

Case of abdominal abscess, with extensive mortification, and recovery / by James Young, M.D.

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With the Authors Complts
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C A S E
OF
A B D O M I N A L A B S C E S S,
WITH
EXTENSIVE MORTIFICATION, AND RECOVERY.

BY JAMES YOUNG, M.D.,
EDINBURGH.

REPRINTED FROM THE EDINBURGH MEDICAL JOURNAL, APRIL 1860.

I AM induced to lay this case before the profession, through the medium of your valuable Journal, because, as will be seen, it is one of extreme rarity, and, in other respects, of no ordinary interest.

The patient, who is a merchant, æt. 52, had occasion to visit the Shetland islands, on business, in the autumn of last year. He returned early in September, after stormy voyages, in the course of which he suffered not a little from exposure to cold, and from seasickness.

After returning, he had his hands full of business in executing orders; was not sensible of having received any injury or harm other than fatigue, but felt still unwell; nor did he recover his usual health till the end of the month.

On the 2d of October, he was surprised to discover that the right side of the thorax and abdomen presented a swollen appearance, which he attributed to the exposure above mentioned, and mainly to cold; with what justice does not very clearly appear.

After taking a colocynth pill, and the lapse of a week, without benefit or diminution of the swelling, he called in the aid of a physician, who very properly, to remove dyspepsia, prescribed a dose of oleum ricini, and afterwards several sinapisms, to allay the pain which he was suffering in the right iliac region, without, however, any important result.

On the 18th of October, the patient was removed to the house of a near relation in Edinburgh, where he was immediately after visited by several practitioners, who were disposed to attribute the malady to enlargement of the liver; but that opinion was speedily changed.

On the 20th and 21st of the month, the swelling, which had commenced in the right hypochondriac region, extended over the right lumbar and iliac regions. By and by it spread over the whole half of the trunk, from the axillary fossa down to below Poupart's ligament, and at this date was quite hard. On the 24th and 25th of October, the patient complained of pain over the right iliac region, and very speedily active inflammatory action set in, and diffused itself over the whole side. Smart antiphlogistic remedies were employed, but the inflammation seemed to run its course. On the 27th of the month we could not discover the presence of pus. On the 29th mortification began and spread rapidly, the gangrenous surface measuring sixteen by eleven inches. On the evening of that day I detected a collection of matter deeply seated, and resolved to give vent to it, entertaining the hope, by that means, of checking the further destruction of substance. I made a deep valvular opening in the right iliac region, with an ordinary bistoury; the consequence was, a discharge of putrid pus so great, as to fill well nigh two soup plates. Around the abdomen a broad bandage was applied, which, on the following morning, was found soaked with the discharge. The fœtor arising from the gangrenous parts was all but intolerable, filling not only the bedroom, but the whole flat of the house. During the phlogistic state above referred to, the pulse rose to about 130, with constant pain; on the 29th and 30th it became very weak, and stimulants of brandy and wine, with invigorating soups, were administered, and willingly received by the patient. The day after the first operation, I performed a second, that of making a counter-opening *posteriorly*, which allowed the escape of a considerable quantity of pus. Large warm poultices were applied all over the gangrenous surface, each producing a copious discharge.

On the night of the 30th, the patient was almost wholly free from pain, the swelling, as may be supposed, much reduced, and the whole side of the abdomen presented the appearance of an immense slough; while the surrounding textures were completely infiltrated with pus.

The line of demarcation commenced on the 31st day of October. On the 2d of November the whole slough separated itself, and displayed one large, deep, suppurating surface, over the side of the abdomen. The destruction of tissue was very great, and, as may be readily conceived, produced intense prostration of the powers of life. On the 3d of November, the pulse became all but imperceptible. Brandy, wine, and soup, with frequent enemata of beef-tea, and wine, were unsparingly administered every two hours. By this means was the strength maintained. On the 6th of the month, the process of repair had begun, as indicated by a healthy, granulating appearance.

On the 15th the pulse beat stronger, and was not so frequent; then, too, the patient had thrown off that hectic appearance which is so characteristic of a consumption of tissue, and which I had regarded, as in this case, the harbinger of death.

At this date lint dressings were substituted in place of poultices.

From the end of November, the general health of the patient continued to improve, benefited, I make no doubt, by the free use of the compound syrup of the phosphates of lime, iron, soda, and potassa.¹

The wound also became less and less, the integuments at the posterior and upper portions being supported, and adhesion produced by the slight pressure of a bandage. At the beginning of this year it was approaching to a perfect closure, the cicatrix measuring twelve inches in length.

The above simple yet veritable account of a very formidable disease, in its history, treatment, and result, I submit to my professional friends, leaving the facts to speak for themselves.

¹ This is Parrish's compound syrup of the phosphates, introduced here by Mr Mackay, of 121, George Street.

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