Cumston (C. G.)

A CASE OF HOURGLASS STOMACH

(STOMACH *EN BISSAC*).

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OPERATION. RECOVERY.

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Miss W. S., aged forty-seven years, was first seen by the writer in March, 1898. At that time she was complaining of a severe pain in the right side and pain in the epigastric region and occasional vomiting after eating. The patient was a thin, anæmic subject, in a rather despondent condition of mind. Examination revealed what was believed to be a dilated stomach in a state of ptosis and a right-sided ren mobilis.

On the supposition that this was a case of gastroptosis and gastrectasis, the symptoms of which were exaggerated by the presence of a very movable kidney, nephropexy was performed a few weeks later, with the result that the pain in the right side was completely relieved, but the digestive symptoms continued quite as before.

In November, 1898, the patient was again seen, complaining bitterly of her stomach, and a more careful history of the digestive disturbances was obtained, a

thing that should have been done in the first place, as the symptoms were far too marked to have been neglected as they were.

At the age of seventeen the patient had typhoid fever and had suffered ever since from what she called indigestion; but at about the age of twenty-six attacks of pain in the epigastric region and vomiting began to occur, and have been more or less constantly present ever since. The attacks of gastric pain occur more especially after a hearty meal, excessive bodily exercise, or mental fatigue, but at no time was any blood vomited or passed per rectum.

The menses have always been regular and painless. Chronic constipation of severe grade has been present for many years, and the patient has frequent attacks of frontal neuralgia. The heart and lungs are normal. Analysis of the urine gave the following results: Specific gravity = 1.016; total amount in twenty-four hours = 1,200 cubic centimetres. Color pale. Reaction slightly acid. Urea, 25.5 grammes to the litre. No albumin nor sugar. Abdominal viscera, excepting the stomach, in apparently normal condition.

I would here remark that the patient's father died at the age of fifty-one of some obscure stomach trouble, from which he had suffered for many years.

As has been said, a dilated stomach had been diagnosticated when the patient was first seen, but we now suspected that the gastrectasis was quite probably due to a benign, or perhaps malignant, stricture of the pylorus, because by palpation a somewhat painful mass could be detected in the left hypochondriac region, which had not been noticed when the patient was examined in March. The splashing sound could be elicited, but auscultation over the back when the patient swallowed water only showed the characteristic normal *glou-glou* sound. When the stomach had been moderately distended with CO_2 its lower border was found at about a finger's breadth below the umbilicus. The lower half of the abdomen was retracted.

The vomitus obtained during an attack of pain was a yellow mucus with a decided acid reaction. The stomach was irrigated and a test breakfast, consisting of a cup of tea, one egg, and a roll, was ordered, and the stomach contents were withdrawn two hours later. They were found to be composed of fluid containing about twenty-five cubic centimetres of the roll. After filtering, the analysis showed a considerable amount of free hydrochloric acid and a complete absence of lactic acid.

An exploratory incision was advised and accepted.

The stomach was irrigated morning and evening with a 1-to-1,000 solution of naphthol β for one week prior to the operation, which was done on December 2, 1898.

An incision twelve centimetres long was made, beginning at the outer border of the rectus muscle, midway between the tip of the sternum and the umbilicus, and was carried obliquely downward on the left side. When the abdominal cavity was exposed the pylorus was examined and found perfectly normal. At about the junction of the lower with the middle third of the lesser curve of the stomach was found a strictured portion uniting a normal lower third with a dilated upper two thirds of the viscus. The strictured portion was about seven centimetres wide and three centimetres long, and was united to the surrounding structures by a few tough adhesions. These were broken down by the finger and a few snips of the scissors and the part liberated.

After the stomach had been well drawn out through the abdominal incision, an incision was made on the anterior aspect of the viscus in the longitudinal axis of the strictured portion. The stenosed portion would allow the passage of three fingers. The incision was continued upward and downward for about four centimetres, and when completed measured about eleven centimetres. A Heineke-Mikulicz plastic operation, as devised for the pylorus, was done, and when completed the line of union was about eleven centimetres long.

The borders were brought together by fourteen interrupted fine silk sutures which were passed through the stomach wall, but *did not include the mucosa or the peritonæum.* The silk sutures were covered by bringing the peritonæum together with Lembert's suture of fine catgut.

The peritonæum, fasciæ, and muscles were sutured with fine chromic catgut, the skin and fat being united

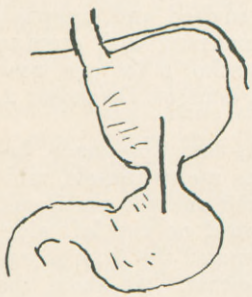

FIG. 1.

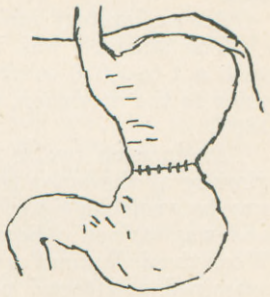

FIG. 2.

with aluminum and bronze wire. The two figures here given show fairly well the condition of the stomach before and after the plastic operation.

The after-treatment was simple and recovery was remarkably rapid. On the afternoon and evening following the operation the patient vomited clots of partially digested blood. The next morning she was feeling well; temperature, 100.4° F.; pulse, 92. Vomiting of blood occurred in the afternoon, but the quantity voided was small.

On the third morning following the operation the patient, who had been fed by enemata, was allowed to have champagne and crushed ice by teaspoonful every hour. Feeding *per os* was begun on the sixth day, and gradually solid food was substituted for a liquid diet, so that just three weeks after the operation the patient

was taking meat. The patient was discharged well on January 10, 1899.

I saw the patient in March, 1899, and her general condition was excellent. The appetite was good, the stomach gave her no trouble, and she had gained six pounds and a half in weight.

On June 8th a letter was received stating that her health continued good, and that she was free from all her old troubles.

871 Beacon Street.

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