

## SURGERY.

UNDER THE CHARGE OF GEORGE E. ARMSTRONG.

**The Surgery of Simple Diseases of the Stomach.**

B. G. A. MOYNIHAN, F.R.C.S., Eng. The Surgery of the Simple Diseases of the Stomach. *Boston Medical and Surgical Journal*, June 4, 1903.

The great majority of the simple diseases of the stomach which are successfully treated by surgical intervention are caused by ulceration, or its complications, or results. These various conditions are taken up as follows: (1) Perforation of gastric or duodenal ulcers; (2) Hæmorrhage from gastric or duodenal ulcers; (3) Chronic ulcer, its various clinical types.

In the case of perforation of a chronic ulcer medical treatment alone may lead to cure; (the writer mentions two cases in which a diagnosis of perforation had been made, treated medically of necessity, and the subsequent operation revealed undoubted evidence of a peritonitis completely surrounding the stomach) nevertheless, the difficulties of diagnosing the variety of perforation, its location, the uncertainty of spontaneous recovery and of limiting adhesions, are such as to make it imperative to adopt operative treatment at the earliest possible moment. "The risk of operation is definite, the hazard of delay immeasurable."

Some difficulty in the diagnosis may be experienced if morphine has been previously given, or when the acute pain, etc., is associated with menstruation. The writer puts great stress upon the absence of abdominal rigidity in these conditions, while a continual hardness and rigidity is present in cases of perforation. He does not consider excision of the ulcer at all necessary, but first closes the hole by a single catgut suture and reinforces by two continuous sutures of Pagenstecher thread. If operation be performed within 10 to 12 hours after rupture, no irrigation or drainage is necessary, but a gentle wiping over of surrounding area with wet swabs. If drainage be necessary it should be free, as also should be irrigation by enlarging first incision and by a second superpubic incision. The multiplicity of perforating ulcers is emphasized, double perforation being present in no less than 20 per cent., and generally "on the posterior surface at a point exactly opposed to the first."

Hæmorrhage may take place from an acute or from a chronic ulcer, and the clinical picture in the two cases differs widely. The characteristics of hæmorrhage from an acute ulcer are:—"Spontaneity, abruptness of onset, the rapid loss of a large quantity of blood, the marked