

Special discussion on the operative treatment of non-malignant ulcer of the stomach and its chief complications, with indications, limitations, and ultimate results : report on gastro-jejunostomy cases / by Herbert French.

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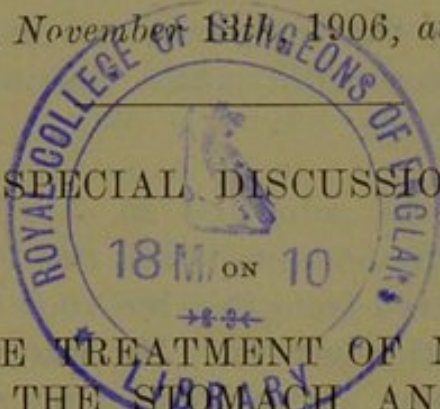
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ROYAL MEDICAL AND CHIRURGICAL SOCIETY

Tuesday, November 13th 1906, at 8.30 p.m.

SPECIAL DISCUSSION



THE OPERATIVE TREATMENT OF NON-MALIGNANT
ULCER OF THE STOMACH AND ITS CHIEF
COMPLICATIONS, WITH INDICATIONS,
LIMITATIONS, AND ULTIMATE
RESULTS

REPORT ON GASTRO-JEJUNOSTOMY CASES

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to Guy's Hospital.

A. *Cases of Gastro-jejunostomy for Non-malignant Conditions of the Stomach, in which death resulted within a fortnight of the operation.*¹

1. Male, aged 28, admitted in April, 1895. The history was indefinite, except that there had been no hæmatemesis, and that for seven weeks there had been repeated vomiting of large quantities of fluid food. The man was very thin. A lump was felt at the pylorus. This was thought to be carcinoma, so laparotomy was performed, and a posterior

¹ My best thanks are due to Dr. G. A. Ticehurst, who lent me part of the manuscript of his M.D.(Cambridge) Thesis, in which he gives the after-histories of many cases. His thesis, which I hope he will publish at length, deals amply with the question of gastro-jejunostomy, both in malignant and in benign cases, and he has collected not only the cases from Guy's Hospital, but also a very large number from the literature. I confine myself to consecutive hospital cases of non-malignant nature.

gastro-jejunostomy by direct suture done. The patient died six days later of exhaustion. At the autopsy there was no peritonitis; the lump was not carcinoma, but a chronic simple ulcer with much matting, and partial stenosis of the pylorus.

2. Male, aged 46, admitted in April, 1897. Two months previously he had swallowed two ounces of spirits of salts; he recovered from this, but soon after symptoms of pyloric obstruction set in. He was repeatedly sick every day. Anterior gastro-jejunostomy was performed, a Murphy's button being used; vomiting was worse after the operation than it was before, and the patient died exhausted on the fifth day.

3. Male, aged 52, admitted in January, 1898. There had been no trouble till twelve months previously, when persistent vomiting and signs of pyloric obstruction with dilated stomach set in. There was never hæmatemesis nor melæna. At the operation fibrous stenosis of the pylorus was found; posterior gastro-jejunostomy, with Halsted's method of suture, was performed. The patient did not gain strength after this, but sank and died on the thirteenth day. At the autopsy all the organs seemed healthy; there was no obvious dilatation of the stomach, no peritonitis, and no real obstruction to the pylorus.

4. Male, aged 42, admitted in September, 1899. He had a fibrous cicatrix of the pylorus. Posterior gastro-jejunostomy was performed, a Murphy's button being used. The patient died of shock within twenty-four hours.

5. Female, aged 51, admitted in September, 1900. She was found to have a cicatrising ulcer of the pylorus. Gastro-jejunostomy was performed, a Murphy's button being used. The patient died on the sixth day of general peritonitis. At the autopsy it was found that no union between stomach and jejunum had taken place; the button was free within the stomach.

6. Male, aged 43, admitted in November, 1900. He was found to have a cicatrising pyloric ulcer. Anterior gastro-jejunostomy by direct suture was performed. The patient died on the ninth day of syncope. At the autopsy it was found that the jejunum had become doubled round a peritoneal band.

7. Male, aged 67, admitted in January, 1902. He was found to have a cicatrising and leaking pyloric ulcer. Anterior gastro-jejunostomy was performed, a Murphy's button being used. There was continual vomiting after the operation, and pneumonia supervened. The patient died on the thirteenth day. At the autopsy the button was found in the duodenum.

8. Male, aged 46, admitted in June, 1902. He was found to be suffering from peri-pyloritis. Anterior gastro-jejunostomy by direct suture was performed. The patient developed broncho-pneumonia, and died on the fifth day.

9. Male, aged 42, admitted in February, 1903. He was found to have a cicatrised pyloric ulcer. Posterior gastro-jejunostomy by suture was performed. Vomiting after the operation was so extreme that a second operation was performed next day, and jejunostomy done. The patient died the day after. At the autopsy there was no peritonitis, and no obvious obstruction to the bowel.

10. Female, aged 25, was admitted in March, 1904, for dilated stomach, and apparent pyloric obstruction. At the operation the trouble was found to be due to a cicatrising duodenal ulcer. Posterior gastro-jejunostomy by means of a Murphy's button was performed. Symptoms of acute peritonitis set in on the second day, and the patient died on the third day after the operation. At the autopsy the gastro-jejunostomy was found to be all right, but the duodenal ulcer had itself perforated and caused the peritonitis.

11. Male, aged 47, was admitted in January, 1905, for traumatic cicatrix of the pylorus. Anterior gastro-jejunostomy was performed by means of a Murphy's button, and entero-enterostomy was done at the same time. The patient died of shock and collapse on the third day.

12. Female, aged 44, was admitted in November, 1902, for excessive and repeated hæmatemesis. Anterior gastro-jejunostomy was performed by means of a Murphy's button. The hæmatemesis persisted after the operation as badly as before; a second operation was performed, gastrotomy done, and search made for the bleeding point. There was general oozing from the mucosa, but no definite single bleeding point. The patient died on the sixth day exhausted and blanched from further hæmorrhage. At the autopsy the intestines were full of blood; the stomach contained no ulcer, nor could any erosions nor other abnormality be seen.

13. Male, aged 18, was admitted in January, 1905, for repeated hæmatemesis and blanching. Anterior gastro-jejunostomy by means of a Murphy's button was performed. When the stomach was opened general oozing from the gastric mucosa was seen, but no ulcer. The patient died on the second day collapsed from further hæmorrhage. At the autopsy the intestines were full of blood; there was no ulcer; on careful searching multiple minute hæmorrhagic erosions were found in the gastric mucosa.

B. Cases of Gastro-jejunostomy for Non-malignant Conditions of the Stomach in which Recovery from the Operation occurred, but in which no Relief to the Symptoms Resulted.

14. Male, aged 53, was admitted in October, 1895. He had been quite well till February, 1891, when he first had severe epigastric pain lasting on and off for four months. At that time he had neither hæmatemesis, melæna, nor

vomiting. In December, 1894, the pains recurred; a week later he brought up three pints of vomit containing altered blood. Since then he had had copious vomiting at intervals; as much as sixty-eight ounces were measured at a time. On November 12th, 1895, posterior gastro-jejunosomy by means of a Murphy's button was performed. The diagnosis of cicatrised pyloric ulcer was confirmed. He passed the button *per rectum* on December 6th. The vomiting persisted after the operation, occurring on November 13th, December 2nd, 6th, 12th, 13th, and 23rd in hospital, and at similar intervals since discharge.

15. Male, aged 36, was admitted in March, 1902, for symptoms which suggested perigastric adhesions. He had previously been successfully operated upon for perforated gastric ulcer. Posterior gastro-jejunosomy was performed. It is not stated whether a Murphy's button was used or not. No relief to his symptoms followed the operation.

16. Female, aged 40, was admitted in August, 1903, for the usual symptoms of pyloric obstruction. Gastro-jejunosomy was performed by means of a Murphy's button. It is not stated whether the gastro-jejunosomy was anterior or posterior. The diagnosis of cicatrising ulcer of the pylorus was confirmed at the operation. There was no relief to the symptoms even at the time, and the patient died of exhaustion six months later.

17. Female, aged 45, was admitted in March, 1905, for the usual symptoms of pyloric obstruction. The diagnosis of cicatrising gastric ulcer was confirmed at the operation. Posterior gastro-jejunosomy by means of a Murphy's button was performed. The symptoms persisted after the operation as badly as before.

18. Female, aged 40, was admitted in March, 1905, for the usual symptoms of pyloric obstruction. The diagnosis

of cicatrising gastric ulcer was confirmed at the operation. There were extensive perigastric adhesions, and great dilatation of the stomach. Posterior gastro-jejunostomy by means of a Murphy's button was performed. On discharge the dilatation of the stomach was no less than before the operation, and the symptoms persisted as before.

19. Female, aged 42, was admitted in June, 1902, for the usual symptoms of pyloric obstruction. At the operation the diagnosis of cicatrising gastric ulcer was confirmed. The stomach was moderately dilated. Posterior gastro-jejunostomy by means of a Murphy's button was performed. There was no relief to the symptoms after the operation, and the patient died five months later of exhaustion. At the autopsy the cicatrised ulcer was found to have nearly, but not quite, occluded the pylorus; *the gastro-jejunostomy opening had become completely closed by cicatrisation*, and the Murphy's button was free inside the stomach.

c. Cases of Gastro-jejunostomy for Non-malignant Conditions of the Stomach in which Recovery from the Operation occurred, with Relief for a short time, but subsequent Recurrence of the former Symptoms as badly as before.

20. Male, aged 47, was admitted in March, 1900, with all the symptoms of dilated stomach from pyloric obstruction. The trouble began eighteen months previously, when he first suffered from acute epigastric pains, which were worst one hour after meals, but lasted as much as six or eight hours after the last meal of the day, so that he was kept awake at night. Later he vomited copiously two or three times a week. He had had no hæmatemesis, and had noticed no melæna. At the operation a chronic duodenal ulcer was found, and a much dilated stomach. Anterior gastro-jejunostomy by means of a Murphy's

button was performed. There was great relief for a short time, but, within a month of his discharge, the symptoms were all back again. He was re-admitted in September, 1900, but declined further operative measures, and was discharged two days later *in statu quo anted.*

21. Male, aged 43, was admitted in March, 1903. Fifteen years previously he began to suffer from acute epigastric pains after food, relieved by vomiting. He had had neither hæmatemesis nor melæna. For one and a half years he was quite unable to work; he attended as an out-patient, and ultimately, by careful dieting and medicinal treatment, became quite well, and for thirteen years had no return of the symptoms, and was able to work hard. In 1902 vomiting and pain recurred; a gastro-jejunostomy was performed, and the diagnosis of pyloric cicatrix confirmed. Slight relief followed, but then the symptoms all recurred, and grew worse and worse. When seen in 1903, five months after the operation, he could not stand up straight on account of the pains in his abdomen, and there was a large ventral hernia of the scar, which bulged extremely on coughing. It was decided that nothing more could be done.

22. Female, aged 36, was admitted in February, 1904, for the symptoms of cicatrising ulcer of the pylorus. The diagnosis was confirmed at operation. Gastro-jejunostomy by means of a Murphy's button was performed. On discharge she seemed relieved, but shortly afterwards the old symptoms returned, and she has been re-admitted several times since for lavage of the stomach, which temporarily relieves her.

23. Female, aged 26, was admitted in February, 1905, for perigastric adhesions after a perforated gastric ulcer. It was also thought that there was some pyloric obstruction. Posterior gastro-jejunostomy was performed by means of a Murphy's button. She experienced great

relief at the time, but three months later all her symptoms had returned as badly as before.

24. Female, aged 33, was admitted in January, 1904, having never passed a week since April, 1900, without vomiting. After food she had severe pain at the umbilicus. The vomit occasionally contained blood. She was operated upon; an old fibrosed gastric ulcer was found, the pylorus not being stenosed. Posterior gastro-jejunosomy by Murphy's button was performed. The patient vomited incessantly for eleven days after the operation, and nearly died. The button was passed *per rectum* on the twenty-fourth day. On discharge she still had severe pains in the abdomen; she was kept awake at night by them, and she was sick as before.

D. Cases of Gastro-jejunosomy for Non-malignant Conditions of the Stomach, in which great relief resulted, and in which either cure or great improvement is maintained.

25. Male, aged 30, was admitted in December, 1901. At the operation peritoneal adhesions around the pylorus were found. Posterior gastro-jejunosomy was performed with the aid of a Murphy's button. Relief to the previous symptoms was complete, and the patient reported himself "cured" four and three quarter years later.

26. Male, aged 39, was admitted in January, 1902, for symptoms of pyloric obstruction. At the operation a cicatrised ulcer of the pylorus was found. Posterior gastro-jejunosomy was performed by suture. The patient remained "cured" for three and a quarter years, and then died of acute phthisis.

27. Female, aged 23, was admitted in December, 1902, for symptoms of gastric ulcer. The trouble began in 1898 with epigastric pains after food, beginning imme-

diately after a meal, and lasting two hours. A little later vomiting occurred repeatedly, the amount of vomit being the food just taken. The symptoms came and went. Hæmatemesis occurred once in 1899 and twice in 1902, the last attack being very severe, one month before admission. She was vomiting everything she took, so posterior gastro-jejunostomy by suture was performed. At the operation the diagnosis of pyloric cicatrix from simple ulcer was confirmed. There were many peritoneal adhesions around the pylorus, but the stomach was not dilated. On discharge one month after the operation she was able to take full diet without the least discomfort, and two and a half years later she reports herself "cured."

28. Male, aged 46, admitted in May, 1904, for pyloric obstruction and dilated stomach. The trouble dated from seventeen years previously, since when he had always been liable to acute "indigestion" pains, and occasional vomiting. He had never had hæmatemesis nor melæna. Latterly the pains had been acute and almost continuous even upon milk diet, and he had begun to vomit great quantities of fluid at intervals. He was wasted, thin, and anæmic. At the operation many adhesions were found around the pylorus; the condition of the ulcer is not stated. Posterior gastro-jejunostomy was performed by the aid of a Murphy's button which was passed on the fourteenth day. On discharge he was still very weak, and had some pains even on careful diet, but he was much better. One and a quarter years later he reports himself as "improved, but not free from pains after food."

29. Male, aged 65, was admitted in July, 1904. At the operation a cicatrised pyloric ulcer was found. Anterior gastro-jejunostomy was performed with the aid of a Murphy's button. Relief to his symptoms was immediate, and one year later he reports himself as "cured."

30. Male, aged 64, was admitted in November, 1904, for symptoms of pyloric obstruction. At the operation a chronic ulcer was found; it is not stated whether it was in the duodenum or at the pylorus. The stomach was moderately dilated. The symptoms dated from only two years previously, and consisted mainly in acute pains "in the chest" coming on from two to three hours after food. Vomiting had been slight; neither hæmatemesis nor melæna had occurred. Gastro-jejunostomy was performed by direct suture, and jejuno-jejunostomy was done at the same time. Relief was immediate, and nine months later he reports himself "much improved."

31. Male, aged 40, was admitted in January, 1905, for chronic duodenal ulcer. The diagnosis was confirmed at operation. Posterior gastro-jejunostomy was performed with the aid of a Murphy's button. Relief was immediate, and one year later he reports himself "cured."

32. Male, aged 32, was admitted in June, 1905. He had recovered from a perforated duodenal ulcer two months before, and was now admitted for pains which were thought to be due, in part at least, to adhesions. Gastro-jejunostomy was performed, and he reports six months later that he has remained quite free from the pains.

E. The following cases complete the list of all the Gastro-jejunostomies that have been performed in Guy's Hospital up to 1905 for Non-malignant Conditions; but none of them have been traceable since discharge from the Hospital.

33. Male, aged 34, was admitted in October, 1900. At the operation a cicatrised pyloric ulcer was found, with many surrounding adhesions. Gastro-jejunostomy, with the aid of a Murphy's button, was followed by great relief up to the time of his discharge.

34. Male, aged 39, had for nine years suffered from very bad epigastric pains at intervals of three or four months. He had had but slight vomiting and no hæmatemesis. Medicinal treatment and dieting had always given relief until three years ago, since when the pains had been frequent and very acute. In 1898 he was operated upon for gallstones, but none were found. In July, 1899, he was admitted with a view to further operation. He improved so much with rest in bed, that laparotomy was postponed. Immediately on going out the pains returned. In October, 1899, he was readmitted. Partial stenosis of the pylorus from perigastric adhesions was found on operating; the pylorus was digitally dilated, after opening the stomach. Relief followed, but it was temporary only. Pains began to recur six weeks later. In June, 1900, the pains were so bad that gastro-jejunostomy was performed. Relief followed at once, but the patient has been lost sight of since.

35. Male, aged 50, was admitted in May, 1901, for the usual signs of pyloric obstruction. At the operation, a cicatrised pyloric ulcer was found. Posterior gastro-jejunostomy was performed by means of a Murphy's button. The patient recovered, with considerable relief, but has been lost sight of.

36. Male, aged 37, was admitted in May, 1901, for simple pyloric obstruction. Pyloroplasty had been performed fourteen months previously, after he had suffered from repeated abdominal pains and vomiting on and off for ten years. The symptoms rapidly recurred after the pyloroplasty, so posterior gastro-jejunostomy was performed with the aid of a Murphy's button. The patient was "cured" on discharge, but has not been traced since.

37. Male, aged 50, was admitted in December, 1901, for pyloric stenosis. At the operation posterior gastro-

jejunostomy was performed with the aid of a Murphy's button. The symptoms were "much improved" on discharge.

38. Male, aged 39, was admitted in April, 1902, for pyloric stenosis, the result of swallowing corrosive acid. Gastro-jejunostomy was performed with the aid of a Murphy's button. The patient was "cured" on discharge.

39. Male, aged 36, was admitted in September, 1902, for cicatricial stenosis of the pylorus. Posterior gastro-jejunostomy was done with a Murphy's button. He was apparently cured on discharge.

40. Male, aged 32, was admitted in December, 1902, for persistent vomiting. The cause was not found. At the operation it was noted that there was no pyloric stenosis, and no ulcer either in the stomach or in the duodenum. The stomach was moderately dilated. Posterior gastro-jejunostomy with a Murphy's button was performed. Very severe vomiting persisted for four days afterwards, but then ceased, and the patient on discharge was apparently cured.

41. Female, aged 30, was admitted in March, 1903. Two years previously she had been successfully operated upon for perforated gastric ulcer. Since then she had had three bouts of acute epigastric pain, and it was for one of these that she was now re-admitted. The ulcer, which had previously perforated, had been on the anterior surface of the stomach near the cardiac end. There was no pyloric obstruction, and the pains seemed due to the many perigastric adhesions rather than to the ulcer. Posterior gastro-jejunostomy by suture was performed; the patient was discharged free from pains.

42. Female, aged 37, was admitted in November, 1903. She began to suffer from great pain in the front of the chest and from vomiting twelve months previously. Dur-

ing all that time she had vomited almost continuously, retaining even milk with the greatest difficulty. On one occasion only was there hæmatemesis, one pint. At the operation an ulcer was found on the lesser curvature of the stomach, the base being adherent to the liver. The pylorus was free, and there was no gastrectasis. There were many recent perigastric adhesions. Posterior gastro-jejunostomy by suture was performed. On discharge the patient retained simple foods, but required to be most careful with her diet. She has not been traced.

43. Male, aged 59, was admitted in May, 1902, for cicatrising pyloric ulcer, verified by operation. Posterior gastro-jejunostomy was performed; the patient was discharged greatly relieved.

44. Female, aged 49, was admitted in January, 1902, for pyloric obstruction, which was found, at operation, to be due to a calcified retro-peritoneal cyst. Posterior gastro-jejunostomy with Murphy's button was performed. Improvement was great, and the patient was well on discharge.

45. Female, aged 50, was admitted in January, 1905, for symptoms of pyloric obstruction. Operation showed the condition to be a chronic duodenal ulcer. Posterior gastro-jejunostomy, with a Murphy's button, was performed, and on discharge the patient was well.

46. Male, aged 33, was admitted in February, 1905, for pyloric stenosis. A cicatrised pyloric ulcer was found at operation. Anterior gastro-jejunostomy by suture was performed, and the patient was quite well on discharge.

47. Female, aged 27, was admitted in March, 1905, for abdominal pains after recovery from a perforated gastric ulcer. At the operation perigastric adhesions were found; posterior gastro-jejunostomy, with a Murphy's button, was performed, and the patient was discharged better, but not quite free from pains.

