

THE PATHOLOGY, DIAGNOSIS AND TREATMENT OF PERFORATED GASTRIC ULCER.

BY

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The last quarter of the nineteenth century has seen marvellous advances in the different departments of what may be called intraperitoneal surgery. The most obvious and frequently present lesions, naturally, were the first to be recognized, studied, and systematically dealt with. Thus, appendicitis, cholelithiasis, the pathological lesions of the uterus and its adnexa, and the surgery of the small and large intestine, have now a well determined standing, and they are recognized and treated by symptoms and rules evolved from an increased knowledge of their pathology, and a large clinical experience. Most encouraging features of this work are its gradually extending sphere of usefulness and its lessening death rate.

The surgical treatment of gastric ulcer is of comparatively recent date. Interest in this field of work has been gradually increasing until, at the present time, the various problems arising out of a consideration of the causes and such complications as hæmorrhage, perforation of the stomach wall, subphrenic abscess, pyloric stenosis and adhesions, are being more carefully studied than almost any other. This statement receives confirmation in the fact that the time of the last meeting of the American Surgical Association in Washington was devoted almost exclusively to the reading of papers on the surgery of the stomach, and their discussion. This interest in gastric ulcer is fully justified by its frequency and mortality. Between four and five per cent. of the whole population of Germany suffer at one time or another, from gastric ulcer, writes Ewald, and he estimates the mortality to be from 1.23 to 13 per cent. According to Welch, the mortality is 15 per cent. of all cases, 6.6 per cent. dying from the results of perforation (Tinker), Leube treated 1000 cases in ten years (Tinker). "In the extensive post mortem records collected by Welch, ulcer cicatrized or open, was present in about 5 per cent. of persons dying from all causes. The scars are more frequent than open ulcers" (Osler).

It is my intention in the present papers to confine my remarks strictly to perforations of the stomach wall by simple, non-malignant ulcer. We