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VISIBLE CONTRACTILE TUMOUR OF THE PYLORUS FOLLOWING ULCER OF THE STOMACH.

By WILLIAM OSLER, M.D., LL.D., F.R.C.P.,
Professor of Medicine, Johns Hopkins University, Baltimore.

In stricture of the orifice one can not infrequently feel the contractions in the enormously hypertrophied pyloric region of the stomach. In such cases a wave of peristalsis may be felt, during which the anterior wall of the organ hardens, and then, as the wave approaches the pylorus, a firm, hard mass may be grasped, which gradually relaxes, sometimes with a gurgling of gas. In very thin patients with much dilatation of the stomach the peristalsis is readily to be seen and the pyloric tumour may also become visible. In the following case the tumour at the pylorus was remarkably distinct and as it hardened in contraction lifted the skin in the epigastric region, so that a prominent mass could be seen even at a distance. The large size of the tumour suggested the possibility of carcinoma, but the history, and the evident muscular character of the mass, made me feel sure that it was chiefly due to the hypertrophied muscularis.

The subsequent history of the case, too, is of interest. Successful gastro-enterostomy was performed by Dr. Bressler, and three weeks subsequently the Murphy button which had been used perforated the colon, causing fatal peritonitis.

Attacks of gastralgia—Hæmatemesis—Prominent tumour at pylorus, which relaxes and contracts and appears and disappears beneath the skin—Dilatation of the stomach—Gastro-enterostomy; perforation of the colon by the Murphy button.

B. S., aged 28, admitted to the Johns Hopkins Hospital December 1st, 1893, complaining of pains in the stomach. His family history is good.