CASE OF SARCOMA OF STOMACH.

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OUT of 50 cases of malignant disease collected by Drs. Perry and Shaw the growth was sarcomatous in only 4, and all of these were of the round-celled variety.¹ Mr. Rutherford Morison's 5 cases recorded on April 1st, 1899, in the *Lancet* were all cancerous. The unusual nature of the following case is my excuse for putting it on record:

Early in November, 1900, I was consulted by the patient, and found under the right rectus muscle, and nearly as low as the umbilicus, a firm, irregularly globular lump the size of a tangerine orange. For ten years he had suffered from dyspepsia, and for the previous eight months pain had been nearly constant, but he had never been sick, although during

Fig. 1.—Shows interior of stomach looking towards the pylorus.

the previous ten weeks he had lost $1\frac{1}{2}$ stone in weight. I told him at once that the abdomen should be opened and if possible the lump removed. He agreed, and on November 28th, 1900, he was admitted to the Doncaster Infirmary.

Operation.—On December 7th, after having the stomach well washed out, ether was administered, and I opened the abdomen by Billroth's incision, 5 inches long, and was able to ascertain the relations of the growth. It was situated on the greater curvature of the stomach, and extended into the duodenum. The isolation of the pylorus and stomach was a tedious business, and was accomplished by clamping, ligaturing, and then dividing the omentum in many segments. Three glands were found—one the size of a small nut and the others like peas, and were removed. In order to take out the whole growth and a good margin of sound tissue, one corner of the pancreas was removed. When the stomach and duodenum had been cleared well beyond the tumour they were clamped, the stomach by two pairs of large pedicle forceps. The duodenum and stomach were then divided with scissors. The upper portion of the stomach was united by a continuous suture, tucked in, and the peritoneum drawn together by Lembert sutures. Purse-string sutures were then run round the lower part of the stomach opening and the duodenum, and Allingham's bobbin of decalcified bone were placed in position and these sutures drawn up and tied. To make assurance doubly sure a great number of Lembert sutures were introduced all round the union. All the tissues dealt with were highly vascular, but as nearly all the vessels were ligatured before they were divided, the patient did not lose more than from 2 to 3 ounces of blood. After careful sponging the parietal wound was stitched up with silkworm sutures, taking in the whole thickness of the abdominal wall. On the eighth day these were removed, and the wound was found to be healed. The temperature reached 100° the first two days,

and was then nearly normal until the tenth day after the operation, when he had a sharp attack of parotitis on the right side, and a temperature of 102° was reached. The eighteenth day, which was Christmas Day, the patient was upon a couch playing a violin and eating turkey. From this time he gained 18 lbs. in twenty-one days, and he now weighs 11 stone, his normal standard, and he has been for nearly a fortnight back at his work.

The tumour on examination was found to be as much inside as outside the stomach and duodenum, but there was no constriction whatever of the pyloric opening. This doubtless accounts for the absence of sickness and for the fact that there was no dilatation of the stomach. Its weight was just half a pound.

The histological report by Mr. J. H. Targett, is as follows: "The growth in the wall of the stomach is a sarcoma of the mixed-cell type. Many are small spindles, others round, and others again are polyhedral. It seems to have originated in the submucous tissue, and gradually invaded the muscular coat on the one side and destroyed the mucous membrane over it. This is a rare type of growth to affect the stomach."

Fig. 2. Shows the projection of the growth on the serous surface.

My best thanks are due to my colleague, Dr. Selby, for his able assistance during the operation, and to Mr. Willy, the house-surgeon, for his incessant care in watching the case.

REFERENCE.

¹ Allbutt's *System of Medicine*, vol. iii, p. 567.

PERFORATED GASTRIC ULCER: OPERATION TWENTY- EIGHT HOURS AFTER PERFORATION: RECOVERY.

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THE patient, an anæmic girl, aged 17 years, was admitted to the Royal South Hants Hospital, Southampton, on December 23rd, 1900.

History.—She had suffered from anæmia, with dyspeptic symptoms for some time, but had none of the typical symptoms of gastric ulcer. About 2 P.M. on December 22nd, a short time after a meal of bread and cheese, when sweeping the kitchen in her mother's house, she was seized with