*SHORT NOTES OF
RARE OR OBSCURE CASES.*

A CASE OF POLYCYSTIC DISEASE OF THE PANCREAS.

BY R. F. BOLT, BRISTOL.

MRS. S., aged 51, was admitted into the Bristol General Hospital on February 18, 1913, with the following history :—

Six months previously she noticed a swelling in the abdomen, just above and to the right of the umbilicus. Shortly afterwards she had attacks of abdominal pain which often made her faint ; she became very weak, and took to bed. She then began to vomit two or three times a week, as a rule directly after taking food, and the vomiting continued up to the time of admission into the hospital. The vomiting relieved her pain. She had never noticed any blood in the vomit. For the last three months she had been getting more and more constipated, and she had been losing weight.

Condition on Admission.—Patient was emaciated. Pulse 80. Respiration 20. Temperature 98·6°. Abdomen : Coils of intestine could be seen, and there was a hard nodular tumour to be felt just above and to the right of the umbilicus, and a second nodular mass was felt in the left part of the epigastrium. A third tumour could be felt below the right costal border which worked with respiration and could be grasped between the hands placed in the loin.

A test meal was given, with the following result : Total acidity 0·053 per cent, combined HCl 0·050 per cent, free HCl 0·007 per cent ; no lactic acid.

Urine : acid, sp. gr. 1020 ; no albumin ; no sugar.

An Operation was performed by Mr. Hey Groves on February 21. A median incision was made extending from the ensiform cartilage to the umbilicus, and the peritoneal cavity opened. Immediately, a large nodular and cystic tumour was seen projecting over the lesser curvature of the stomach. The tumour was found to be contained in the lesser sac of peritoneum, which was opened. The tumour was then easily brought out of the abdomen, and from the shape and anatomical relations, was found to be the pancreas. The whole of the organ was polycystic, the cysts varying in size from a cherry-stone to a currant, those in the body and head being larger than those in the tail. No normal pancreatic substance could be found. Examination of the right kidney showed that it too was polycystic, the upper pole consisting of six or seven cysts ; the lower part of the organ appeared to be normal. The stomach, liver, and left kidney were normal.

The abdomen was closed without further operation.

Clinically this case presented a very close resemblance to one of cancer of the stomach. There were pain, emaciation, and vomiting, with the formation of epigastric tumours. The tumour above and to the right of the navel resembled

a malignant pylorus ; that under the left costal margin suggested a secondary growth in the left lobe of the liver ; whilst that in the loin might have been a large mass in the right hepatic lobe.

That the growth was not a nodular carcinoma was evidenced by the fact of its extraordinary mobility. The body of the pancreas could be lifted outside the thin abdomen without any tension, and it would have been quite easy to remove the whole mass if this had been desirable.

It is of course well known that in polycystic disease of the kidneys there also sometimes occur a few cysts in the liver, spleen, or pancreas. But in this case the affection of the pancreas was much more marked than that of any other organ, although the cysts of the right kidney afforded evidence of the relation of this case to the more usual type of disease.

After the laparotomy, with suitable diet the patient's condition improved, the pain and vomiting ceased, and she began to gain in weight. She was given liq. pancreaticus 1 dr. t.d.s. Examination of the stools before and after the operation showed that they were normal in colour and consistency. No excess of fat was present.

At no time was sugar found in the urine, and she passed on an average thirty ounces a day.

My thanks are due to Mr. Hey Groves for being permitted to publish this case

AN UNUSUAL CASE OF SYNDACTYLISM.

By ERNEST W. HEY GROVES, BRISTOL.

William B., aged 51, was admitted to the General Hospital suffering from an accident, caused by falling off a ladder.

He was born with a deformity of the left hand, the middle and ring fingers of which were united. An attempt was made during infancy to separate these fingers, unsuccessfully. The skiagram (*Fig. 62*) shows a remarkable disarrangement of the bones. The middle finger is short and fused intimately to the fourth finger. It has only two phalanges, the middle one appearing to be absent. Between the knuckles of the first and second fingers there is a stout dumb-bell-shaped bone which acts as a strut connecting the heads of the metacarpals, which are separated by a wide interval. The hand is quite strong and useful.

FIG. 62.—SYNDACTYLISM.

It is curious that whilst there is one phalangeal bone absent, a supernumerary bone is present, placed transversely. Possibly the latter represents the proximal phalanx, which has become displaced.