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CASE

OF

CANCER OF THE STOMACH,
OCCURRING IN A PATIENT WHO WAS THE SUBJECT OF A
RARE CONGENITAL CONFORMATION OF THE KIDNEYS.

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The following case may not be deemed unworthy of the attention of the profession, both from its rarity as an example of congenital peculiarity of structure of the kidneys, and from its practical relations to diagnostic medicine:—

Elijah Field, aged forty-nine, who had resided all his life in a most healthy locality on the Yorkshire wolds, was placed under my care, as an in-patient, at the Hull Infirmary, September 22, 1843. There was some tenderness in the epigastrium, with fulness and tension towards the right side. There was nothing in the previous history of the case to throw light on the origin of the disease, beyond the fact of the patient having suffered much anxiety two years before from a loss of property. He was of the sanguine temperament, and evinced much acuteness of intellect, with a morbid irritability of temper. He was put upon gruel, rice, and beef-tea; had the epigastrium leeches and blistered, and took the ponderous carbonate of magnesia with hydrocyanic acid, and the milder alterative and aperient medicines. The relief from this plan was inconsiderable, and but temporary. After a few weeks' trial of various modifications of treatment adapted to the relief of severe stomachic irritation, the emaciation still progressing, he left the hospital for a short time, for the benefit of his native air.

He again returned to the hospital, November 27, with a more decidedly visceral countenance, and the peculiar sallow hue indicative of carcinoma. The emaciation was progressing rapidly. He also experienced an increase of gastrodynia, with occasional vomiting of half-digested food some time after a meal; and, in the fasting state, of a mucous secretion streaked with blood. On this occasion my attention was drawn to a swelling about the navel (now more apparent from the great emaciation), which imparted a strong pulsation to the fingers, and even indicated the same to the eye on a close inspection. The stethoscope also conveyed to the ear a distinct *bruit*. The swelling did not feel like an aneurysm, but rather like the aorta in a well marked state of dilatation. Having ascertained these facts, I showed the case to Mr. Wallis, the able teacher of anatomy and physiology at the Hull School of Medicine, and my surgical colleague at the hospital, who entirely coincided with me in the conjecture that the phenomena arose from dilatation of the abdominal aorta, and who also suggested that the pressure of the dilated

vessel on the thoracic duct might have much to do with the rapid emaciation.

Shortly afterwards the patient returned into the country to die at home, there being plainly no resources in medicine to do more than palliate the most urgent and distressing symptoms. He still sent to the hospital for a supply of medicines, and continued to the last to derive great comfort from the ponderous carbonate of magnesia and hydrocyanic acid, with tincture of henbane. Large draughts of cold water allayed his thirst. He also took, with advantage, half grain doses of hydrochlorate of morphia at nights. He died Jan. 5, 1844.

Post-mortem Examination.

The dead body exhibited marks of extreme emaciation. On opening the abdomen, the tumor, which had been mistaken for a dilated aorta, presented itself, and consisted of an intervening portion of kidney overlaying the aorta. Accordingly, instead of two kidneys, *the renal apparatus was but one*, which took a semilunar form, the two pelves of which necessarily ranged themselves more at right angles to, than in a parallel direction with, the spinal column. The two renal arteries went off as usual from the aorta down to each lateral portion of the double kidney, but at a much more acute angle in relation to the spine than is usual. There was this peculiarity also about the supply of blood to it, that a third renal artery arose just above the bifurcation of the aorta into the two iliacs, and mounted upwards for distribution to the intervening portion of kidney, which overlaid the aorta. Another singular accidental circumstance combined with this *usus nature* to give additional prominence to this tumor. There was a considerable exostosis shooting off from the entire surface of the body of the third lumbar vertebra, which raised both the aorta and the superincumbent portion of kidney. This disease of the bone was probably the result of a concussion given to the spinal column many years before from a fall on the head from the top of a waggon laden with straw.

In these unexpected appearances we found at once a solution of the phenomena observed before death, so far as the abdominal tumor was concerned, and the correction of our interpretation of them. The strong pulsation was evidently owing to the joint influence of the aortic movement, and of the synchronous action of the three renal arteries. The *bruit* must have been produced either by the recurrent movement of blood in its propulsion through the third ascending renal artery, or by some mechanical impediment offered to its course through the aorta by the exostosis before mentioned. But in all this we found no explanation of the symptoms of disease of the stomach and its accompanying emaciation. An inspection of that organ, however, satisfactorily explained the whole. Though cancer of the stomach occurs, as is well

known, most frequently in the pyloric portion, yet no part of the organ is exempt from its ravages. In the present instance the entire lesser curvature, including both the cardiac and pyloric orifices of the stomach, was much thickened by carcinomatous change of structure, and exhibited interiorly a ragged and ulcerated surface. In short, the ravages of cancerous disorganisation had obviously annihilated the functions of the organ.

The post-mortem examination was executed in my presence by Mr. Wallis, who, having seen this report of the case, attests its substantial accuracy as to all the anatomical details. He has also kindly furnished me with the following notes of his own, taken on his return home after the inspection of the body:—

“On opening the abdomen, and reflecting the omentum majus, a fleshy-colored tumor presented itself in the umbilical region, covered by a layer of peritonæum. On removing this covering, the kidney presented itself not united by an isthmus, as is sometimes the case, but placed transversely across the spinal column resting on the third lumbar vertebra. The renal arteries arose from the *anterior* surface of the aorta; the left a little below the right, and entered the middle portion at a distance of about two inches from each other, where the pelves were situate. The renal veins ascended some distance, and communicated with the vena cava ascendens, the left reaching higher than the right. A third renal artery arose from the aorta, just above the bifurcation, and, after ascending, subdivided into two branches in the central portion near the pelves; the blood from this vessel was returned by the renal veins. The two ureters descended in front of the kidney.

COINCIDENCE OF ALBUMINURIA AND PUERPERAL CONVULSIONS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—As the following case is a good illustration of the coincidence of albuminuria and puerperal convulsions, perhaps you will deem it worthy of insertion in your Journal:—

E. G., aged twenty, unmarried, and pregnant for the first time, a stout, healthy-looking woman, had passed through eight months of gestation in the enjoyment of perfect health. During the last month, however, she became universally anasarcaous, her face even being much swollen and pallid; for a week previous to her confinement she had suffered much from headache. On the 4th of January last she was delivered by a midwife of a living female child, her labor being easy and natural. Almost immediately after delivery she became hysterical, crying and sobbing violently; this state lasted nearly an hour, and then terminated in a regular convulsion, speedily followed by a second. I was summoned, and, on my arrival, found her in a half unconscious state, breathing heavily, and complaining of great pain in the head, the pupils dilated and sluggish, and her pulse quick, sharp, and bounding. She almost immediately had another violent convulsion; when this had subsided I opened a vein in her arm; after about twenty ounces

had been drawn the pulse suddenly failed, and of course the vein was closed. Two drops of croton oil were given, and her legs wrapped in mustard poultices. After three-quarters of an hour had elapsed she had another violent convulsion. As the pulse had again risen, I opened the vein, but not more than six ounces of blood had escaped before the pulse again failed. She now became much more sensible, and said the pain in her head was better. I ordered an enema to be administered directly, and left her. At the expiration of three hours I again saw her, and found that she had had three convulsions; she was now more insensible than I had yet seen her, her pupils dilated, and breathing laborious. With her pale, bloated face, and the cold, doughy surface of her body, she bore a striking resemblance to a person laboring under the coma of Bright's disease; the pulse had become sharp and hard, so that I abstracted twenty ounces more blood. Very soon after this blood-letting she became more sensible, answered me rationally, and expressed herself much relieved of the pain in her head. The first drawn blood was highly buffed and cupped; that from the last two bleedings not at all so.

The enema had acted well. I now gave her a quarter of a grain of antim. pot. tart. every half hour. She fell asleep for some hours, and slept quietly, but very frequently, and for hours after, the muscles of the face were convulsed, although she had no more general convulsion.

No urine was *secreted* for nearly forty-eight hours after her delivery; at the expiration of that time I drew off about six ounces of very thick urine, which was highly albuminous. For the next four days the discharge of urine was abundant; the quantity of albumen in it diminished rapidly, and at the end of a week there was not a trace of it; the anasarca also had disappeared entirely.

The medical treatment pursued was the administration of two grains of hydrarg. chlor., and a quarter of a grain of antim. pot. tart., every four hours, with one drachm of mag. sulph. ex. liq. ammon. acet. After three days all medicines were discontinued; her gums were very slightly affected by the mercury.

Of the fourteen cases of puerperal convulsions, recorded by Dr. Lever as occurring in Guy's Lying-in Charity, thirteen were accompanied with albuminuria. This coincidence, first observed by that gentleman, is a most interesting fact, especially as the convulsions bear so marked a resemblance to those which frequently precede the death of patients suffering under Bright's disease of the kidney. It is very desirable that all those who meet with cases of puerperal convulsions should carefully examine and record the state of the urine; in this way a mass of observations might be soon collected, from which a more correct and definite pathology of this fearful disease could be deduced.

I am, Gentlemen,

Your obedient servant,

CALEB ROSE.

Swaffham, Norfolk, Jan. 30, 1844.