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AN

INAUGURAL DISSERTATION,

ON

Hepatitis

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DOCTOR OF MEDICINE.

BY

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OF

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To

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Professor of Institutes and
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University of Nashville,
this humble dissertation,
is most respectfully
dedicated by the author.

Hepatitis.

This is a disease which occurs but seldom, compared with many others of the nosolog, but yet of sufficient frequency for the medical man to give it a due consideration, even though he be one whose labors are in a temperate climate.

The liver is a large conglomerate gland situated obliquely, and principally in the right hypochondriac region in a natural condition; though a portion passes over through the epigastrium into the left hypochondriac region.

It is the largest organ to be found in the system.
Endowed as it is with a double function, it removes in part, the impurities from the venous blood, and gives to the intestines natures cathartic, the bile.
It is held in situ by ligaments, which are five in number; viz, the longitudinal, two lateral, coronary, and the round.
The four first are formed by the folds of the peritoneum, and the fifth, the round, is but the obliteration of the umbilical vein. There are likewise five fissures, and five lobes.
First, the longitudinal fissure,

fissure of the ductus venosus, transverse fissure, fissure for the gall-bladder, and fissure for the vena cava, the lobes are separated by these fissures. First, the right and left lobes are the principal ones, but yet there are three others; viz. the lobus quadratus, the lobus spigelii, and the lobus caudatus.

To go into a minute investigation of this organ, it is found to be made up of small lobes or lobules, which are formed by the ramification of the hepatic artery, portal vein, hepatic veins, hepatic ducts, lymphatics, nerves, and Glisson

capsule. This great organ is liable to be attacked in several ways by inflammation. The whole substance of the organ or only a part may be attacked, or the whole with its peritoneal membrane at the same time. In each of the above named conditions, symptoms peculiar to itself present, by which we make out our diagnosis. If it be that the organ is affected only in part, pain will be referred to the part; and if the peritoneal membrane be at fault dyspnoea will be the result &c.

In hepatitis, the most conclusive

symptoms are pain and tenderness in the region of the liver, though there are many other signs which in connection with these are of the greatest importance to the inspector.

There may be pain in the right shoulder, (quite a frequent occurrence) and also in the left; which may extend down the arm as far as the wrist, pain in the loins, which may likewise gravitate or sink down into the extremities, pain in either side of the chest, in the head &c. In all cases of inflammation of the liver, pain is increased upon pressure.

There are many other ways aside from those already mentioned, through which we could get some clue at this affection; for instance, there are sometimes jaundice, and if not jaundice, some yellowness about the conjunctiva and upper extremities, tongue furred, with a yellow aspect, a bitter taste in the mouth.

There are, or yet may be still other symptoms, which sometimes occur, such as inability to lie on the left side, owing to the inflamed and enlarged condition of the organ, its tenderness and weight, causes

much suffering to the patient when the ligaments are put upon the stretch, and the peritoneal folds are rubbed together by the changing of position on the part of the patient. Nausea and vomiting, depression of the intellectual faculties, and sometimes delirium. We do not have all these symptoms in any one case, or perhaps not the half of them.

There being different stages of this disease, we must of course from their nature expect difference in the symptoms. The inflammation may be acute, subacute, or chronic. The acute

form is not unfrequent in the tropics, but of comparative rare occurrence in temperate latitudes. It is also much more violent and fatal in the former than in the latter. In case of severe hepatitis, there may be expected great pain of a lancinating character; in connection with this, tension or feelings of oppression in the confines of the liver. When the upper portion of the gland be at fault, or in a high stage of inflammation, the patient will experience difficulty in breathing. Simultaneously or subsequently, the patient is affected with chills, followed by

pyrexia; accompanying these, are often to be found nausea and vomiting or much gastric disorder. The bowels are often constipated, but this is not always the case. The urine is often scanty, and high-coloured, and frequently quite bilious.

This disease is not of a slow nature, but runs a brief course, and at the expiration of a week, we may have resolution or suppuration.

When the peritoneal covering of the liver is affected, we have more marked symptoms or they are more severe and lancinating than when the

parenchyma of the organ is only in an inflammatory condition, and when the former is in a high grade of inflammation, the latter may be expected as a participant more or less. When we have dyspnoea we should expect that the upper or convex surface of the organ to be in a state of inflammation, and when the concave or lower, we have disorder of the bowels. When the left lobe is involved we have disorder of the stomach, gastric symptoms &c.

The sub-acute form of this disease, is to be found occu-

fying the intermediate ground between the acute and the chronic forms. Then since the disease is thus located, symptoms of an intermediate nature will be expected, that is, they will not be so severe as in the acute, nor so obscure as in the chronic.

The chronic form of hepatitis is often the sequel of the acute form. In a chronic case, the parenchyma is the part of this great biliary organ that is at fault. I have said, that it often commences where the acute form ceases, but it is still more often an original

affection. This form comes on in quite an insidious manner, whenever it is of the original kind. The symptoms are in some cases quite obscure, so much so, that it may run its whole course to suppuration or a cure without detection, but yet, in most all such, and probably all cases of this form, we might by close and scrutinizing diagnosis find symptoms enough to lead us to its true nature. The phenomena of these masked cases are often allmost precisely those of dyspepsia, interfering with the secretory

function of the liver, but as a general thing the symptoms are more satisfactory.

Occasionally instead of positive pain, there is only a sense of vague uneasiness, or a sense of weight or distention, and sometimes not even these.

But however, there is always or most always tenderness upon strong pressure, especially when directed upwards under the ribs. Enlargement and some degree of induration are not uncommon. Sometimes the organ is contracted. Disorder of the stomach, occasional vomiting, irregular bowels, tongue furred,

some jaundice, depression of spirits, sometimes general emaciation, high-coloured, and acrid urine &c.

The causes of hepatitis are quite numerous, but the most frequent are long-continued exposure to heat; hence the more frequent occurrences in warm than in temperate climates. Heat acts as a direct stimulus to this great organ, and predisposes it to inflammation, as it were, unnerves this gland, and when brought under the influence of other causes, brings about actual inflammation. Heat not only predisposes to inflammation,

but through its force and energy may actually bring about this condition of things. With those that co-operate with heat, the strongest and most efficient is probably that exercised by vicissitudes of temperature.

Emerging from a hot and dry, to one of the other extremes, such as cold and damp, tends to the production of inflammation.

Miasmatic influence, direct injury, fatiguing bodily exercise, mental excitement, both depressing and elevating in tendency, too great an abundance of rich animal food, the abuse of mercury, the

translation of gout and rheumatism, the use of alcoholic drinks, gall stones, and everything that impedes the progress of the blood, and causes it to be thrown upon the liver, congesting the gland, and by this means bringing about inflammation;

The treatment of hepatitis is principally of the antiphlogistic kind. In all local inflammations, depletory measures are indicated, and in none does this mode of treatment, prove more efficient than in the one now under consideration; It is now unanimously taught, that when there is a serous

membrane highly inflamed, as a remedy for such, blood-letting has no equal known to the profession of medicine. In acute hepatitis, the peritoneal membrane covering the liver is quite frequently involved, then under such circumstances, blood-letting is our first remedy.

We should open a vein and permit the blood to flow freely, until we shall see some marked change in the disease and pulse. Cupping & leeching are, as depletory measures, also of great moment, especially when we can carry such no further by means of the lancet.

Cupping is preferable to leeching when we can use them, for by their use, we not only abstract blood, but reap the benefit of their revulsive power, which may be of no little gain.

Calomel is also a most excellent remedy, it diminishes the fibrine in the blood, which is in excess in all inflammatory fevers.

Blistering may be of much benefit also in this affection.

Purgatives might be of much importance also. We might under some circumstances get benefit from the use of tartaremetic ipecacuanha.

Some of the preparations of

opinion under some circumstances might be of importance.

In the treatment of the chronic variety, we will not find blood-letting of so much value as in the former variety, for in this case the parenchyma of the organ is the only part probably involved. Cupping, leeching, purging, blistering, the application of sinapisms, fomentations and such like, constitute the most efficient remedies, in the treatment of this hideous affection.

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