

Dominion Medical Monthly

And Ontario Medical Journal

VOL. XXV.

TORONTO, OCTOBER, 1905.

No. 4.

Original Articles.

ADDRESS IN SURGERY—CANADIAN MEDICAL ASSOCIATION

EIGHTEEN CONSECUTIVE CASES OF OPERATION FOR PERFORATED GASTRIC ULCER.*

BY F. M. CAIRD, F.R.C.S. (EDIN.),
Surgeon Royal Infirmary, Edinburgh.

Addressing, as I have the honor to do, a body of brother practitioners, I have sought to find a subject of general interest to all. I, therefore, direct your attention to personal experiences of a consecutive series of eighteen cases of perforated gastric ulcer, and in doing so crave pardon for inflicting upon you so much that is well known and commonplace.

We are ignorant of the direct cause of gastric ulcer. The ulcer may pursue a symptomless course, and there may be perfect health until the disastrous rupture into the peritoneal cavity takes place, and even then the diagnosis may be obscure. As a rule, however, there are very definite indications which lead us to a correct conclusion. A history of indigestion can nearly always be obtained, either of recent date and comparatively mild, or prolonged and intermittent. The dyspepsia is associated with pain after food and with vomiting, which often

*Read before the Canadian Medical Association, Halifax, August, 1905.