NOTES OF TWO CASES OF ABDOMINAL SECTION ILLUSTRATING POINTS OF INTEREST.¹

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I.—ABDOMINAL SECTION FOR LARGE TUMOUR IN THE STOMACH: DISAPPEARANCE OF THE TUMOUR: COMPLETE RECOVERY.

On November 14th, 1893, I was asked by Dr. Sinclair to see Mrs. F., aged 55. He informed me that she had suffered from recurrent attacks of vomiting for a year; five months ago a tumour was detected in the epigastric region. This had gradually increased, the vomiting had become more frequent, and when I saw her she was entirely confined to bed; she had a wasted anxious look without elevation of temperature, and I found a large tumour in the epigastric region passing down below and to the right side of the umbilicus. As Dr. Sinclair had tried all the ordinary forms of treatment I recommended that the abdomen should be opened, the tumour examined, and, if possible, gastro-enterostomy performed.

The patient was admitted to the Blythswood Home, and on November 27th, assisted by Drs. Sinclair, Bryce, Pace, Dewar, and Burnside Buchanan, I opened the abdomen, and found a large, hard, irregular tumour extending from the pylorus over the anterior wall of the stomach upwards to the cardiac end. The tumour was fixed in every direction, and had all the appearance of malignancy, and this was the feeling of those present at the operation. No operation could be performed, so the abdomen was closed. The patient recovered without a bad symptom, and has never vomited once since the operation.

The tumour has entirely disappeared, the patient has gained a stone and a-half in weight, and has returned to her work as a sick nurse. As it is now eighteen months since the exploratory incision, I think we are justified in recording the case; at the same time it must not be forgotten that malignant tumours, after exploratory incision, sometimes diminish for a time.

A good deal of attention has been directed from time to time to the spontaneous disappearance of tumours, and also to the effect which exploratory incisions produce on the internal vital activity of processes going on in the abdomen.

In a very interesting paper by Professor George Buchanan² he refers to several cases, and recently, before the Royal Medical and Chirurgical Society, Mr. Greig Smith,³ of Bristol, read a most instructive paper on the Spontaneous Disappearance of Solid Abdominal Tumours.

The case which I have recorded serves to confirm the opinion of those who have written on the subject, that where a solid abdominal tumour disappears after exploratory incision and exposure to the light—that tumour was inflammatory in its nature. Considering the effect of exploratory incisions and their almost absolute safety, it seems right that in cases of abdominal tumour giving rise to any urgent symptoms which do not yield to ordinary treatment an exploratory incision is justifiable and proper.

II.—ABDOMINAL SECTION IN A CHILD OF 9 MONTHS FOR OBSTRUCTION OF THE BOWELS: RECOVERY.

At midnight on June 14th, 1894, I was asked by Dr. Suttie to see a child, aged 9 months, suffering from obstruction of the bowels. Dr. Suttie had seen the child five hours previously, and then the mother stated that the bowels had not moved for twenty-four hours, and the child had vomited. Dr. Suttie found a tumour in the right iliac region, which he diagnosed as an intussusception. Having washed out the lower bowel, he inflated and succeeded in reducing the tumour one-half, but the other half remained, in spite of manipulations, shakings, and inversion.

On examination I found a well-marked tumour in the right iliac region, with very little tenderness, and, as the inflation and other means had been thoroughly tried, I advised abdo-

minal section. Assisted by Dr. Suttie, I opened the abdomen, and with some difficulty I drew out the invaginated piece of bowel at the ileo-cæcal region; on gently pulling out the bowel it was evident that slight adhesion had formed. The child made a perfectly good recovery.

There is no doubt that in cases in which intussusception takes place and is not reduced by ordinary means, the sooner an operation is done the better it is for the patient; on the other hand, there are many difficulties in arriving at a certain diagnosis.

We should always bear in mind that any abdominal derangement quickly lowers the vitality of the patient, and the more rapidly we can give relief the better.

A CASE OF IMPACTED GALL STONE: JAUNDICE OF SIX YEARS' DURATION.

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THE following case of jaundice consequent on impacted gall stone appears worthy of record for various reasons, principally, perhaps, on account of its unexampled duration:

In January, 1889, J. A. A., aged 36, a respectable married woman, with no history of alcoholism or miscarriage, was seized during the night with excruciating abdominal pain, accompanied by vomiting, but without any history of rigor. Ordinary domestic remedies were resorted to and the pain was relieved. The following morning the patient was found to be jaundiced, and remained so until her death in December, 1894—a period of five years and eleven months.

No history of any subsequent or previous attack of similar pain was obtainable, and the patient remained in fairly good health until January, 1892, when she was admitted into the Leeds General Infirmary under Dr. Eddison. The notes report that she was considerably jaundiced, with enlarged liver, much ascites, and considerable tenderness over the site of the gall bladder. Xanthelasma was present; oedema of legs appeared; albumen was present in the urine; the ascitic fluid somewhat diminished; "hard nodules" were felt in the right lumbar region. When the patient left the hospital the opinion was that she was suffering from malignant disease of the liver.

In October, 1894, five years and nine months after the primary onset of the disease, the patient was admitted again under my care. She was markedly jaundiced, spare, aged-looking, with no ascites, great enlargement of spleen, irregular outline of abdomen, visible peristalsis, dilatation of the stomach, and ballooning of the rectum. She was seen by Mr. Mayo Robson, who reported no enlargement of the liver, and no distension of gall bladder. An exploratory operation was suggested, but owing to the condition of the patient's general health could not be undertaken. She was put upon chloride of calcium; the hæmorrhagic staining diminished, her blood showed no increase in white blood cells. Violent hæmatemesis with mæna ensued, and copious vomiting of yeasty material, from which sarcinae were obtained. On November 30th the patient vomited upwards of 2 quarts of blood, without any very decided shock to her system; the splenic enlargement showed considerable diminution, and three days later death occurred, five years and eleven months after the primary onset of the jaundice.

Aided by the old notes, by the fact that Dr. Roberts, resident medical officer, who remembered the patient when in the infirmary nearly three years previously, and was able to state that there was practically little difference in her appearance, the diagnosis was rendered a simple matter, and on December 4th a *post-mortem* examination by Mr. F. Walker showed general matting together of all the abdominal contents by old peritonitis, obstruction to the passage of bile by a stone which had in all probability remained where it was found for a period of nearly six years. The following report on the liver is kindly provided by Mr. W. A. Stott, Pathological Curator: "The gall stone is egg-shaped, and weighs 4

¹ The cases were shown at a meeting of the Glasgow Pathological Society.
² *Lancet*, November 7th, 1885.

³ *BRITISH MEDICAL JOURNAL*, 1894, 1, p. 190.