ORIGINAL CONTRIBUTIONS

PERSISTENT INDIGESTION: ITS CLINICAL SIGNIFICANCE. ITS SURGICAL TREATMENT.

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DYSPEPSIA is not always the result of some mild functional derangement of the stomach, but is frequently a marked symptom or clinical manifestation of some serious intra-abdominal organic lesion either of the stomach itself, of the duodenum, of the gall bladder or of the appendix. The frequency with which chronic gastric ulcer, the early stages of gastric carcinoma, duodenal ulcer, cholecystitis, stasis, and even chronic appendicitis is the direct cause of a persistent and troublesome indigestion is being revealed in the operating room every day. When we take into consideration the role which is played by each of these organs in the function of digestion, it is readily understood how an organic lesion in any one of them is likely to manifest itself through the old fashioned symptoms of dyspepsia. During the last few years the brilliant work of Sir Arbuthnot Lane has also shown the extent to which these so-called dyspeptic symptoms may be produced by chronic intestinal stasis.

Gastric and duodenal ulcer is an exceedingly common disease. Carcinoma of the stomach is on the increase. Gall stones with subsequent involvement of the gall bladder and bile ducts are now known to exist much more frequently than was commonly supposed, even when no other symptom than chronic indigestion is present, and appendicular gastralgia is now a well-known and accepted pathological entity. While it is all important to locate definitely the source from which the dyspeptic symptoms spring in any of the foregoing pathological conditions, it becomes doubly so when the involvement is due to a carcinomatous nodule, which in the stomach especially, so frequently follows in the wake of ulcer.

Ulcer of the stomach is the most invariable forerunner of cancer, therefore if by reason of the dyspeptic symptoms manifested we can definitely diagnose and successfully remove this lesion before the advent of the carcinomatous engraft, we have gone a long way in eradicating malignancy in one of the most frequent locations in the body. Furthermore this is the only way in which it can be effectively eradicated, for when pylorectomy is done in the presence of carcinoma, it is with the full knowledge that in at least 50 per cent. of the cases there will be a