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[Reprinted from THE MEDICAL NEWS, October 8, 1892.]

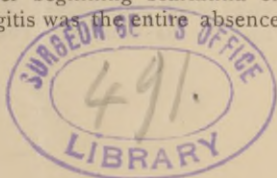
GASTRIC ULCER IN A CHILD TWO AND A HALF YEARS OLD.

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ON May 26, 1892, at 8 P.M., I was called to attend L. H., two and a half years old, who was said to be suffering with spasms. The temperature was 106°; the pulse about 150, rather full and tense; the breathing was stertorous; and all of the voluntary muscles of the body were in active contraction. There were also involuntary evacuations from the bladder and rectum.

The history I obtained from the parents was as follows: The child had been perfectly well until 11 o'clock that morning, when she came in from the street, saying she did not feel well. There was no vomiting, and no complaint of pain. The mother had examined the stools for worms, but had failed to find any. The first dentition had been passed. The child did not eat anything, and lay on a lounge until I was called. The convulsions were readily controlled, and consciousness, which had been lost from the beginning of the attack, was beginning to return when another convulsion occurred, apparently limited to the diaphragm, and terminating fatally at 12 o'clock.

At the autopsy I was greatly surprised to find a perforating ulcer of the stomach. The high temperature had led me to suspect either beginning scarlatina or meningitis. Against meningitis was the entire absence



of pain of any kind; there was no headache, no fretfulness—in fact, no symptom indicative of intra-cranial disease. Against scarlatina was the absence of eruption and sore-throat.

Convulsions in childhood are due to many causes, but in this case I could find nothing to account for them until the autopsy disclosed the existence of a₂ gastric ulcer.

In looking over the literature of the subject I find that several of the text-books on diseases of children do not even refer to gastric ulcer—an indication of its great rarity in young children. In Keating's *Cyclopedia of the Diseases of Children* fourteen cases are mentioned, of which only five were in children under three years of age. The great majority occurred in strumous or anemic subjects.

In the case here reported the child was well nourished—in fact, the parents stated that for the last year everything it ate appeared to be converted into flesh.

Different observers have located ulcers in different parts of the stomach. In this case the ulcer was on the posterior wall, at the cardiac extremity, close to the greater curvature. In some places there was an entire loss of substance, the floor of the ulcer being made up only of peritoneum. There was thickening of other parts of the stomach, especially on the anterior wall, extending to the lesser curvature.

Various causes have been assigned for ulcer of the stomach, such as malnutrition due to altered states of the blood; anemia; chronic congestion, as in chronic gastritis. Ulceration may also follow diseases of the left side of the heart in the course of which the branches of the gastric artery become plugged with emboli.

The cause of the ulcer in the case here reported was likely chronic gastric catarrh. The stomach was thickened in several places; the mucous membrane appeared also to be swollen. The child had, no doubt, been

allowed to eat everything that it wished. A gastric catarrh developed, which, becoming chronic, was eventually followed by ulceration and perforation, with resulting peritonitis, to which must be ascribed the convulsions and death.

What surprised me greatly was the entire absence of suggestive symptoms; vomiting might have been present and not have been noticed; but the entire absence of pain, the age of the child, and its condition, were not calculated to suggest the existence of ulceration of the stomach.

