Practical Points of Diagnosis and Treatment in Medicine.

ABDOMINAL TUMOUR.

BY DR. CECIL BULL.

THE patient was a young woman of 25, complaining of a flatulent dyspepsia, which had troubled her for several years.

On examination, the only physical sign was a firm, rounded mobile tumour, about the size of a small egg, situated to the right of the lumbar spine at the level of the umbilicus.

The questions asked were :—

- (1) The different diagnosis.
- (2) What steps should be taken to throw further light on the case.
- (3) Treatment.

In the answer to Question 1, every organ and tissue in the neighbourhood which might possibly have given rise to such a tumour has to be considered ; and in supplementary questions the candidate is expected to show a knowledge of the tumours of each organ mentioned.

The following short list covers the majority of tumours in this area :—

Gall-bladder : distended gall-bladder, carcinoma.

Pancreas : pseudo-cyst, cyst adenoma, retention cyst, carcinoma.

Intestine : fæces, appendix abscess, polypus, carcinoma.

Kidney : mobile kidney, solitary cyst, hypernephroma, embryoma, papilloma of pelvis.

Peritoneum : encysted fluid, hydatid cyst.

Lymphatic glands : enlarged glands or calcified glands.

Ovaries : cyst adenoma, carcinoma, dermoid.

A bad examinee myself, I speak with sympathy for the difficulties and the faults of those up for examinations. It is clever to give guarded answers, but such cleverness is a two-edged weapon, and the examiner's time is too short to be wasted in fencing. In their efforts to be non-committal, candidates are apt to make their answers vague. Their answers are usually in short sentences with pauses, during which they look for, or hope for, some sign from the examiner to indicate that they are on the right track.

There has been in the past an unfortunate tendency by some examiners to require certain formulæ in response to certain framed questions—"guess what I'm thinking of"—the student, therefore, is often spending his time trying to guess what answer the examiner wants, instead of approaching the case with the confidence that he is qualified to give an opinion about it.

The following is a typical duel of question and answer in the above case :—

"What do you think this tumour might be?"

"Something in the mesentery."

"What do you mean by something?"

"A cyst."

"What cysts occur in the mesentery?"

Silence.

The candidate thought he had been led into a trap and fell back on the last line of defence—silence.

Another form of tentative advance is to counter with another question, such as "It could not be the gall-bladder?" with a note of interrogation in the voice. This is one of the worst forms of opening; it calls for the inevitable "Why not?" which makes dignified retreat rather difficult.

A third and very common failing of examinees is to unearth the most unlikely explanation for a simple affair and put it first. There were candidates who started with the suggestion that the tumour might be a Meckel's diverticulum.

In such a question as that concerning further aids to diagnosis, simple methods often receive small consideration. It was very properly said by many candidates that a pyelogram should be done, but they did not suggest that the urine should be tested first, or that simple antero-posterior and lateral X-rays of the abdomen should be taken or that some help might first be obtained from a pelvic examination. One candidate gave as his first suggestion that the abdomen should be opened.

If there is any lesson to be drawn from these answers it is that candidates should try to attribute a little more human feeling to examiners, should approach any case with the confidence that they can at least say something about it, and that their opinions and suggestions are worth hearing. They should approach cases in their own ways, speak about them in their own words and not confuse their minds by trying to guess what the examiner is thinking of—fearful of the traps into which they may fall.

The actual nature of such a tumour is a small consideration for the purposes of examination. The student who hits the bull's eye with a shrewd guess is likely to score less marks than the one who reasons well but arrives at a different conclusion.

In the above case there was plenty of scope for discussion. The positive items of evidence were the antero-posterior X-ray film which showed a discrete, calcified mass, the lateral film which showed that this mass was well in front of the spine, and the cholecystography which showed a normal gall bladder above the tumour. This taken with all the negative evidence made an almost certain diagnosis of calcified glands in the mesentery.

A CASE OF ACUTE COMBINED DEGENERATION OF THE SPINAL CORD OCCURRING IN A PATIENT WITH ADDISONIAN ANÆMIA WHO WAS BEING TREATED WITH LIVER EXTRACT.

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ERNEST B., aged 59, attended hospital three years ago with feelings of lassitude and occasional swelling of the left ankle. Sixteen months ago he noticed failure of appetite and occasional soreness of the tongue.

On examination the heart was slightly dilated. There was no enlargement of the liver or spleen. A blood-count showed—red blood-corpuscles 2,000,000: