AN INAUGURAL DISSERTATION
ON
Hepatitis

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BY
Isaac E. Krous
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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 infrequently 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 left, extending across to the corresponding region of the left side. The liver has five lobes; the right and left, the lobulus Spigelii, candidatus and quartus.
It also has five ligaments 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 waste.
Anatomical lesion

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 coloured 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,
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 jilbert or less up to the capacity of fitting one of the lobes, or it may involve the whole organ.

**Causes:**

Long exposure to heat is undoubtedly 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, blasts, or by the presence of gallstones. Violent and fatiguing bodily exertions, except in the use of rich animal food, intemperate drinking, the abuse of mercury, the translation of gout, or rheumatism, the suppression of accustomed discharges, especially from the haemorrhoidal vessels. Portions 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 explained 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 on convulsion 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 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 borne 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 gruity aëthatis.

And, care must be taken not to
concerned than 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 disordered; the bowels irregular. The skin of a yellow 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 the textures 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 suppuration, 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 suppuration is established, there will be copious perspiration, with great acidity and exhaustion. And if you examine the bide externally you will find circumscribed swelling which has at first a soft, pasty feeling, and in a short time there will be obvious signs of fluctuation, indicative of the
presence of pus. As I have said, it may point externally, or it may track 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 through the intestines or surface of the body. It is sometimes discharged into the bronchial tubes or pulmonary tissue, and thus expectorated. Be it may find its way into the stomach and be discharged by vomiting, and it sometimes bursts 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.
Acute hepatitis when it occurs requires rigorous treatment at the beginning, for the object is 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 on this disorder. It may be supposed that their empirical effects were counter indications where the acumen of Dr. Black and a number of other learned men assert. Their effect on draining the veins that feed the renal portal, 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 senna. After bloodletting has been duly performed, and the power of the inflammation has been broken, blisters may be applied to the right hypochondrium, and, in my opinion is that
The longer the blister is moderated
the more benefit he will receive from it.
One or two darts may be used with as much, if not more benefit
than the blister. 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 observation 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
cute, or in the chronic form of
the disease; in the one case it
should be 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.
Sovanoam has at the present
time as much celebrity, if not
more in the treatment of hepatics
than mercury or any of its
preparations. Now they use this
in the beginning of hepatics with
impunity, always bearing in
mind that practice is a principal
of theory and reason a
preceptor. When suppurative
has taken place, or is unavoidable,
when the patient ceases to complain,