diagnosis may also be drawn from the general habit of the patient, and his hereditary tendencies.
The disease is always one of danger, but, in the tuberculous form, may be considered as quite incurable. When partial, or dependent on a curable disease of neighboring organs, or consequent upon an acute attack, and especially when not connected with tubercles, there is reason to hope that it may yield to remedies
Anatomical Characters.— Not uncommonly there is almost universally adhesion of the peritoneal membrane, in consequence of the effusion and organization of coagulable lymph. Occasionally small spots of lymph are observed, thickly strewed over the surface of the peritoneum, which at first sight might be mistaken for tubercles,

but are distinguishable by their less regular form, and by being easily scraped from the membrane, while tubercles being situated in the subserous tissue, are not thus removable.

In those cases in which the false membrane covers the peritoneum, it is usually very thick of a greyish, reddish, or dark color, often rough, and of an areolar appearance upon the surface, and sometimes of an almost Cartilaginous hardness. Sometimes the intestines are so agglutinated as to form tumours sensible externally and now and then, in consequence of partial adhesion of the peritoneum, sacs are formed, which are filled with liquid, and give an irregularity to the outline of the abdomen. The liquid effusion is vari-able in quantity, position, and appearance, being in some cases very scanty, in others more or less abundant, Sometimes anterior to the bowels, which are compressed into the

back part of the abdomen and sometimes, partially collected in sacs, occasionally nearly colourless and limpid, with fibrinous flakes, occasionally more or less opaque, and of a yellowish, brownish, blackish, or reddish colour, from admixture of pus or blood. In some instances, it consists exclusively of pus. In cases complicated with tuberculous deposits, this is found either in small distinct granulations, or in masses formed by their aggregation, more or less extensively diffused over the peritoneum, and generally attended with false membrane, and adhesions. The tubercles exist in all stages of development. They are usually solid, but are sometimes met with in the softer state, and even opening into the peritoneal cavity. Instances have occured in which tuberculous matter

deposited in the adhering Coats of two intesti-
-nal Convolutions has produced ulceration
in both, and thus formed a communica-
-tion between them.

Treatment.— The remedies to be chiefly
relied on are rest, occasionally leeching
fomentation or emollient Cataplasms, warm
bathing, blisters, and the Constitutional im-
-pression of mercury and of iodine.
Rubefacient applications to the abdomen,
pustulation by tartar emetic, and setons or
issues on the insides of the thighs, have
also been recommended.

Mercury may be used both internally, and
externally, the ointment being applied by
friction over the abdomen, or as a dressing
to the blistered surface. Iodine may
be used in the same way

Attention should be paid to the State of
the bowels, Constipation being avoided by

laxatives, and diarrhoea by opiates combined with cretaceous preparations. Soves powders or the extract of hyoscyamus may often be usefully given at night, especially in connection with the mercurial preparations. Diuretics may be employed to promote the absorption of the effused fluid
The diet should be regulated by the circumstances of the case. In the more active stages, it should consist exclusively of vegetable matter, when the strength fails under this rigid course, milk may be added, and circumstances of debility and exhaustion may occur, requiring the use of animal food.
In the tuberculous cases, the diet as a general rule, should be made nutritious than in those of uncomplicated inflammation. In those cases moreover a preference should be given to iodine

over mercury, and the necessity of counteracting the tendency of general debility to produce tuberculous deposition, may render a resort to bitters, Chalybeates, Cod liver Oil, and moderate Exercise of a passive Character, desirable. Should abcesses form with an apparent external direction, their tendency to the Surface should be favoured by emollient poultices.