

CLINICAL LECTURE ON THE SURGICAL TREATMENT OF  
PERFORATED GASTRIC ULCER.

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The subject of gastric ulcer is more fully treated in medical than in surgical text-books. It is with the complications and sequelæ of gastric ulcer that the surgeon is especially interested. I will not enter into a discussion of the etiology, course and treatment of ordinary gastric ulcer, but I may say that it is found in the stomach and in the duodenum as far down as the point of entrance of the common bile duct. It may be occasionally due to traumatism or corrosive poison, but the opinion seems to be pretty general that probably in the majority of cases it is due to a deficient blood supply to a small area, and that this spot deprived of its blood supply is digested or destroyed by the action of the gastric juice. As a rule when the condition is recognized and submitted to proper treatment the ulcer heals, and unless the process has been very extensive the resulting cicatrix causes no permanent disability. But unfortunately it occasionally happens that serious complications arise that jeopardize the life of the patient. For example, if the ulcerated surface is extensive the stomach may become so contracted and deformed during the healing process that impairment of function results. If the ulcer is situated at the cardiac or pyloric end stenosis may follow and operative interference be required to remove the obstruction and allow food to enter or leave the stomach.

Another alarming complication is hæmorrhage. This is seldom fatal, and only when it continues to recur to such an extent as to threaten life—as evidenced by collapse and hæmatemesis and melæna—would the question of operative interference arise. In two such cases, however, Küster, of Marbourg, has opened the anterior wall of the stomach, cauterized the ulcer and then performed a gastro-enterostomy. Both cases recovered.

A third complication, which unless relieved by surgical measures, is fatal in about 95 p.c. of the cases is perforation of the wall of the

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