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THE OPERATION FOR LIVER ABSCESS.

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In 1906 an article by the writer appeared in the Journal dealing with the treatment of liver abscess by drainage and irrigation through a small aperture. Experience of this method and the successful results obtained by Bier’s methods of treating abscesses have caused the technique to be modified from time to time, but whilst certainty and simplicity have been added to the operation, the principle remains the same, that is, the cleansing and drainage of an abscess through a small aperture.

Fig. 1.—Guided by the aspirating needle a fine pair of probe-like forceps is inserted into the abscess cavity. The opening made by the needle is in this way dilated to admit a small catheter.

The operation is so simple that it may be described in a few words; a reference to the illustrations will make the technique clear:

1. Pus is sought for in the usual way.
2. The aperture is dilated and a vulcanite catheter introduced.
3. The pus is aspirated and the cavity washed out.
4. Quinine may be introduced into the cavity.
(5) A Bier's bottle is applied, and the abscess cavity subjected to negative pressure.
In most cases it will be found necessary to remove the glass bottle on the third or fourth day. The tube is removed on the fourth day and the bottle re-applied.
The tube is placed in boiling oil before insertion; introduction is thus facilitated, and the oil, by preventing clotting, facilitates drainage. The bottle is sealed in position by collodion.

Fig. 2.—The tube, in this case a No. 12 vulcanite catheter, has been inserted, and a dressing of collodion and wool placed around it.

The advantages of this method are as follows:

(1) The method of treatment by aspiration of pus and the injection of quinine has given such good results that any other mode of treatment may appear unnecessary. Many cases, however, are quite unsuited to this treatment, and some form of drainage is essential. The patient upon whom the procedure here described is performed is submitted to no more severe operation and runs no more risk of secondary infection than the patient who is merely aspirated, and in addition is placed in a more secure position.

(2) The negative pressure within the abscess cavity promotes rapid obliteration of the cavity.
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(3) If the abscesses be multiple, adjacent abscesses will open into the abscess cavity subjected to negative pressure.

(4) Secondary infection is almost impossible.

(5) Convalescence is greatly accelerated; in the last case operated upon by this method the patient was earning his living as a blacksmith within six weeks of the operation.

Fig. 3.—The operation has been completed and the Bier's bottle applied over the site of operation. The air in the bottle has been partially exhausted, subjecting the abscess cavity to negative pressure.

It may be asked, will thick, tenacious pus and sloughs drain through a small tube? The operator will be guided by the pus aspirated in selecting a tube of suitable calibre; in the majority of cases a No. 6 catheter will be found sufficiently large. By experiments on animals, the writer has found that the drainage through a No. 14 catheter with this apparatus is equal to the drainage through a 1 inch rubber drain with resection of rib, a mixture of treacle and sawdust being used in the experiment.
To illustrate paper "Compound Fracture of Third Metacarpal Bone of Right Hand." By Lieutenant J. B. G. Mulligan, R.A.M.C.