Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF

"CARCINOID TUMOUR" OF A MECKEL'S DIVERTICULUM.

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THE reason for reporting this case is, that, as far as the writers can ascertain, no tumour of this nature has been recorded up to date as occurring in a Meckel's diverticulum.

Description of Case (S. KADINSKY).

The patient was a boy, 12 years of age, admitted to the Westminster Hospital complaining of sickness and abdominal pain. Seven weeks before admission he had had an attack of abdominal pain, vomiting, and diarrhoea, lasting 24 hours. The pain recurred about once a week for the next four weeks, and the attack lasted for an hour. After this attacks became more frequent and were accompanied by vomiting.

On admission he complained of pain in the region of the umbilicus, the right rectus was rigid, the abdomen tender, tongue coated, temp. 98° F., pulse 120, and nothing abnormal was felt per rectum. A diagnosis of appendicitis was made, and the patient operated on the same day.

At the operation (by S. K.) the appendix, which was retro-cæcal, was found quite normal. A small amount of pus escaped in the region of the cæcum, which was oedematous and thickened, from the adherence to it of the distal end of an acutely inflamed Meckel's diverticulum. The diverticulum was 3 inches long, kinked and perforated; pus was present in the pelvis. The paracæcal glands were enlarged. The diverticulum, appendix, and one gland were removed and the peritoneum drained. The patient made a good recovery, except for a transient attack of erysipelas on the fifteenth day after the operation.

I wish to thank Mr. Rock Carling for permission to publish the surgical notes of the case and for the drawing. The patient reported in March, 1922, in perfect health.

Notes on the Pathology of the Meckel's Diverticulum (J. A. B. HICKS).

The gross macroscopic appearance is that of an "appendix" with a thickened mucosa and submucosa. Microscopically the appearances are well shown by reference to the accompanying illustration, a semi-diagrammatic drawing of the condition by my surgical colleague Mr. Rock Carling.

The lumen is lined with ordinary gland tissue (Lieberkuhn's), though perhaps the mucus cells are rather more columnar than usual. In the submucosa, however, is a strange mass of glandular tissue, somewhat resembling shrunken "pancreatic tissue," though the arrangement is not pancreatic. This submucosal glandular tissue has an appearance of "splendid isolation" about it, for it does not resemble any tissue in its neighbourhood, and is apparently not connected by any gland, duct, or structure with the mucosa beneath which it is situated. It does not penetrate into the deeper fibro-muscular structures external to it. Tumours of the small intestine are comparatively rare. Thus Brill (quoted in Ewing, "Neoplastic Diseases"¹) collected 3563 malignant tumours of the intestine, and found only 39 cases in the small intestine (1.1 per cent.). Growths of Meckel's diverticulum are apparently very rare. Symmers² describes three cases of "malignant myomata" of Meckel's diverticulum, but the tumour described in this paper has nothing in common with these. Lubarsch³ has described tumours identical with the one now described under the heading of "carcinoid tumours" found in the jejunum, ileum, and appendix, and he classifies

them as occurring under three groups: (1) Those resembling pancreatic tissue; (2) resembling intestinal mucosa; and (3) those containing Brunner's glands. The case here reported comes under Group (1).

In their simplest form these growths may be regarded as developmental anomalies and glandular displacements. Thus the "pancreatic tissue" appearance may merely be resting mucous gland tissue (as may be seen in a salivary gland). Krompecker⁴ describes some somewhat similar types of tumours as occurring

Semi-diagrammatic drawing of section of Meckel's diverticulum with carcinoid tumour.

beneath the skin, under the heading of "basal cell carcinoma," but I do not think that any relationship between them can be claimed. I have personally encountered two examples of Lubarsch's "carcinoid tumours" of the appendix, but this is, as far as I can ascertain, the only one yet described in the literature as occurring in a Meckel's diverticulum.

The absence of any metastasis in the gland that was examined, and the experience of similar tumours of the appendix, make the prognosis in this case quite favourable.

Bibliography.—Intestinal growths of similar type: 1. Ewing: Neoplastic Diseases. 2. Symmers: Annals of Surg., Philadelphia, 1919. 3. Lubarsch: Virchow's Archiv, iii, p. 280. 4. Krompecker: Ziegler's Beiträge zur Pathol. Anatom., Jena, 1919. Other references.—C. Griffiths: Dis. of Meckel's Divertic., Trans. Amer. Pediat. Soc., 1914. Burnham: Johns Hopkins Hosp. Bull., 1904. Cadenat: Bull. and Mém. Soc. Chirur., Paris, 1921. Adams, J. E.: Proc. Roy. Soc. Med., 1920.

A CASE OF

ECLAMPSIA IN THE THIRTY-FOURTH WEEK TREATED BY CÆSAREAN SECTION;

MOTHER AND CHILD LIVING.

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THIS case is, I think, of interest at a time when there is much talk about the "mad rage for Cæsarean section." It tends to show that the 30 per cent. mortality for Cæsarean section performed for eclampsia for the 10 years 1911–20—many of the cases being in extremis at the time of operation—could undoubtedly be greatly reduced if prompt action were taken. The interval between the first fit and the operation in this case was just three and a half hours. The delay is explained by the inconvenience of the hour.

I first saw Mrs. F. W., a primipara, aged 26, at 1.15 A.M. on May 10th, 1921. She had had a fit 15 minutes previously, and was unconscious, cyanosed, and breathing stertorously. Her mother informed me she had never known her have a fit before, that she had complained of a severe headache on the previous day, and that her legs and eyes had been swollen "about a fortnight, but they had thought this a natural thing and had not bothered me on that account." The patient was 34 weeks pregnant.

A few minutes after my arrival she had a very severe and typical eclamptic fit. I immediately injected $\frac{1}{4}$ gr. of morphine. The hard, brawny oedema all over her body was so extreme I had difficulty in recognising her as the girl I had known before her marriage. The temperature