

ON THE SURGICAL TREATMENT OF GASTRIC ULCER.

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The treatment of gastric ulcer is a subject deserving the most serious consideration, and as time advances it is becoming more and more an established fact that medicinal treatment must largely give way to surgical procedures in dealing fairly and adequately with this distressing condition.

The armamentaria of the physician have been severely taxed in this regard, but undoubtedly it has been his privilege, in a large proportion of such cases, to relieve symptoms and to avert dangerous complications, and so to prolong life by a choice of medicinal remedies and a careful regulation of the patient's diet and manner of living. But whereas in former years the surgeon was rarely called upon, save in the event of perforation occurring or other complication, such as sub-diaphragmatic abscess, it is now duly recognized that ulceration occurring in the walls of the stomach is amenable to surgical treatment in like manner to ulceration occurring in other accessible portions of the body.

A consideration of the inefficiency of medicinal treatment tends to show that this is attributable to various factors, and of these the most important is the impossibility of inducing in the stomach a state of rest, both physiological and mechanical, of a sufficient degree to allow definite healing to ensue, in the presence of those conditions almost always associated with gastric ulceration, namely, intractable hyperchlorhydria and stenosis of the pylorus, whether from muscular spasm or contraction of cicatricial tissue. Not even the most careful dieting can accomplish this, and on account of the anæmic condition of the majority of such patients no great amount of reliance can be placed upon rectal alimentation. Furthermore, these cases occur most frequently in females from fifteen to thirty or forty years of age, and undoubtedly a very large proportion of them are amongst the classes whom necessity bids to earn their own living and will not allow them to rest and practise careful regulation of their diet. But even amongst the well-to-do it is by no means uncommon, and to them it is anything but agreeable to maintain such fastidious care day after day in regard to their dietary, subsisting in a state of partial invalidism, and with a constant fear in their minds lest by some inadvertent step in this regard they may bring about a return of the symptoms or even render themselves liable to the occurrence of dreaded complications. Occurring in males it is most frequent between the ages of thirty and forty-five years, and to such patients a state of even partial or intermittent invalidism is most distressing.

But apart from the inefficiency of medicinal treatment, in the