ORIGINAL CONTRIBUTIONS

THE DIAGNOSIS AND TREATMENT OF ACUTE PERFORATIONS OF THE STOMACH AND DUODENUM.

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GENTLEMEN,—It is not my intention at this morning's clinic to discuss the symptomatology of gastric and duodenal ulcer as it appears in the physician's domain, but to confine myself to the symptoms which supervene on acute perforation of these ulcers, and to the surgical treatment of the same.

A history of the previous symptoms will help somewhat to decide whether we have to deal with a gastric or duodenal perforation. Quervain says that the only clinical differences before perforation consist in the facts that the seat of the spontaneous pain and the pain on pressure in the case of duodenal ulcer is a little more to the right than in gastric ulcer, and that spontaneous pain in duodenal ulcer does not supervene immediately after food, but was delayed for a few hours, indeed, until the need for another meal was felt, constituting the so-called "hunger pain." Sometimes the stomach may perforate so close to the duomenum, or the duodenum so close to the stomach that it is difficult to say even at operation which has perforated. One of my recent cases whom I am presenting here to-day is an example of this. In this man's case I diagnosed perforation of the duodenum because he had the typical pain coming on two to four hours after food, the pain relieved by taking food—true hunger pain. On opening this man's abdomen through the upper rectus, as you see here by the scar, I found a perforation at the junction of the duodenum and the pylorus. The opening would admit my thumb. There was a great deal of edema and inflammatory thickening around the opening and for a moment I did not know which viscus had perforated. However, I soon found I could pass my finger through the perforation freely into the stomach in one direction and as easily into the duodenum in the other. It matters very little any way in which the perforation is—the operation is practically the same. It is said that gastric ulcer is most frequent in the female sex, while those of the duodenum are practically limited to males. In my experience the majority of gastric perforations have been in the male sex,