

DIFFERENTIAL DIAGNOSIS.

1. You will gather from what has been already said that one may first come clinically in contact with certain cases by reason of an accident, perforation, or profuse hemorrhage, the ulcer being of the latent type and causing no previous complaints from the patient. The diagnosis in such cases is comparatively certain, involving the differentiation from perforations due to other causes, such as appendix trouble or that produced by gall stones. I mention these two conditions, as I have seen them mistaken for gastric and duodenal perforation.

Profuse hemorrhage from the stomach does not, of course, necessarily mean simple ulcer. Here we have to exclude that from other forms of ulcer, tubercular, typhoid, etc.; also that which may be occasioned by indirect local causes which produce portal obstruction, such as cirrhosis of liver, or due to circulatory obstruction, as in cardiac diseases, or that met with in certain of the blood diseases, as pernicious anemia, leukemia, hemophilia, scurvy.

2. Many cases of chronic ulcer come first to our notice with all the well-marked cardinal symptoms as above described—pain, vomiting, hemorrhage.

Here the question that first arises is, Is this simple ulcer we are dealing with or is it carcinoma?

We consider the age of the patient—ulcer more frequently between twenty and forty; cancer at middle age or after; the pain of ulcer more intense, brought on very shortly after eating and immediately relieved by vomiting, as opposed to the more steady though less intense pain of cancer and not influenced by vomiting.

The appetite in gastric ulcer may not be impaired nor the tongue coated, whilst in cancer the appetite is almost invariably very poor and the tongue thickly coated. My own experience would lead me to place a great deal of value on these points.

Vomiting occurs in both diseases; in ulcer usually soon after eating, whilst in carcinoma no special relation to eating, maybe once a day or in two days, and of the cumulative character.

Vomiting of blood in simple ulcer may occur in large quantities and be bright red or coffee grounds color; in cancer the quantity is usually small and coffee-ground.

The finding of blood, gross or occult, intermittently in the stools is in favor of ulcer. In cancer, constant occult hemorrhage is what we expect.

In ulcer, we find in the great majority of cases hyperchlor-