

CASE OF DILATATION OF THE STOMACH ARISING FROM CANCER OF THE PYLORUS.*

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The case which I have been requested to report to this meeting, has in it some peculiar features to which I shall call your attention in the few hurriedly written notes I have before me. The case is that of H. R., a prominent citizen of this town, who died last week at the age of fifty-four years. His family history was good, both of his parents having lived to old age. He worked hard for many years as a carpenter and builder until about eleven years ago, when he noticed what he considered were symptoms of dyspepsia coming on. These symptoms gradually grew worse, and by those who saw him at the time his sufferings have been described to me as most severe. He suffered great pain, with nausea and vomiting. He became rapidly debilitated, and his appearance in every way indicated that his condition was most serious. After a few weeks, hemorrhage became almost a constantly recurring symptom, so that during the next fortnight he would several times a day, when vomiting, eject quantities of blood. Suddenly, however, there occurred a remission of the anorexia, pain, hemorrhage and vomiting so that the patient believed he was recovering and was able to take plain nourishment in small quantities. The natural condition of the stomach seemed to have returned and he was soon able to do light work. The medical men who had seen the case were as much surprised as they were pleased to notice this remarkable change. Their diagnosis had been cancer of the stomach, and although their patient seemed to be recovering, they did not waver in their opinion. I may depart from this subject to note the fact that one of the medical men, Dr. H. L. Vercoe, a man highly esteemed in the profession; has himself died of cancer of the intestine since the apparent recovery of the patient, whose case I am to-day reporting to you. I well remember Dr. Vercoe relating to me the peculiarity of this case and assuring me that he still believed there was malignant disease of the stomach in the case of Mr. R. His consultant in the case had been Dr. Gouinlock, now of Warsaw, N. Y.

Since the time when Mr. R. began to recover from his severe illness, his condition, as I have said, continued to gradually improve, and two years afterwards he visited Scotland and seemed to return with renewed vigor of body and mind. In company with his sons he continued for several years to manage a grocery and a large meat packing establishment having at times a great deal of responsibility resting upon him. He however enjoyed fairly good health although he had at all times to exercise great care over his diet, any irregularity in which would bring on the distressing vomiting, similar to that of his former and much dreaded illness. He received little or no medicinal treatment. He had a powder composed of bismuth subnit. and sodii bicarb. and a pill of nux vomica, with which he told me he regulated any slight attack of indigestion that might arise. His appearance, although not rugged, bore no evidence of any serious ailment. On November 30th and December 1st he had long drives amounting in all to about 60 miles, and was exposed to cold and went home on the evening of December 1st, thoroughly chilled. I saw him on the following morning and found him with both temperature and pulse normal, but suffering greatly from nausea and unable to retain anything on his stomach. I prescribed lime water and milk with 10 grs. of lactopeptine combined with sodii bicarb., and this relieved him for a few days, after which all the symptoms of the illness from which he suffered eleven years previously, with the exception of the pain, returned. Liquor bismuthii was tried with success for a few days, but like the other remedies seemed to only afford temporary relief. It is not necessary, gentlemen, to occupy your time by reading to you all the notes I have on this case. The patient gradually became weaker and the stomach refused to bear all nourishment, and latterly everything was vomited shortly after being taken. The bowels were constipated throughout. A splash or succussion sound was plainly heard on shaking or moving the patient, and when a large mouthful of fluid was swallowed it could be distinctly heard dropping into the enlarged cavity. These latter diagnostic signs were more marked than I had ever seen them before, and convinced me that the amount of dilatation must be very great. The irritable condition of the stomach continued, and nothing but small quantities of peptonized milk

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