PARTIAL GASTRECTOMY FOR PYLORIC CANCER.

BY

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J. R., 41 years old, was sent to the Royal Victoria Hospital on December the 15th, 1903, by Dr. Haldimand, complaining of pain in the upper part of the abdomen, vomiting and very obstinate constipation.

Until one year ago the patient enjoyed good health, then without any apparent cause, he was seized with severe pain in the epigastric region, accompanied by nausea, vomiting, some fever and followed by obstinate constipation but without jaundice.

During the year he had several severe, besides some milder attacks of this character, the last, four days before entering the hospital. With the exception of an attack of typhoid fever, when he was 28 years old, his previous history was of no moment.

Examination on entrance revealed a very tender mass in the upper right quadrant of the abdomen, suggesting a distended gall-bladder, but an exploratory incision on December the 18th, 1903, shewed that the swelling was due to a collection of semi-solid and greenish-yellow fluid lying partly in front of the peritoneum, extending upwards in front of the ribs, and intraperitoneally occupying a part of the sub-hepatic space, to the right of the gall-bladder, which latter was moderately contracted but contained no gall-stones.

There were numerous veil-like adhesions between the liver and omentum. The cavity was packed and partially sutured. The patient made an uneventful recovery and returned to his employment, enjoying excellent health for a period of fifteen months. The fluid removed from the abscess-like cavity was examined, and reported to be sterile.

In April, 1906, the patient consulted Dr. Peters for attacks of severe pain coming on two hours after eating, more or less persistent epigastric distress, eructations of gas and obstinate constipation, from which he had suffered for about 6 weeks. An examination of the stomach contents, removed one hour after an Ewald's test breakfast, was made.

The fluid measured 80 c.c., was hyper-acid but contained no organic acids. The inflated stomach was neither displaced nor enlarged, and an X-Ray plate shewed no abnormal condition.

Systematic examination of the stools was also undertaken and this led to the discovery of pieces of gauze which were passed on several occasions during June. This gauze did not resemble in texture that used for surgical dressings in the Royal Victoria Hospital. The subsequent laparotomy confirmed the opinion that the gauze had gained entrance to the alimentary tract by the ordinary aperture.