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THE SURGICAL ASPECT OF GASTRIC ULCER.*

BY HENRY HOWITT, M.D., M.R.C.S. (ENG.), GUELPH.

Although it is less than a decade since the attention of the profession was first specially directed to the subject, recent surgical literature contains numerous articles which bear upon the various phases to which gastric ulcer may give rise. To-day the surgical aspect is quite comprehensive, and includes not merely the operative procedures with which to meet the different forms of perforation, but it also embraces the surgical technique necessary to relieve the many abnormal conditions which may directly or indirectly arise from it. In this category we have by far the greater number of all cases of acquired stenosis of the pyloric orifice and hour-glass contractions of the stomach, the abscesses which may result from minute perforations, or infection, either in abdomen or adjacent part of thorax, and according to some authorities it includes the operative measures to arrest severe recurrent hemorrhages of undoubted origin, and also for the removal of any gastric ulcer which renders life miserable, and which persists after prolonged and intelligent trial of medicinal remedies.

In the limited time allotted to me, it will be impossible to give the details of any of the special branches pertaining to the subject, and most of them, if mentioned, will have necessarily little more than a passing notice.

Just a word in regard to the etiology. Our authorities mention traumatism, emboli, hyper-acidity of gastric juice, etc. We may enquire why jugglers can swallow pieces of glass, knives, nails, and other similar articles without ulceration necessarily following? It is admitted that, as a rule, gastric

* The discussion on Surgery read at the Ontario Medical Association.