A CASE SHOWING THE VALUE OF THE LEFT SUPRA-CLAVICULAR ADENOPATHY AS A REVEALING SYMPTOM OF INTRA-ABDOMINAL CANCER; WITH REMARKS.

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SEVERAL cases have now been recorded by Continental observers demonstrating the frequency of the association of enlargement of the left supra-clavicular lymph glands with intra-abdominal malignant disease, to which Troisier¹ first directed attention in 1888. As the subject has escaped notice in this country, notwithstanding its great importance in diagnosis, I think the following case will be of interest.

A married woman aged fifty-six, the mother of six children, having for some months suffered from gradually progressive anæmia and loss of strength, together with failure of appetite, constipation, nausea, and dyspeptic symptoms, in August, 1894, began also to experience pain in the epigastric region, for which she consulted a medical man in September. I first saw her in the following October, when she was markedly anæmic and sallow. The ingestion of solid food caused epigastric pain and after a time nausea and vomiting. She complained of a swelling in the epigastric region, but upon examination no intra-abdominal tumour could be detected. The stomach was not dilated, and there were no signs of obstruction. The liver and spleen seemed normal. There was no history of hæmatemesis or coffee-ground vomit. At this time she was very subject to alternate flushing and pallor of the cheeks and extremities, the fingers often becoming quite dead, as in Raynaud's disease. She was also subject to palpitation of the heart and to occasional syncopal attacks. The urine contained neither sugar nor albumen. Under the influence of rest in the recumbent position, with none but peptonised fluid foods, together with medicines containing belladonna and carbolic acid, the pain subsided, and there was temporary improvement. It soon became obvious, however, that the weakness was increasing; and subsequently nausea, vomiting, and thirst became prominent symptoms. In January, 1895, I saw her again, when she was weaker, paler, and more sallow than on the previous occasion. I was unable to detect any intra-abdominal tumour. The case presented many of the features of pernicious anæmia. She was treated with "bone marrow" and Fowler's solution. This treatment soon had to be given up on account of the pain and vomiting it excited. In April an intra-abdominal tumour was discovered. I saw her again in May, when the emaciation, pallor, and weakness were very great. The vaso-motor symptoms had quite disappeared. Nausea, vomiting, and epigastric pain after food still continued, but there was no hæmatemesis. On abdominal palpation a circumscribed mobile intra-abdominal tumour, about the size of a small turnip, could be felt rather to the right of the median line, midway between the umbilicus and xiphoid. It was dull over its anterior surface. There appeared to be no dilatation of the stomach; the dimensions of the liver and spleen were normal; there was no umbilical retraction. The left supra-clavicular lymph glands, as well as those at the upper part of the axilla, were enlarged and hard; these by interfering with the venous circulation had caused the œdema of the head and forearm. This condition was of rather less than a week's duration. It was evidently due to dissemination of the disease in the glands through the medium of the thoracic duct. The recognition of this symptom completely negated any exploratory operation. Death ensued about five weeks later, and there was no necropsy. The patient was partially unconscious, with muttering delirium, for some days before the end. The rapid formation of the tumour, its mobility, the considerable size attained, the absence of hæmatemesis, gastric obstruction, hepatic and splenic enlargement, and finally the dissemination by the lymphatics, all seem to indicate a tumour of omental origin—probably a malignant endothelioma.

Remarks.—I will conclude with a brief *résumé* of what is known of the left supra-clavicular adenopathy. The

first indication of the affection generally is the enlargement and induration of a single lymph gland, situated behind the posterior border of the lower part of the left sterno-cleido-mastoid muscle. Subsequently adjacent glands become similarly affected; and in the event of life being prolonged they ultimately manifest all the symptoms of malignant disease. This occurs without any of the intervening structures, prevertebral glands, lungs, &c., being invaded. All the different varieties of intra-abdominal malignant disease may cause this affection; but it has hitherto been observed with especial frequency in association with cancer of the uterus. It seems probable that this curious pathological condition is due to reflux of lymph, charged with cancer cells, from the thoracic duct into which the cancer cells find their way from infected lumbar glands. I need hardly insist on the great importance of this manifestation in the diagnosis of obscure intra-abdominal disease and as a contra-indication to operation. The glandular enlargement generally first makes its appearance at a late stage of the abdominal disease; it has, however, been known to have appeared nearly two years before death. Several instances of its occurrence have lately been reported secondary to malignant disease of the testicle.² Vidal has met with a case secondary to cancer of the stomach.³ Spinelli has tabulated thirty-four examples of this condition,⁴ and he points out that the glandular enlargement may be accompanied by painful sensations in the region of the neck, shoulder, and arm. Care must be taken not to confuse this adenopathy with the "pseudo-lipome sus-claviculaire" of Verneuil, of which I have given an account elsewhere,⁵ the latter affection is simply an overgrowth of the fibro-fatty tissue of the supra-clavicular fossa, both sides being affected; and it is usually met with in well-nourished middle-aged women otherwise in good health.

Preston.

NOTE ON A RARE FORM OF POST-PARTUM HÆMORRHAGE.

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IN the form of a reprint from the *Comptes-Rendus du Congrès Périodique International de Gynécologie et d'Obstétrique* Dr. R. A. Gibbons has published a very interesting brochure on what he terms "Tonic Spasm of the body of the Uterus as a cause of Post-partum Hæmorrhage." The condition to which Dr. Gibbons calls attention as a cause of post-partum hæmorrhage is a very rare one, and it is possible that its very occasional occurrence may have led many practical obstetricians to even doubt its existence. That such a condition does occasionally occur causing post-partum hæmorrhage I for one do not doubt, and I can recall two distinct cases of its occurrence in my own practice. The majority of us have been taught, and believe, in the correctness of what the late Professor Matthews Duncan lays down in his writings. Dr. Duncan says: "The proposition I enunciate is that it has never been shown that uterine hæmorrhage of the ordinary post-partum kind ever takes place from the uterus when it is in a state of moderately firm contraction." But the condition of the uterus to which Dr. Gibbons directs attention as a cause of post-partum hæmorrhage is one which its external appearances would lead one to believe was a state of moderately firm contraction, but which internal examination shows to be one of tonic spasm of its walls. The two cases to which I have referred as having occurred in my practice presented themselves at an interval of fourteen years. The first I met with during my period of residence as obstetrical officer to the Charing-cross Hospital, London. The second occurred to me here in Calcutta three years ago. They were curiously alike, and as they may prove of some interest to my professional brethren I append short notes of each.

CASE 1.—A woman aged twenty-seven, married seven

² Troisier: *Archives Générales de Médecine*, August, 1893. Poncet: *Mercure Médical*, Jan. 3rd, 1894.

³ *Bulletins et Mémoires de la Société Médicale des Hôpitaux*, December, 1893.

⁴ *Rivista di Clinica e Terapia*, No. 8, 1893, p. 397.

⁵ *Transactions of the Pathological Society of London*, 1890, p. 302.

¹ *Bulletins et Mémoires de la Société Médicale des Hôpitaux*, Jan. 13th, 1888; also *Archives Générales de Médecine*, February and March, 1889.