Some difficulties of diagnosis in hepatic disease / by T. Lauder Brunton.

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SOME DIFFICULTIES OF DIAGNOSIS IN HEPATIC DISEASE.

By T. Lauder Brunton, M.D., F.R.S.

Mr. President and Gentlemen,—In considering the subject of Difficulties of Diagnosis in Hepatic Disease, it seemed to me that it was of little use to attempt to give general principles, and that the best way in which I could utilise the 20 minutes at my disposal would be to take 10 illustrative cases :—

Case 1. *Malignant Disease—Liver apparently Normal.*—The first case which I should like to mention is one that was sent to me by Dr. Stevenson, of Grimsby. It illustrates the exceeding difficulty of arriving at an exact diagnosis in some cases of hepatic disease. The man, aged about 45, had been suffering from intense jaundice for two or three months before he came up to London. He was gradually losing strength, and was very anxious that something should be done to relieve him. On examination, a large tumour was found extending underneath the ribs on the right side, and clearly an enlarged gall-bladder. My colleague, Mr. Tom Smith, of St. Bartholomew's, opened the gall-bladder and attached it to the abdominal wall. The gall-bladder was found very greatly distended with bile, but no calculi were

present. Three days afterwards the man died of collapse. It would, no doubt, have been put down as a case of death from the secondary effect of chloroform by some writers, who attribute cases of collapse occurring in this way to fatty degeneration of the heart from the action of the chloroform. Fatty degeneration of the heart was found, but in this instance ether was the anæsthetic employed. On *post-mortem* examination, the liver was found to be perfectly healthy. To all appearances it was of the normal size, and in passing the hand over it nothing wrong could be found with its texture, excepting that in one point, about the middle of the common gall-duct, a small nodule was felt about the size of an ordinary French bean. A probe pushed into the duct from the duodenum was stopped by this nodule. A probe put into the duct from the gall-bladder was also stopped. It was impossible, however, even with the liver lying in the palm of one's hand, and feeling the nodule with the fingers of the other hand, to determine the nature of the nodule. It was only upon section that the nodule was found not to be a gall-stone, but to be the tail end of a piece of malignant disease about the size and shape of a Jargonel pear. This case I think clearly shows the impossibility in some instances of arriving at an exact diagnosis.

Case 2. *Malignant Disease simulating Cirrhosis.*—The second case was that of a man, aged about 45, who had suffered for five years from indigestion. He had been very much worse for a year before I saw him. The dulness of the liver was three inches in the nipple line, its edge was somewhat hard. The diagnosis was cirrhosis. Shortly after I began to see him, the liver swelled somewhat, and I thought this was an attack of congestion occurring in a cirrhosed liver, but, instead of passing away, the swelling gradually increased, and in about three months the gentleman died of malignant disease of the liver, that organ becoming so large as almost to fill the abdominal cavity. One point that might have led us to a correct diagnosis was the constant persistence of disagreeable flatus, strongly smelling of sulphuretted hydrogen, and also another point, which was insisted upon by our President, who had kindly sent the patient to me, viz., that this gentleman, although a free liver, had never been accustomed to take spirits, but had always stuck to wine, and that of the best quality. The points here then that might have led to the correct diagnosis were the persistent flatulence of a disagree-

able odour, and a history of the kind of stimulant that the patient was accustomed to take.

Case 3. *Probable Syphilitic Disease simulating Cancer.*—The next case is that of a man, aged about 45, who came to me with a liver reaching down below the umbilicus. There was no cardiac disease to lead to enlargement from passive congestion, and the diagnosis seemed to lie here, between either a syphilitic liver or a case of malignant enlargement. Iodide of potassium in large doses very quickly reduced the swelling, and in about four or five months the liver had returned nearly to its normal size. In this case the absence of jaundice and emaciation pointed to specific rather than malignant enlargement, but the diagnosis was first rendered certain by the effects of treatment.

Case 4. *Enlarged Liver—not Malignant.*—A similar condition occurred in a man, aged 63, who was suffering from glycosuria. He had an enormously large liver, which under iodide went down, taking, however, as it decreased in size, a nodulated form, and ultimately it took a form very strongly suggestive of malignant disease, with a sharp nodule presenting downwards in the middle line. So much was this the case, that every time I saw him I said to myself: "If I saw this patient for the first time I should say he had malignant disease of his liver." But the progress of the case showed that it could not have been one of malignant disease, because the patient lived for a good many years, and ultimately died of abcesses in the leg, leading to septicæmia.

Case 5. *Enlarged Right Hepatic Lobe—Elongated Gall-bladder.*—The next case is that of a lady with a somewhat elongated thorax, and with a tumour, apparently connected with the liver, coming down nearly into the pelvis. The left side of this tumour was soft and elastic, the right side was hard and resistant. This was supposed to be a distended gall-bladder, the distension being probably due to obstruction of the gall-duct. The lady at the time was suffering from jaundice, and it was uncertain whether the gall-duct was stopped by calculus or by malignant disease. It turned out, however, to be a case of malignant disease. The *post-mortem* examination, of which Mr. Hartley kindly sent me the notes, showed that what we had taken to be an enormous gall-bladder was not really such a large gall-bladder as we supposed it, but was due to the curious shape of the liver. The right lobe of the liver was very greatly elongated

possibly in consequence of tight lacing, so that the hard resistant part, which we took to be probably a stone in the gall-bladder, was really the elongated right lobe of the liver.

Case 6. *Malignant Disease simulating Aneurism.*—The next case, a patient of Dr. Harper, of Barnstaple, was a man, aged about 60, who had been failing in strength for eight or nine months. He had failed rapidly for two or three months before I saw him, and, several months before he consulted me, had an attack in Naples of what was presumed to be malarial fever, with severe rigors. When I saw him, he had a large rounded swelling in the epigastrium. This seemed, on pressure, to descend with the respiration, but the upper part of it was very pulsatile; so strong was the pulsation, indeed, that it really seemed to be a case of aneurism. Because the swelling descended with the respiration, I was inclined to suppose that it was a case of disease of the liver, possibly gummatous, or possibly cystic. The patient was seen by another consulting physician, who found a murmur distinctly over the liver, and gave it as his opinion that it was a case of aneurism. Curious nervous symptoms set in, and the patient shortly died. At the *post-mortem* we found that this really was a case of malignant disease of the left lobe of the liver, the right lobe being almost entirely free. On section, the left lobe of the liver looked almost like a section of brain, but the right lobe was almost entirely healthy, there being only a very few white nodules scattered here and there throughout the substance of the organ.

Case 7. *Gall-bladder simulating Floating Kidney.*—The next case is that of a lady, a patient of Dr. Jeaffreson, who had had a gall-stone about a year before I saw her. She was at that time complaining of *malaise* and a little sickness. There was no very definite jaundice, however, and I found on examination a somewhat rounded swelling below the ribs. This was resonant on percussion. I found it somewhat difficult to move, but I could by gentle pressure force it up behind the ribs, very nearly in the way that one can usually press up a floating kidney. I gave it as my opinion that it was a floating kidney, and I advised the use of a bandage and a pad. These, however, gave little relief to the patient, and Mr. Knowsley Thornton afterwards examined the case. He himself will probably mention what his diagnosis was, but, at any rate, he advised an operation, and upon the

operation being performed, a gall-bladder was found, with a number of stones. The operation proved completely successful in curing the patient. There was one point in this case which might be useful in the diagnosis of others like it. A floating kidney usually slips about on the slightest touch, but the tumour here required pressure to move it.

Case 8. *Gall-bladder simulating Floating Kidney.*—The next case that I have to mention I shall have to take at somewhat greater length. It is one in which I think the circumstances were such as to mislead one more than in most of the others. A lady, married, aged 32, was seen in June, 1887, by myself and Mr. Willett. She complained of pain in the right iliac region of some two or three years' duration. Nothing could be felt or discovered on examination. The urine was acid and contained crystals of nitrate of urea, with a faint cloud of albumen, and once crystals of oxalate of lime were discovered in it. The pain, which came on in paroxysms, and passed down towards the umbilicus, was supposed to be renal in origin. There had never been any jaundice. The patient returned to Java, where she had lived for many years, and remained there for five years. During this time she had several attacks of most severe pain in the right side, and on three occasions had what must have been attacks of peritonitis. In June, 1893, she returned to London with a lump below the liver, which had been noticed for two years, and had been diagnosed in Java as an enlarged gall-bladder. There still had been no jaundice. She was again seen in June, 1893, by Mr. Willett and myself, with the result that the swelling was taken to be a floating kidney. I am bound to say that this was chiefly my diagnosis, and that Mr. Willett was disposed to think that the swelling was a gall-bladder. The reasons that I had for believing that this was a floating kidney and not a gall-bladder were these:—That when the patient was lying, there was a tumour extending down from the ribs, upon the right side, to the umbilicus; when the lady stood up, this tumour descended still further, so that the upper margin of the tumour came to be nearly on a level with the umbilicus, while the lower end of it descended nearly to Poupart's ligament. On laying her upon her back, the tumour could be pushed up right under the ribs on the right side. In order to clinch the diagnosis, as I supposed, I put my fingers upon the tumour and held it down

towards the pelvis. When the lady then expired, there seemed to be no dragging upon the tumour as I presumed there would have been from the ascent of the diaphragm during expiration, had it been a tumour of the gall-bladder, and I, therefore, came to the conclusion that the tumour must be a floating kidney, and in this diagnosis Mr. Willett agreed. From this time onward the lady remained in England, suffering pain from time to time, but never severe enough to lay her up. In January, 1894, she became pregnant, and during the whole period of gestation suffered pain from the tumour. The child was born in September, 1894, and on December 10th, 1894, she was suddenly seized with severe pain in the side, and vomiting, and died of acute peritonitis. On December 2nd, during her last illness, the patient said her attack was similar to those she had in Java. The temperature rose to 107°; no food could be retained. During the attack the tumour was very tender. You will notice that in addition to the mobility of the tumour and its apparent disconnection with the liver, as shown by its not giving any sensation of being dragged upwards during expiration when held by the fingers, that there was the history of pain passing down towards the umbilicus. Now, Murchison says that in his experience, pain due to gall-stones is not reflected downwards towards the umbilicus, but only upwards. In this point he disagrees entirely with Trousseau, who states that the pain of a gall-stone may pass down towards the umbilicus instead of going up towards the trunk, as it usually does. On opening the abdomen, diffuse septic peritonitis was at once seen. The gall-bladder was greatly enlarged and distended, with nearly colourless viscid fluid and a large number of gall-stones. The largest gall-stone was nearly an inch in diameter, and was impacted at the neck of the gall-bladder. The gall-stones had set up inflammation in the gall-bladder, the wall at one place being no thicker than a piece of tissue paper. There was some suppuration into the gall-bladder at this place. No actual perforation was found, but it appeared that this suppuration of the gall-bladder was the starting point of the fatal peritonitis. There was no disease of the stomach, intestines, or pelvic viscera. There was no stone or any other disease of the kidneys or ureters. In this case my statements regarding the position of the tumour in the various positions of the patient, are from notes taken at the time, but I have no note of the position of the edge of the liver

and its relation to the tumour in these different postures, and probably I did not ascertain it, for at that time the idea that there might also be a loose attachment of the liver which would allow it to alter its place so much as to admit of such great alterations in the positions of the gall-bladder, never entered my mind. It is obvious that in any similar case this should not be omitted, and the lesson to be learned from the unfortunate issue seems to me to be that, where the pain is long continued, where it does not yield to remedies, and where the diagnosis is uncertain, it is better to operate, because the operation is likely to relieve the patient whether the disease be gall-stones or floating kidney.

Case 9. *Enormous Gall-stones without Hepatic Symptoms.*—The next case is that of a man who had no symptoms of gall-stone, no symptoms of disease of the liver at all. He one day appeared to get a chill by walking for a considerable distance very quickly, sitting in a cold tramcar afterwards, and then, when he got home, drinking copiously of milk. During the night he was seized with a severe attack of pain in the abdomen, and had all the symptoms of typhlitis. These symptoms continued at intervals for two or three months, and then finally he came to London. I may mention here that while he was in South Africa, a tumour had been found nearly at the umbilicus, extending 2 inches above and 2 inches below the umbilicus, but when he came to London this had disappeared and a tumour was then to be felt extending from the ribs, on the right side, nearly down to the umbilicus. This tumour could not be very readily moved, and was hard upon pressure. It was opened by Mr. Treves, who found that it consisted of a gall-bladder nearly half an inch thick, and with several enormous gall-stones, six, I think, of about the size of a walnut, and two about the size of a hickory nut. The operation was completely successful, and the man went back well.

Case 10. *Obliterated Gall-duct and Absent Gall-bladder.*—The last case that I have to mention is that of a man, aged 60, who had suffered from gall-stones more or less for six years. When he came to this country, he had lost weight very considerably, and he was not only much emaciated, but was of a very dark jaundiced colour indeed. The liver seemed to be slightly enlarged, but not very much, and there was a small rounded tumour under the ribs on the right side. This tumour I took to be an enlarged gall-bladder, and the case I supposed to be one

either of impacted gall-stones, or of occlusion of the gall-duct from old cicatrices. I thought that in all probability it was not of malignant origin, because he had been at one time, four or five months previous to my seeing him, very much worse, very much thinner, and very much weaker than he was. The fact that he had, as it were, begun to recover before I saw him, seemed to put malignant disease out of court. He was operated upon in Edinburgh, and it was then found that there was no gall-stone; there was, indeed, no gall-bladder. What I had taken to be the gall-bladder was the omentum and the pyloric end of the stomach tucked up into the liver in the place where the gall-bladder usually ought to have been. The gall-ducts themselves were completely occluded by the pressure of old cicatricial tissue. The adhesions were torn down, thus gaining a passage for the bile through the gall-duct into the duodenum, and the abdomen was sewn up. The gentleman recovered, but presented afterwards a very curious colour, resembling, indeed, that of a person suffering from Addison's disease; so that at first there was some doubt as to whether the supra-renal capsule on the right side might not have been injured by the operation. He was treated with minim doses of tincture of supra-renal capsules. Whether it was due to this treatment or not, I cannot say, but he gradually lost his strange colour, and one of the Christmas cards I had this year was his own portrait, to show how very much stouter he had got, and that he was perfectly well.

I fear I have exceeded my time, but I trust the cases I have referred to have been interesting and useful, especially those where a mistake has been made, and I hope the narration of them will enable others to avoid falling into similar errors.

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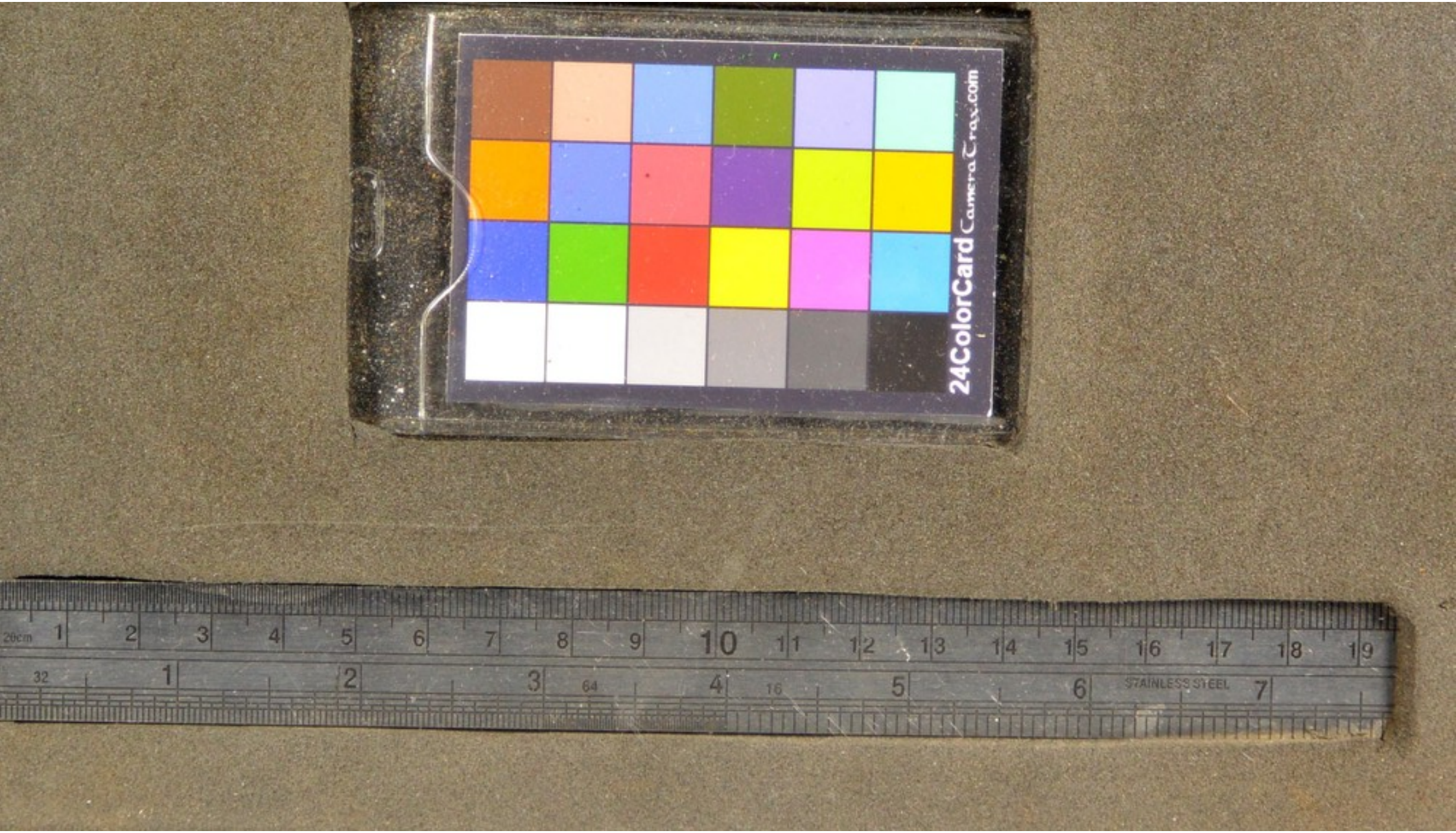
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