

A CASE OF ULCERATION OF THE CÆCUM
FOLLOWED BY MULTIPLE ABSCESES
OF THE LIVER.

UNDER THE CARE OF

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Remarks.—The most remarkable point in the case is the fact that in spite of the grave lesions existing in the cæcum and liver, the patient up to the 7th of March appeared to be in his ordinary state of health, and neither he himself nor his friends had reason to suppose that there was anything the matter with him. The *post-mortem* examination demonstrated that for a considerable time previous to his admission to the sick list there had been active disease of the cæcum. The comparative firmness of the adhesions surrounding the cæcum shows them to have been of such longer standing than the soft adhesions surrounding the extravasated pus in the upper part of the abdomen, and the appearance of the ulcers in that part of the bowel also indicated that they were of considerable standing.

There can be little doubt, but that the sudden attack of pain in the neighbourhood of the left hypochondrium which ushered in the final illness was due to the rupture of the abscess in the left lobe of the liver, and the escape of pus into the abdominal cavity, and that this abscess, as well as some of those in the right lobe, must have formed some time previous to this date. Had the patient been of the class of many hospital patients, his story would most probably have been received with suspicion, but in this case there could be no doubt about the correctness of the history which was moreover corroborated by numerous friends. Beyond a little looseness of the bowels six weeks previously, so slight that he thought nothing of it, the patient appeared to be in ordinary health.

When the patient was first admitted to the General Hospital it was noted as peculiar that the swelling below the ribs, if due to enlargement of the left lobe of the liver, extended much further to the left than is usual. It was also considered unusual that so great an enlargement should have arisen in so short a space of time. Taking all circumstances into consideration, however, it was supposed that there was an abscess of the left lobe, and it had been arranged that an exploratory operation should be performed. That the epigastric swelling was due to a ruptured abscess was not suspected.

The case presents several other points of interest bearing upon the diagnosis of multiple

abscess of the liver. It shows, in the first place very clearly, that grave intestinal disease may exist without producing any obvious symptoms, and that the absence of such symptoms does not necessarily negative a diagnosis of multiple abscess. The enlargement of the right lobe and the evidence of perihepatic inflammation led to the suspicion that there might be another abscess in that portion of the liver, but in the absence of any history of dysentery (the fact of the patient having had 'looseness' was not then known) the presence of multiple abscesses was not expected.

The existence of jaundice should be looked upon with suspicion, as such a symptom is hardly ever met with in cases of "tropical abscess." It must be observed that in this case the jaundice was not well marked, and the patient naturally of a sallow complexion. The peculiar odour emanating from the body was also not well marked.

Taking all the circumstances into consideration, it cannot be said that there was sufficient grounds to establish a diagnosis of multiple abscess or to contra-indicate operative treatment.

On the other hand, it is quite certain had the proposed operation been carried out, the only result would have been to precipitate the fatal issue.

Sickness in Assam.—The year 1897 was extraordinarily unhealthy in Assam, it is therefore satisfactory that in 1898 the health was better. The attendance of outpatients at the dispensaries shows a steady growth of confidence in the medical treatment and relief afforded by the dispensaries, the number of outpatients treated being 603,290, of whom 22.17 per cent. were women. The rate of mortality among in-patients, of whom there were 6,977, while much less than in the previous year, was very high as compared with other provinces, and a large proportion of the deaths is said to have occurred among destitute coolies who had deserted from tea gardens and railway works. Malarial fever was much less prevalent than in the previous year, and the number of cholera cases also fell slightly. The Principal Medical Officer takes a gloomy view of the progress of cholera in Assam, but the Chief Commissioner does not think it can be said that the cholera figures are steadily rising. The great epidemics of 1895-96 and 1896-97 were brought into the Province from Bengal by coolie emigrants, and there has been no recent recurrence of the terrible cholera mortality on the river steamers. On the other hand, there was a very severe epidemic at Manipur, which had no cases to record during the epidemic of the previous year. In 1898 the dispensary there treated 1,621 cases out of 2,972 for the whole province. Thus if the Manipur State figures are eliminated, the number of cholera cases treated was less than in any of the previous four years. A leper asylum was opened at Sylhet in October, 1898, and contains accommodation for 18 single lepers and 14 families. Only three cases were received during the year, all of which came from the Sylhet district. Some anxiety has been felt by the Government of Assam with regard to the possibility of the spread of the dreaded *kala-azar* in the Golaghat sub-division, and the last *Gazette* contains a resolution on a report presented by Assistant-Surgeon Atul Chandra Rai on the subject. The report is of a reassuring nature, as it appears that the only part of Golaghat where cases of *kala-azar* have undoubtedly occurred is the Namdyong mauza—a sparsely-populated tract bordering on Nowgong, and in great measure isolated from the rest of the sub-division. Owing to the difficulty in diagnosing the disease, it appears that there is a tendency, especially in Golaghat, where an epidemic spreading from Nowgong has long been anticipated, to return as cases of *kala-azar* cases of sickness and death really due to ordinary fever, and this no doubt accounts for some of the alarm which has been felt.