CASE
OF
TUMOUR IN THE RIGHT HYPOCHONDRIUM,
OCCURRING AFTER INJURY,
FROM WHICH A LARGE QUANTITY OF FLUID RESEMBLING
BILE WAS REPEATEDLY WITHDRAWN BY THE
OPERATION OF TAPPING.

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COMMUNICATED BY EDWARD STANLEY, F.R.S.,
PRESIDENT OF THE SOCIETY.

READ MAY 14TH, 1844.

ON the 28th of August, 1843, I was called upon to visit Joseph Malyon, aged 54, a thatcher, a strong healthy man, who had injured himself by lifting a heavy ladder.

He complained of so much pain in the region of the liver, that I apprehended a rupture of that organ. He was very faint, in a cold perspiration, and the pulse was scarcely to be felt.

I ordered him a small quantity of brandy-and-water, and he recovered sufficiently to be removed to his own house, which was about three miles distant. I gave him five grains of calomel, and one

of opium at night, and one ounce of castor oil the following morning, which operated, and produced several natural evacuations.

August 29th.—The pain was very much increased over the seat of the injury, and there was great tenderness upon pressure ; the pulse was full and hard.

I took away sixteen ounces of blood, which relieved him considerably, and continued the calomel and opium, with a dose of saline mixture every five hours.

30th.—He was freer from pain ; I ordered him an aperient draught, which operated, but the motions were nearly white, with no appearance of bile, and the urine was dark, and similar to that of a person with jaundice. He took five grains of blue pill every six hours.

31st.—He continued much the same.

September 1st.—As the pain had very much increased, I bled him to eighteen ounces ; the blood was much inflamed. He was relieved by the bleeding. The urine and evacuations as before.

2nd.—The pain and tenderness had returned. Twenty leeches were applied, and he continued the same medicine.

4th.—The symptoms being yet urgent, a blister was applied ; he took blue pill till the 8th without affecting the gums. On this day, the evacuations and urine were still unaltered. The blister was again applied, and the same medicine continued till the 15th, when a swelling, the size of a walnut, was observed over the region of the liver, to which was

applied an ointment of equal parts of ung. iodinii, and ung. hydrarg. ; and as he was very weak, I prescribed one grain of quinine three times a-day. He continued using the ointment, and taking this medicine, until the 9th of October, the swelling gradually increasing.

He now suffered great pain from distension ; and from the swelling being limited to the right hypochondrium, and no bile having yet passed by the bowels, I felt confirmed in an opinion which I had formed in the first instance, that a rupture of the liver, involving the biliary ducts, had occurred.

Upon consulting with my brother and son, it was agreed to tap him, which I did over the region of the liver, where the swelling pointed, and drew off seven quarts of fluid, which from the colour and taste, appeared to be pure bile. He was instantly relieved, and the swelling entirely subsided.

Calomel and opium were administered at night, with aperient medicine in the morning. He passed a very good night, and the pulse, which previously to the operation was 100, was now reduced to 90. The diet consisted chiefly of milk and broth. Calomel and opium were continued at night, with diuretic medicine.

As the fluid gradually re-collected, I tapped him again on the 21st, drawing off six quarts and a half of fluid, which having been analysed by Dr. Pereira, Dr. G. O. Rees, and Mr. Taylor, was found to contain bile.

(I regret to say that I have mislaid the observa-

tions of Dr. Pereira, but they coincided with those of Dr. Rees and Mr. Taylor, which I shall here insert.)

“ The liquor is *full of bile*. There is, doubtless, a communication between the tumour and the liver. It is to be remembered that pure bile, undiluted as it flows from the liver, is not *very bitter*, not nearly so much so as that contained in the gall-bladder.— If I were to be allowed a guess, I should say the specimen in the bottle you gave me was composed of at least eight-tenths of bile to two of foreign matters. There is the peculiar mucus of bile in considerable quantity floating about.

“ G. OWEN REES.”

“ The fluid left with me by Mr. Quekett contains albumen, biliary matter, and the colouring matter of the bile. It may be regarded as a serous fluid mixed with bile, and is most probably contained either in a dilated gall-bladder, or in some cyst communicating therewith.

“ THOMAS TAYLOR.”

I prescribed a mixture of iodide of potassium with infusion of gentian, three times a-day: the bowels continued regular without the use of aperients.

October 31st.—He was tapped again, and seven quarts drawn off. On November 9th, the operation was repeated for the fourth time, Dr. Vade being present, when six quarts were evacuated. The diuretic medicine was continued, and he was also ordered a cream of tartar drink.

On the 18th of November I took him to St. Bartholomew's Hospital, where he was admitted under the care of Mr. Lawrence, and was also seen by Mr. Stanley.

Mr. L. tapped him in the same situation where he had been pierced with the trocar before, and nine pints of fluid escaped.

He was ordered milk diet, with an aperient occasionally. He left the Hospital on the 25th.

I tapped him on the 26th, Mr. W. F. Barlow, my eldest son, being with me. Only three pints flowed this time, and the cyst was not emptied as on the previous operations, and he suffered extreme pain from the tapping, which he had not formerly done. I instantly gave him a drachm of tinct. opii, which relieved him in about an hour.

27th.—Some castor oil was administered, and a small quantity of bile was observed in the motions, whilst the urine was not so highly coloured as usual. The swelling gradually subsided.

December 3rd.—The motions were now a proper colour, containing plenty of bile: he discontinued medicine, and towards the end of this month, he became quite convalescent; and I am happy to add, that by the commencement of February 1844, he was able to walk the distance of eight or ten miles, and still appears to be in good health.

I will offer but one or two comments on this very interesting case, preferring to invite the discussion of the members of this learned Society. The way in which the accident occurred, the escape of

bile which took place in consequence, and which was evacuated by tapping in such vast quantities from time to time,—the result which unexpectedly followed the last operation, after which the bile was no longer poured out of its normal course, but flowed through its proper channels as before, whilst the patient quickly regained his health and strength—these are interesting points for observation.

One thing is plainly deducible from the present case ; it is, that an unfavourable prognosis should not be formed too hastily, where the biliary ducts are ruptured and bile effused ; let remedial measures be first tried, duly persevered in, and patiently watched ; but, above all, let the great power of the curative processes of nature be borne in mind.

Note by the Editor.

A case bearing a close resemblance to the one above recorded is related by Mr. Fryer, in Vol. IV. of the Transactions of this Society. No examination, however, was made of the nature and composition of the fluid. In a "*Practical Treatise on Diseases of the Liver and Biliary Passages*, 1841," by Dr. William Thomson, of Edinburgh, the author has quoted from the London Medical Journal, (Vol. VI. p. 274—1785,) a case by Dr. Skeete, "of considerable effusion of bile into the cavity of the abdomen, occurring in consequence of a fall from a tree, in a boy fourteen years of age, who survived the accident six weeks. In this case paracentesis was performed on the 24th day, and sixteen pints of

yellow fluid were evacuated, containing, apparently, a very large proportion of bile. The operation was re-attempted on the 37th day, unsuccessfully. On *post-mortem* examination, bilious fluid to the amount of two or three gallons was found contained in the abdomen, particularly in one large cavity formed chiefly by the right hypochondrium, which had been greatly enlarged by the diaphragm yielding to the pressure upwards. The peritoneum surrounding the fluid was everywhere covered with coagulable lymph, bearing some resemblance to a distinct and regular cyst. In this case, in consequence of the adhesion of the liver to the stomach and neighbouring parts, the gall-bladder and biliary ducts were involved in such a state of confusion that nothing satisfactory could be ascertained with regard to the exact place at which the injury had been received ; so that it must remain a doubt," observes Dr. S., " whether the bile was effused into the cavity of the abdomen, from a rupture of the gall-bladder or of the biliary ducts."

In the above case it was ascertained by dissection that the fluid principally occupied the right hypochondrium. In Mr. Barlow's case, also, the swelling was chiefly confined to the same region. This circumstance was noticed at the time the patient was in St. Bartholomew's Hospital, under the care of Mr. Lawrence, and led both that gentleman and Mr. Stanley to infer that the fluid was either circumscribed by adhesions, or, on the outer side of the peritoneal sac. G. C.