THREE CASES OF PYLORIC OBSTRUCTION.*

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Case I.—F. P., aged 39. Family history negative. Patient states that for two years he has had repeated attacks of biliary colic, accompanied by jaundice. Has been free from these attacks during the last four months, but suffers from constant epigastric pain. He is steadily losing flesh, and suffers from what he believes to be dyspepsia, vomiting being of daily occurrence. The ejection of the food occurs about half an hour after meals and is unaccompanied by nausea. The vomited material consists of partially digested food and mucous unstained by blood. On examination some thickening is found about the pylorus, and the mass is quite tender to the touch. As medical means have been exhausted with no result, the patient demands operation.

A test breakfast shows the presence of hydrochloric acid.

Diagnosis—uncertain.

Operation.—The abdomen was opened above the umbilicus in the usual way, and the anatomical landmarks within were found to be entirely obliterated by adhesions. The gall-bladder was at first not to be found, but by patiently breaking down adhesions, the gall-bladder was finally found to be the centre of the mass, which consisted of the pylorus, duodenum, transverse colon, the liver, and some coils of jejunum, all firmly adherent to one another. The duodenum was drawn firmly downward against the greater curvatures of the stomach in such a manner as to kink the pylorus and produce a valve-like closure of that opening. The stomach was enlarged but the pylorus was not contracted; nor was there any evidence of gastric ulcer. The walls of the gall-bladder and bile ducts were thickened and the adhesions were found to be most firm at this point. The condition appeared to have been primarily one of cholecystitis and cholangitis, this followed by perigastritis with adhesions.

The patient made an uninterrupted recovery, gained rapidly in weight, and is now quite well two years after operation.

Case II.—Miss M., aged 25. Family history negative.

Previous illness—Necrosis of tibia near knee joint, about 15 years ago.

Present illness began February, 1902, with symptoms of anemia and necrosis of one of the bones of the foot. The sinus was curetted and iron preparations given for the anemia, with slight improvement for a time. In April the action of her heart became very rapid on the slightest exertion, so she was kept in bed for six weeks, improving very slowly under iron

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