

HEPATIC ABSCESS OPENED ANTISEPTICALLY : RECOVERY.

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IN August 1879, Mrs. L., aged 45, a milliner, first complained of feeling ill and generally out of sorts; she had slight headache, and loss of flesh and appetite; the bowels were constipated. She was a thin medium-sized woman, of a nervous anxious temperament. After taking a couple of colocynth pills, she was attacked by severe enteritis, with vomiting, purging, tenderness on pressure, and great tenesmus.

At the end of a fortnight, the diarrhoea having ceased, the patient was somewhat improved; but the emaciation continued, and at last was extreme. In the beginning of September, she had slight jaundice, and complained of pain in the right side and in the epigastrium. On September 18th, a tumour was felt by palpation in the right hypochondriac region, tender to the touch, and giving an indefinite feeling of fluctuation. The swelling began below the costal cartilages, descending about two and a half inches, extending back to about an inch beyond the nipple-line, and reaching forwards to within an inch and a half of the median line of the abdomen. The swelling rapidly increased in size, until it reached four and a half inches below the costal cartilages, and forwards to within an inch of the median line.

On September 18th, the temperature was 102°, and pulse 118.

On September 20th, the temperature was 102.4°, and pulse 108.

On the 21st, she had a rigor, and complained of a sense of great constriction around the diaphragm, which caused severe dyspnoea. By this time, the tumour was bulging out, and fluctuation could be distinctly felt through the abdominal wall. At my evening visit, she earnestly begged that something might be done to ease her.

On the morning of the 22nd, my friend Dr. Wicks using the hand-spray, I made a preliminary incision through the skin with a bistoury, and plunged a trocar and cannula into the most prominent part of the swelling. About thirty ounces of pus mixed with bile passed through the cannula, and the patient expressed herself as greatly relieved. The temperature fell to 99.2° by the evening, and her pulse 84; she was almost free from pain, but still the tumour did not entirely disappear. During the night, she slept well; but, on the 23rd, the temperature rose, and on the 25th, stood at 103.4°. She had a rigor, and passed a bad night. On the 26th, by means of Potain's aspirator, I removed six ounces of pus and bile, which had reaccumulated, and, by the evening, her temperature was 99.5°. For many days, the temperature remained about 102°, and, on October 5th, it rose to 103.4°; but it gradually fell, until, on October 28th, the temperature was normal, and the pulse likewise. By the end of November, she had gained much strength, and was mending rapidly. Now all trace of the swelling has entirely disappeared. She is in capital health, and works hard at her occupation from early morning till late at night.

EMPYEMA INCISED ANTISEPTICALLY : DEATH FROM PERICARDITIS.

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A. G., a butler, aged 27, was admitted October 30th, 1879. He stated that he had always been strong and healthy. On October 28th, he was suddenly seized with severe pain in the left side of the chest. The pain became gradually worse, and was accompanied with great difficulty in breathing. At the time of his admission, friction-sound was readily heard upon auscultation of the left side of the chest. The temperature was 102° Fahr., the pulse 120, soft and compressible. Hot fomentations were ordered to be applied to the chest, and antiphlogistic remedies were administered.

On November 8th, the friction-sound had disappeared, the percussion-note was clear at the left base, and the temperature was 98° Fahr.

In the first week of December, he complained of a return of the pain, and of the difficulty of breathing. The temperature again became high, especially in the evening, and on December 13th, 103° Fahr. was registered. Dulness upon percussion at the left base was at this time detected. Flying blisters were applied, and the iodide of potassium was administered internally.

On January 3rd, 1880, as the dyspnoea had become urgent, and as there was clear evidence of fluid accumulating in the left pleura, the heart's impulse being under the right nipple, it was determined to afford relief by paracentesis. This was done by the senior house-

surgeon (Dr. J. D. Dixon) with the aspirator, when fifty-six ounces of serosity were withdrawn, with immediate and marked relief.

After this, the pleural cavity rapidly refilled, and the temperature continued persistently at 102° Fahr., and there were irregular shiverings; it was decided to have recourse to free incision, and the introduction of a drainage-tube. On February 1st, this operation was performed, under the antiseptic spray, by Dr. Dixon, when five pints of sero-purulent fluid were evacuated. The side was daily dressed, under antiseptic precautions, but the pleural cavity was never injected, the discharge never indicating decomposition. In May, Lister's silver tube was substituted for the flexible one. He progressed very favourably, and in July was able to go into the infirmary garden. About the beginning of August he began to complain of pain in the centre of the chest, and renewed difficulty of breathing, and a tendency to faintness. It was then surmised that the pericardium had become implicated. He gradually became weaker, and died on September 20th.

At the necropsy, it was with the greatest difficulty that the sternum was raised, on account of the density of the adhesion. The right lung was found to be free, mottled, and slate-coloured on section; the apex was found to contain a cavity, of the size of a large walnut, filled with caseous matter. The contents of the left chest were so strongly adherent to the ribs, the left lung being compressed upwards and backwards, that it was necessary to remove them, with the heart, in one mass. Upon examination, it was found that the pericardium was greatly thickened and distended, and contained half a pint of sero-purulent fluid. Both visceral and parietal layers were covered with recent lymph, resembling "calf tongue" or "tripe". The costal and parietal pleurae were greatly thickened, and firmly adherent together, except at one point, corresponding to the external sinus, the place of incision, where there was a space about the size of a small apple, containing pus. On incising the left lung, a cavity of about the size of a large hazel-nut was found in the apex. The lung was collapsed. The heart was small and shrivelled. The liver was firm on section, resembling nutmeg, and weighed six pounds. The kidneys were normal. The spleen was enlarged, and weighed ten and a half ounces. The peritoneum was free from tubercle.

REMARKS.—The chief interest of this case is the exemplification of a cure of empyema, the costal and parietal pleurae having become firmly adherent; further, that this process was accomplished without the causes of injections. The case, likewise, illustrates the importance of the early performance of the operation of incision; and also, that complete drainage may be effected by one incision.

THERAPEUTIC MEMORANDA.

ON INGLUVIN.

THIS preparation, much lauded by American authors for its power of arresting the vomiting of pregnancy, deserves, so far as I have been able to judge from a careful and constant use of it in many dyspeptic cases, a very much wider trial than has yet been accorded it. In the vomiting of pregnancy, it has seemed to me, given before meals in doses gradually increased from five grains to a scruple, to act more especially well in those cases in which a certain degree of anæmia was present. My experience has been that, where marked plethora exists, or a full habit of body obtains, the effect of ingluvin is very uncertain, and is not maintained after the drug is withdrawn or the dose lessened. But for the anæmic, and particularly in first pregnancies, it may be said to act now and then like a charm.

I do not myself find that the best way to give it is before *each* meal, or that it is necessary that it should be taken three times a day. I believe the following to be the best method to adopt. As early as possible—say 5 A.M. or 6 A.M.—a commencing dose (ten grains) is given in water; at 8 A.M. or 9 A.M., fifteen grains more are given; and an hour after this second dose a breakfast of iced soda-water and milk with dry toast is taken. That finishes the day's drug-taking. On the second morning, fifteen grains are given very early, and twenty grains three or four hours subsequently (again before food); and on the third day, two twenty-grain doses at the same hours. I then drop the dose—for by this time (as, in my experience, the drug acts quickly) the vomiting will have lessened—to ten grains before each meal for three more days; and I then stop the administration of the powder altogether. But I believe that the dyspepsia of phthisical patients is more uniformly affected by this drug than by any other remedy. I speak of the forms of dyspepsia in the phthisical in which these two symptoms are the most prominent, viz., epigastric pain and flatulence. It must be in the experience of most medical men how annoyingly, over and over again, the putting on of flesh is arrested by periods of dyspepsia; and it is precisely in these cases I believe that, if the following treatment be