PERFORATING ULCER OF THE STOMACH IN A MALE AGED SIXTY.

By JOSEPH REDMOND, M.D., F.R.C.P.;

Physician to the Mater Misericordiæ Hospital ;
Pathologist to the Coombe Hospital, &c.

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THE specimen which I bring under the notice of the Pathological Section this evening is perhaps sufficiently uncommon to be worthy of being placed on record. Most physicians have, unfortunately, met with perforating ulcer of the stomach in females. In males, however, according to statistics, gastric ulcer is not of infrequent occurrence, as they suffer from this affection compared with females in the ratio of two to three, yet cases terminating fatally by perforation are not commonly observed. The liability to perforation of the stomach from ulcer in the female is greatest between fourteen and thirty years of age. In the male perforation of the stomach does not seem to occur more frequently at one age than at another, though the largest number of ulcers occurs between the thirtieth and fortieth year.

CASE.—The patient, J. C., aged sixty, a tobacconist by occupation, was admitted to the Mater Misericordiæ Hospital on the 26th March, 1892, complaining of nausea and vomiting, the ejecta being “coffee ground” in appearance. He stated that he enjoyed good health till about a year ago, when he began to feel pain after taking food. From time to time since then he had frequent attacks of dyspepsia.

State on admission.—The patient was pale, weak, and emaciated ; the face thin, anxious, and cachectic looking. He vomited occasionally, complained of slight pain to the left of the epigastrium, and said that his bowels had been confined for three or four days.

He improved considerably under treatment, vomiting and pain having completely disappeared. On the 4th of April, at 6 30 p.m., nine days after admission, shortly after taking a cup of milk he complained of severe pain in the epigastrium. Soon his body became covered with a cold perspiration, temperature sank to 97°, and the pulse at the wrist was almost imperceptible. The patient now lay on his back with the legs drawn up on the abdomen, and complained of extreme abdominal tenderness, the slightest pressure causing intense pain. The abdomen was distended and tympanitic all over. He vomited frequently, the matter being coffee ground. After some time the patient rallied, but at 10 30 p.m. he again complained of severe pain accompanied by vomiting, and died in about twenty minutes in a state of extreme collapse.

The *post mortem* was made by Dr. M'Weeney twenty-four hours after death. The following are the notes:—

On opening the abdomen a quantity of foul-smelling gas escaped. The intestines and stomach were distended with gas, especially the latter. There was a slight coating of fibrinous exudation on the most prominent coils of intestine which could be scraped off in the form of a greenish semi-fluid matter; at the same time the vessels were markedly hyperæmic, so-called suction lines being absent. Pelvic cavity was full of slightly turbid yellowish fluid.

On examining the stomach, slight pressure caused a large quantity of coffee ground material and gas to escape from a small perforation in the anterior wall of the stomach. The opening was situated about one inch to the lower and mesial side of the œsophageal opening. The posterior wall of the stomach was found to contain two hard masses, the larger of which was intimately adherent to the pancreas. On lifting up the stomach the greater curvature was found to be adherent to the upper part of the mesentery by a number of tough adhesions, which included the mesial portion of the pancreas, leaving the head and tail of that organ free. The aperture in the stomach, viewed from the outside, was about the size of a sixpence and clean cut. On opening the stomach it was found to contain two large solutions of continuity, the larger of which was towards the pyloric region on the lesser curvature, and measured 4 inches by $2\frac{1}{2}$ inches. The long axis of the ulcer was not quite parallel to the lesser curvature but inclined to it at an acute angle; its walls were perfectly clean cut and more

than half an inch high. The floor of the ulcer at its posterior part showed several round elevations, which upon section proved to be part of the pancreas, of which viscus the floor of the ulcer in this region was exclusively composed. The smaller ulcer was towards the œsophageal end, and separated from the larger by a distance of about $1\frac{1}{4}$ inch; it was also on the lesser curvature. Its shape was nearly circular, and was about 1 inch in diameter. Its floor was irregular without any trace of hæmorrhage, and at one corner was the perforation which had occasioned the fatal termination of the case.

The specimen was preserved in Dr. Thoma's new saline preserving fluid, to which my attention was drawn by Dr. M'Weeney, and which I may say has fully justified the high account given of its preserving powers by its inventor.