Haematological and Nutritional Effects of Operation on the Stomach

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The haematological and nutritional effects of gastric operations have been observed in 179 patients. The work was carried out jointly with Dr. Rechnitzer under the supervision of Professor Davidson.

(1) Partial Gastrectomy (104 cases). The partial gastrectomy cases showed a considerable incidence of iron-deficiency anaemia, more marked in the females than in the males. Only one case of macrocytic anaemia was found, and in this there was a classical megaloblastic bone marrow.

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Gastroenterostomy (65 cases). Neither the male nor the female gastroenterostomy cases showed the presence of anaemia. It should be noted, however, that only two of fifteen female cases were below the age of fifty, a period when anaemia is most liable to develop.

Total Gastrectomy (10 cases). These showed the highest incidence of anaemia which was of macrocytic type in five out of the ten cases. It was thought that the incidence of macrocytic anaemia would even be greater in the group if the interval since operation had been longer. The nutritional survey showed that the incidence of malnutrition (as judged by the clinical features of vitamin deficiency) was negligible, while the incidence of subnutrition as estimated by loss of weight and diminished working capacity, was of moderate degree.

It was considered that neither the haematological nor the nutritional defects were sufficiently severe to be a contraindication to gastric operations, where these were indicated therapeutically.

Megaloblastic Anaemia Following Operations on the Intestine

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Reference will first be made to three patients in whom megaloblastic anaemia followed operations on the small intestine.

The first was a grocer who at the age of seven had an intussusception and passed per rectum a piece of necrotic intestine. Thereafter he suffered intermittently from diarrhoea. When he came under observation at the age of 40 he had chronic hypochromic anaemia with koilonychia, which responded to iron. At an operation for intestinal obstruction three years later, three strictures were found and short-circuited. A few months afterwards anaemia recurred, but now it was megaloblastic. This and subsequent relapses responded to liver extract or vitamin B12. Operation revealed a stagnant area of small intestine at the site of the previous anastomosis.