CASE
OF
JAUNDICE
WITH
DISCHARGE OF FATTY MATTER
FROM THE BOWELS,
AND A
CONTRACTED STATE OF THE DUODENUM.

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MR. A. B., aged 48, died April 17th, 1832. He had long been subject to symptoms of dyspepsia, for the removal of which, he took, almost daily, some aperient medicines, never feeling comfortable, unless he had two or three alvine evacuations a day. He was not a large eater; but, from early life, he had always lived well, and drank from half a pint to a pint of wine daily,

In June, 1831, having eaten heartily of crayfish, he was, during the night, seized with violent pain in his stomach. On this account, a little brandy and water was taken, which afforded some relief.

But in the evening the pain was still very severe, so that a calomel pill, and a pretty active aperient draught were administered. The bowels having

been freely opened, the pain became very much less. On the following day, however, there was still considerable uneasiness, and pressure on the precordia occasioned pain. A dose of soda tartarizata and magnesia combined was therefore prescribed, to be taken twice daily, and five grs. of pil. hydrarg. every night. Great attention was also directed to be paid to the diet. Under this treatment, at first, some improvement took place; but tenderness continued to be felt, when pressure was made on the epigastric region, and more especially towards the right side. The part was therefore covered with a plaster of ammoniacum with mercury. At this time, the patient's general health could scarcely be said to be disturbed at all. His appetite was good, and the symptoms of dyspepsia were not greater than he commonly experienced. The tongue was whiter and more furred than natural, but the pulse was not disturbed. The plaster had not been on many days before it occasioned considerable irritation, and an eruption of small vesicles from the whole of the surface to which it was applied. This was succeeded by an attack of urticaria, which continued for nearly a fortnight. As the urticaria receded, the tenderness in the epigastric region, which had nearly subsided after the application of the plaster, again increased. It was now more diffused, and there was great fulness of the whole right hypochondriac and epigastric regions. At the same time there was a sharp attack of pyrexia, dry, hot skin, white and greatly furred tongue, pulse from 120 to 130, restlessness, and loss of appetite.

These symptoms were combated by copious bleeding, and other antiphlogistic means, and thus were speedily subdued. But, notwithstanding the subsidence of the acute symptoms, the epigastric region remained fuller than natural, and considerable tenderness continued to be felt, when pressure was made a little below the cartilage of the eighth rib, of the right side. At this time, (about a month after the first attack,) an indication of jaundice was first observed, and in a few days the whole body became of a deep yellow colour, the urine loaded with bile, as also were the saliva, tears, mucus of the nose, and the serum of some blood that was drawn from the arm. The alvine evacuations were of the colour of pipe clay. There was now nothing like febrile action; the temperature of the skin was natural, the appetite was good, the bowels acted regularly, indeed more plentifully than was habitual, and with the exception of the jaundice, the general health could hardly be said to be deranged. The patient, however, though he ate plentifully, did not appear to regain any of the flesh or strength, which he had lost during the acute stages of the attack. Having continued in this state, not a particle of bile passing, for several months, he went to Brighton, to try the effect of change of air, and more exercise. He remained there for between six and seven weeks, living well, and taking horse exercise daily; but while there, instead of his health improving, he evidently lost ground.

On the evening of his return home, the 28th of

December, I saw him. I found him reduced in flesh and strength; his skin was hot, his pulse was upwards of 120, his tongue white and much furred, there was great fulness with tenderness about the epigastric region; and about the situation where there had been tenderness on pressure from the first, viz., on the right side, a little below the cartilage of the eighth rib, a solid tumour or mass could be distinctly felt. The skin was now, if possible, of deeper yellow colour than before, the urine as much as ever loaded with bile, and the alvine evacuations of the same pipe-clay colour as at first. In the enlarged portion of the liver, which occupied the epigastrium, fluctuation could be felt. This was owing, as was afterwards proved, to the great distention of the gall-bladder, and of the ducts in the liver. By the employment of mild antiphlogistic measures, the acute symptoms were readily removed. After this, the patient continued much in the same state; no material change whatever taking place, till about the middle of February, 1832. Then, for the first time, was observed in the motions an oily or fatty matter, of a brownish yellow colour, about the consistence of butter. It swam in, and concreted on the surface of water, like grease, or fat, that had been melted; was rendered fluid at a moderate heat, and was very combustible, burning with a bright bluish flame. When it passed from the bowels, it was almost fluid; but as it cooled it quickly became of the consistence of butter. It was sometimes of rather firmer consistence, as if mixed with a little wax. It continued

to pass occasionally for about seven weeks, sometimes in larger quantities than at other; on one occasion, there must have been, at least, a table spoonful, as it nearly covered the bottom of the pan of the night chair, and scarcely any fæces had passed with it. It formed itself with an irregular, and elevated margin, at the bottom of the pan, just as would have been the case with so much fat, if it had been poured in, in a melted state. Sometimes portions of it would be mixed with the fæces; but generally the two matters were distinct. It varied in shade of colour, being sometimes much darker than at others; but its colour was always yellow.

Contemporary with the first appearance of this matter, the alvine evacuations became of a darker colour, but never assumed that of fæces coloured by healthy bile. And it was moreover observed, that whenever the fatty matter ceased to pass, the motions grew pale as at first; but they always resumed their darker colour, as the fatty matter reappeared. In the last week of the patient's life, there was none of the fatty matter passed, and during the whole of that time, the motions put on their white pipe-clay colour.

What was the source of the fatty matter, it was, of course, impossible to ascertain with certainty. Dr. Clutterbuck and myself repeatedly examined it, and most carefully investigated its sensible qualities; from which, coupled with the other circumstances that have been mentioned, particularly the

concomitant change of colour in the motions, we were led to infer that it was a morbid secretion of the liver. I believe Dr. Farre and Mr. Armstrong, of Islington, who also attended the patient, were of the same opinion.

There was another new symptom in the case which occurred at this time, or soon after that this matter made its appearance. Hitherto, there had been a total freedom from sickness: now, on the contrary, scarcely a day elapsed without the contents of the stomach being thrown up. The quantity vomited at one time was always great, sometimes amounting to nearly a wash-hand-basin full; and it was evidently, for the most part, the product of what had been taken in during the preceding twelve or twenty-four hours, and not a morbid secretion. It came up without straining, almost without effort, as in a case of stricture of the pylorus; and it was quite palpable, that the vomiting invariably occurred as the consequence of accumulation. There were preceding it no symptoms of unnatural irritability of stomach, there was no nausea, no uneasiness from eating, no indisposition to take food; on the contrary, the moment the stomach had discharged its contents, there was the utmost eagerness to accumulate again. A plate of roast mutton, with a pint of ale or stout, would be then devoured with the greatest avidity. And such was the case till a day or two of the patient's death.

When distended, the stomach could be seen to be occupying the greater part of the front of the abdo-

men, its larger curvature extending almost into the pelvis. Pressure on it would bring on vomiting at any time. Through the whole progress of the disease, the bowels acted regularly, and, indeed, were freely open. The patient's death appeared to be wholly the consequence of exhaustion. He was ill altogether between ten and eleven months.

Sectio cadaveris.—Seven hours after death.

The whole of the exterior of the body was of a deep yellow colour. The same colour too, as far as we had an opportunity of observing, pervaded all the different tissues of the body. In the cavity of the abdomen, the stomach, from its immense size, first attracted our attention. It extended far below the umbilicus, and across from one ilium to the other. Its pyloric portion was situated lower down in the cavity than natural, in the right hypochondrium, projecting below the edge of the liver, and rising above the surface of the other viscera, resting upon, and indeed constituting, as it appeared, the more prominent portion of the tumour or mass which had been felt in the right side during life. In the cavity of the stomach, there were contained from three to four pints of a dark coloured thick fluid, smelling of wine, beer, &c., &c., similar to what had been vomited during the last day or two. And such was the size of the stomach, that I think I may fairly state, it would have contained three or four times as much. Notwithstanding its greater size, its coats were thickened,

and its inner surface more vascular than natural. Immediately beneath the pylorus, a hard tumour was discovered, which proved to be principally made up of a portion of the duodenum, the head of the pancreas, some absorbent glands, and condensed cellular substance. The duodenum, towards its middle, including that part into which the ductus communis choledochus enters, was so contracted, that its cavity was in great part, obliterated, so much so, that till separated from its adhesions, it would very little more than admit the larger end of a small blow pipe to pass through it. The greater disease was at the posterior part of the intestine, the part connected with the head of the pancreas. In no other portion of the alimentary canal was any appearance of disease detected. The pancreas was healthy, except at that part more immediately connected with the duodenum, where it had undergone some slight degree of induration, as if it had been inflamed. Its duct, at the termination in the duodenum, was completely obstructed; in the rest of its course, it was not only pervious, but it was larger than natural, and contained a brownish fluid, of rather a yellowish tint, resembling, in some respect, the fatty matter in the state that it was when it passed from the intestine. This, however, unfortunately, escaped at the time the duct was opened, so that we were not able more particularly to examine it.

The liver was enlarged, and in front, its edge extended downwards considerably below the cartilages

of the ribs. The enlargement was greater, at least it was more conspicuous, in its middle portion. In consequence of this, the gall-bladder was thrust lower, and more forwards than natural, and being much distended, was seen projecting between this point and the lesser curvature of the stomach. An incision being made in the liver, several ounces of dark thick bile instantly gushed out, as if a bag of bile had been cut into. But on examination, it proved that the bile had been contained in enlarged *pori biliarii*, some of which were so large that they readily admitted the fore finger. They existed in an enlarged size, more or less, in every part of the liver, proceeding from near its surface, and directly passing to the hepatic duct, so that there was the freest communication between the bile in them and the contents of the gall-bladder. This condition of the biliary ducts and gall-bladder accounts for the feeling of fluctuation communicated by pressure on the enlarged liver during life, and also for the enlargement appearing to recede under the hand, upon the pressure being kept up for a short time. Before the liver was cut into, the hepatic and common ducts were seen so enormously distended with bile, that they appeared more like a portion of small intestine, than any thing to which we could compare them. The cystic duct was not equally, though in some degree dilated. The common duct was completely pervious to the very surface of the duodenum, but at that point it was so perfectly obstructed, that when air was forcibly blown into it, not the slightest quantity passed into the intestine.

Considering the length of time that its functions had been deranged or interrupted, by which a constant source of irritation was kept up, the structure of the liver had undergone remarkably little alteration, such only as is seen in the simplest form of chronic inflammation. And to this circumstance, I conceive, must be ascribed the very slight degree in which the circulation was disturbed, as well as the general health, during the greater part of the progress of the case.

The other viscera of the abdomen, and mesenteric glands, and also the viscera of the thorax, were free from disease.

It is right for it to be recorded here, that so marked were the symptoms in this case, that during life, the particular seat of the obstruction had not been overlooked, as over and over again in consultation, the suggestion had been thrown out, that it was in the duodenum.

In no part of the body was there the slightest appearance of any malignant disease. The morbid parts were exhibited on the table of the Society.