

Dilatation of the stomach can be detected in every case of sarcoma of the pylorus, and when the orifice is contracted peristaltic movements of the enlarged viscus are usually visible. When the organ is affected by diffuse infiltration its cavity is contracted and its outlines are obscured by the transverse colon.

Metastatic deposits in the skin constitute an important feature of the disease. As a rule they appear in the form of one or two small nodules in or around the umbilicus, but occasionally they are very numerous and are scattered all over the abdomen, chest, and back. They vary in size from a millet seed to a small bean, and at first are freely moveable in the subcutaneous tissue; but after a time they become adherent to the skin and may even give rise to ulceration. Enlargement of the supra-clavicular and cervical glands is rarely observed, while sarcomatous infiltration of the tongue is still less common. In one case a correct diagnosis was made by the discovery of a secondary growth in the rectum. Generalisation of the disease is occasionally accompanied by the symptoms of purpura (Redtenbacher).

Chemical examination of the contents of the stomach affords similar results to those met with in gastric cancer. Free hydrochloric acid disappears at an early stage of the complaint (Fleiner, Schlesinger) and fermentation of the food often produces an excess of lactic acid (Dreyer, Maass, Hammerslag). *Sarcinae* may or may not be present and Schlesinger was able to demonstrate the presence of the Oppler-Boas bacillus which is supposed to occur only in cases of cancer. The sulphocyanide of potassium in the saliva gradually diminishes as the disease progresses and finally disappears about one month before death.

#### DURATION AND COMPLICATIONS.

It is difficult to estimate the exact duration of a disease which commences so insidiously and is often unaccompanied by definite physical signs for many months. It would appear, however, from a study of the recorded cases that although the round-cell sarcomata often run their course in three or four months the average duration of the disease is about 15 months; while in the case of the spindle-cell and myo-sarcomata life is prolonged on the average for two years and eight months. It will be observed that in both instances the duration of the disease is greater than that of cancer, a result which probably depends upon its lesser malignancy and its lesser liability to produce ulceration of the mucous membrane and stenosis of the pylorus. Death usually occurs from exhaustion and is often preceded by a semi-comatose state lasting for several days. Perforation of the stomach followed by general peritonitis occurs in about from 10 per cent. to 12 per cent. of the cases of round-cell sarcoma and may even take place in the spindle-cell form (Ewald), but owing to the absence of adhesions a perigastric abscess is exceptional. Fatal hæmorrhage is very rare. In two instances general sarcomatosis tended to shorten the period of life, while in one an attack of tetany, similar to that met with in cicatricial stenosis of the pylorus, was immediately responsible for the fatal termination (Fleiner). Excessive ascites, albuminuria, portal thrombosis, and pneumonia all accelerate the natural course of the disease.

#### DIAGNOSIS.

So far as the recognition of the malignant nature of the disease is concerned the sarcomata do not offer any particular difficulty. The intractable character of the gastric symptoms, coupled with the progressive emaciation, physical debility, and cachexia, indicate a profound disturbance of the processes of digestion and assimilation, while the discovery of a growing tumour connected with the stomach or of metastases in other viscera demonstrates at once the existence of a neoplasm. A more interesting question is the clinical differentiation of sarcoma and carcinoma. A diagnosis of round-cell sarcoma of the stomach may often be made by attention to the following facts:— 1. The disease usually occurs before 35 years of age, so that the younger the patient the greater the probability that the malignant affection is sarcomatous in character. 2. In many cases there is slight but continuous pyrexia accompanied by rapid and profound anæmia, while in carcinoma fever is always absent during the early stages of the complaint and the cachexia much more gradual in its development. 3. Simple enlargement of the spleen is by no means infrequent, but is never met with in cancer unless the organ is involved in the growth. 4. According to Kundrat the tonsils are apt to enlarge and the follicles upon the sides of the tongue may become

swollen or ulcerated. 5. Secondary deposits in the skin occur in a notable proportion of the cases and permit of excision and microscopical examination. It should be remembered, however, that sarcomatosis has been met with in true cancer of the stomach (Leube). 6. A large nodular tumour due to infiltration of the omentum or a greatly enlarged liver with secondary growths in its substance are rarely met with. 7. Persistent albuminuria is often observed in sarcoma but is exceptional in cancer. 8. The discovery of pieces of morbid growth in the vomit renders the diagnosis certain (Riegel, Westphalen).

The spindle-cell and myo-sarcomata are chiefly characterised by their comparatively slow growth, the smooth, firm, and moveable tumour, the frequent absence of pain, vomiting, and anorexia, and the tendency to repeated hæmorrhage.

#### TREATMENT.

Many of the recorded cases have been subjected to surgical treatment with considerable success so far as the immediate objects of the operation were concerned. Török, Dock, Schopf, and others have removed considerable portions of the stomach affected by the round-cell growth, and in at least one case (Schopf) there was no recurrence at the end of a year. The solid tumours are especially favourable for extirpation, as they are often pedunculated and involve a comparatively small area of the gastric wall. Hartley removed a large fibro-sarcoma and Kosinski a cystic angio-sarcoma with apparent success, while in Cantwell's case the excision of spindle-cell sarcoma weighing 12 lb. gave great relief to the patient for eight months. If one may judge from the morbid anatomy of the disease the surgical treatment of sarcomata of the stomach will prove far more successful than can ever be expected in carcinoma, but it is too early yet to discuss the prospects of a permanent cure.

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## FOREIGN BODY IN THE ABDOMEN.

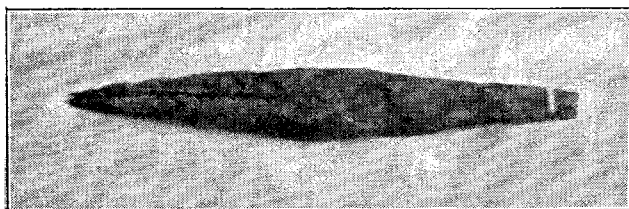
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AS illustrating the importance of the well-known axiom that all instruments and sponges should be counted prior to performing operations in the interior of the abdomen I append the following case which occurred in my practice recently.

A man, aged 49 years, sent for me in consequence of severe pain which he referred to the region of the umbilicus. This on examination proved to be due to the presence of a foreign body which protruded through the integuments about three inches below and to the left of the umbilicus. All efforts to remove the foreign body without a cutting operation—to which the patient refused his consent—being futile I succeeded in breaking off the most dependent portion of what on inspection presented the appearance of being the blades

of a pair of catch forceps. The button portion uniting the blades was clearly visible, one half of the blades showing what I presume to be corrosion from the action of the intestinal juices upon it, and judging from the worn and eaten appearance of the extremity of one of the blades this must evidently have occurred. The fact of a foreign body of the above description having been discovered in the situation described points to an omission on the part of some practitioner to count his instruments prior to performing an abdominal operation eight and a half years ago—this being the period of time, according to the patient, since an operation was performed upon him for an internal strangulation. The statement seems probable enough from the presence of a clearly defined scar situated above Poupart's ligament in the right inguinal region.

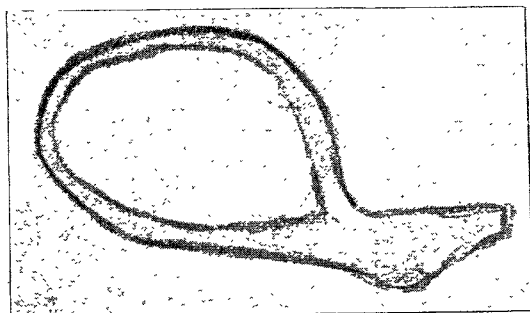
FIG. 1.



Shows the first part of the forceps removed. Exact size.

I may, in conclusion, add that there is every evidence of the remaining part of the forceps being still in the cavity of the abdomen; and meanwhile, in the hope that I may one day obtain the patient's consent to remove the shaft and handles of such an instrument, I annex a photograph showing the exact size of the portion in my possession.

FIG. 2.



Shows the second part of the forceps removed. Exact size.

P.S.—Since forwarding to you the above article I have been fortunate in obtaining last week another portion of the instrument of which I inclose a rough sketch (Fig. 2).

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## A CASE OF CEPHALHÆMATOMA.

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ON April 23rd, 1900, I was called to the third accouchement of a woman, aged 33 years. The first labour pain came on at 10.30 P.M.; two pains ruptured the membranes with the escape of liquor amnii. On my arrival two hours later I found the os fully dilated. There was no pelvic contraction or deformity. Presentation was first cranial. One strong pain set in bringing the head right on to the perineum. Forceps were not used. The labour (two and a half hours) was rapid but easy throughout. The child cried lustily when born. I saw the infant washed and it looked natural and healthy. The scalp showed no caput succedaneum or other evidences of pressure. The shape and size of the head appeared normal in every way and with no trace of injury. The nurse, eight hours later, however, observed that the head had become swollen on both sides. I found next day a somewhat rounded circumscribed

swelling over the right parietal bone raised up at and bulging over the lambdoidal suture posteriorly and limited anteriorly by the fronto-parietal suture. The elevated bulk of the tumour was over the posterior and superior angle of the parietal bone. Over the left parietal region was found another swelling smaller, more diffusive, less elevated, and not circumscribed. On the second day the child's face was pale and waxy, the lips and conjunctivæ were anæmic, and the skin was devoid of the newly born healthy rosy colour. The two swellings had still further increased in size, the head presenting a characteristic bicornate square appearance from the superimposed tumours which occupied the greater part of the two parietal bones respectively. The right tumour exceeded the left in length by one and a half inches. Both swellings were fuller and more rounded at the outer aspect with a gradual symmetrical tapering flatness towards the sagittal suture, giving rise to a V-shaped depression running antero-posteriorly. The scalp area, normally situated over the posterior fontanelle, was deviated fully one inch outwards and forwards; neither the lambdoidal suture nor the posterior fontanelle could be demarcated. The right tumour had a reddish tint with no discolouration; it was slightly tense, rounded, circumscribed, and fluctuant, not increased in size when the child cried; its volume was not diminished on pressure, nor were stupor, coma, or convulsions induced, but several occipital glands were enlarged from pressure on the lymphatics. There was also distinct protrusion of the anterior fontanelle. On the third day the presence of a bony circle could be made out at the periphery of the right tumour limiting the effusion; discolouration over this tumour had now supervened. The left tumour had no red tint and no fluctuation obtained. No bony circle was found but the tumour pitted on pressure. Icterus neonatorum developed. On the fourth day there was an extension of ecchymosis over the swelling, which was smaller, less tense, but more fluctuant. The contour of the head had assumed a more natural shape. The left tumour subsequently decreased more rapidly than the right and was at no time discoloured; the oedematous pitting suggested epicranial cephalhæmatoma while the tumour on the right was obviously sub-pericranial. On the fifth day the protrusion over the anterior fontanelle had disappeared but the sulcus in the median line was still well marked. On the twelfth day the right swelling was greatest over the parieto-temporal region and was still dark in colour and glazed. No effusion crossed the sagittal suture but the great veins were now engorged and prominent. By the eighteenth day the right tumour was only half the size it presented on the third day, measuring now five inches antero-posteriorly and transversely four inches. The left tumour disappeared entirely on the twentieth day, while the right persisted till June 2nd, 40 days after birth, when all swelling of the scalp had vanished.

During the first week the child shivered and trembled occasionally. There was no development of strabismus or paralysis. The treatment was entirely passive, and it was noteworthy that the presence of these tumours was seen to be quite compatible with the health of the child with the exception of anæmia and constipation. The child slept well and fed well. There was no elevation of temperature, no dyspnoea, and no cerebral complications. There was no history of hæmophilia, but the other children are very fair and I can only suggest that there may have been tenuity of the walls of the blood-vessels and that rupture of these occurred when a portion of the head was constricted by the os uteri and thus eventually led to the effusion of blood which I have described.

Glasgow.

**FREEMASONRY.**—*The Rahere Lodge, No. 2546.*—An ordinary meeting of the Rahere Lodge, No. 2546, was held at Frascati's Restaurant on Feb. 12th, W. Bro. Walter Gripper, M.B., W.M., in the chair. Bros. Hepburn and Bokenham were raised to the third degree, and Bros. Ware, Whitaker, and Beadles were passed to the second degree. A grant of 15 guineas was made to a professional brother in urgent distress, a donation of one guinea was given to the maintenance of "Our Brother's Bed" in the Home for the Dying, and a sum of 20 guineas was voted to the Royal Medical Benevolent College at Epsom, on the proposition of W. Bro. E. C. Cripps. In consequence of the much-lamented death of Her Majesty the Queen there was no banquet after the meeting, but a few members of the Lodge dined together informally.