Diverticulum of the Stomach.—SIBYL R. EASTWOOD, M.D.—E. B., female, aged 48, came to hospital complaining of pain in the upper abdomen either immediately after taking food or about an hour later; it occasionally awakened her at 1 a.m. There was a past history of severe hæmatemesis, ascribed to gastric ulceration, seventeen years ago, and an attack with the same symptoms as the present one, but accompanied with vomiting, two years ago, when gastric ulcer was diagnosed but not found at operation, and appendicectomy was performed.

X-ray examination shows a normal-shaped and actively motile stomach when viewed antero-posteriorly, with no evidence of ulcer niche, but on lateral view there is a barium-holding projection from the posterior wall which looks strangely like a miniature pyloric antrum and duodenal cap upside down. It is too high up to

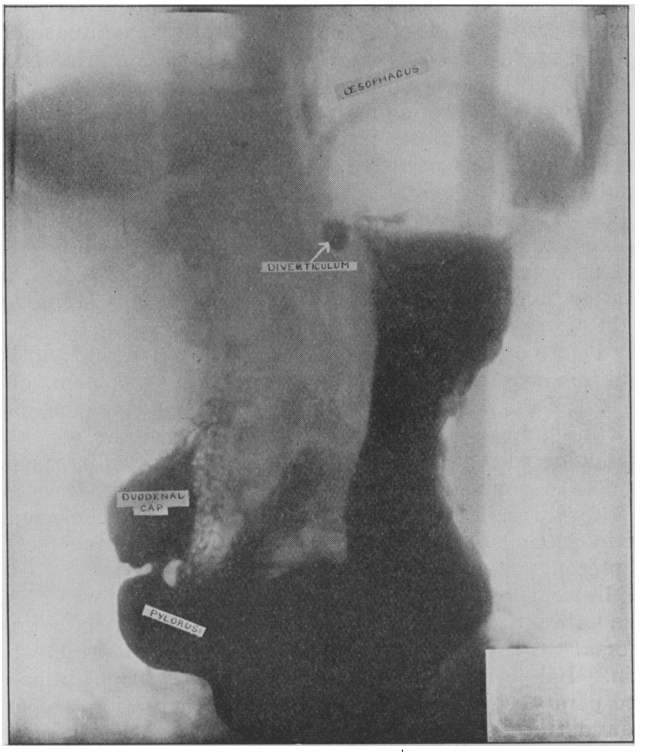

FIG. 1.—Stomach, oblique view, standing, showing diverticulum.

palpate and elicit the presence or absence of tenderness. The barium, as seen on the X-ray screen, runs straight into this pouch on the posterior wall and appears to spill over into the rest of the stomach. The pouch does not retain barium and is seen to be empty before the complete emptying of the stomach.

The symptoms suggested a diagnosis of lesser curvature ulcer and rest, with diet and alkalies, relieved them. But no positive evidence, such as occult blood in the stools, was at any time found. I believe this to be a case of true diverticulum of the stomach.

I find that only 40 cases of diverticulum of the stomach have been described, but Dr. Arthur Hurst, though he does not give details of cases, says that in his

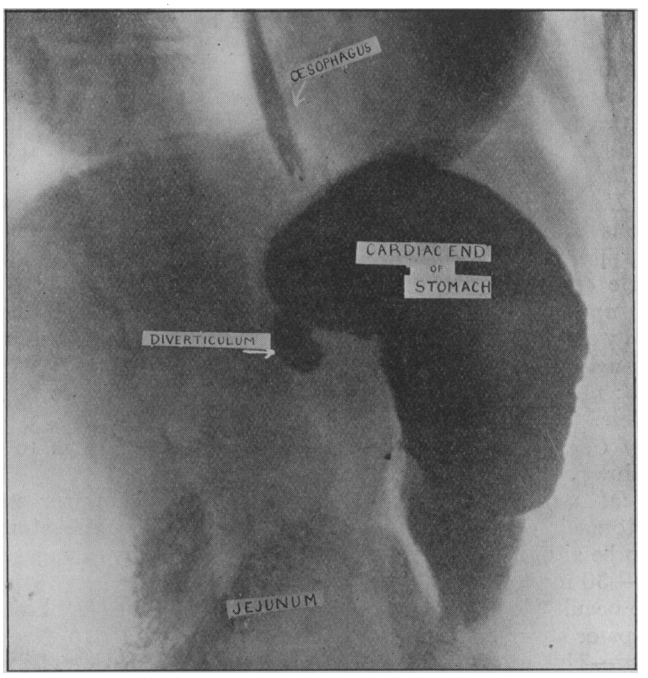

FIG. 2.—Stomach, oblique view, lying, barium massaged upwards to distend diverticulum.

experience, the condition is common, and that many cases of suppos ed gastric ulcer are really cases of diverticula of the stomach, which had nothing to do with the causation of the symptoms.

Dr. PARKES WEBER said that the hæmatemesis in the case had to be explained. It needed a good deal of evidence to say that the diverticulum was not secondary to ulcer.

Retroperitoneal Neoplasm.—S. I. LEVY, F.R.C.S.—S. T., male, aged 43. Born abroad; has lived in the country since infancy.

History.—Pain in left loin during past eleven months, dull and intermittent, occurring mostly at night and becoming more severe if patient lies on his right side. Begins in left hypochondrium and radiates circuitously around to middle of back. No attacks of colic. Painless hæmaturia, which lasted two days, six weeks before admission. No clots.

Frequency of micturition: Every two hours by day; every three hours at night.

Other Symptoms.—Marked loss of weight and strength. Appetite good. Patient very constipated, bowels act once every four days. No hæmorrhage per rectum.

On Examination.—Cachectic-looking man. Hard tumour-mass extending from mid-line in epigastric region to left hypochondrium, about 3 in. below left costal margin. Some bulging of left lower chest wall and in left loin. Tumour dull on percussion, not tender; lower margin rounded; upper margin indefinable. Some pigmentation of skin of lower abdomen. Left varicocele present for five years, according to patient's statement. Some dilated veins visible over left side of chest wall, and some glands palpable in both axillæ. Apex beat of heart situated in fourth intercostal space.

Wassermann Reaction.—Negative.