

### **Surgical Treatment of Perforated Gastric Ulcer with General Infection of the Peritoneal Cavity.**

Dr. H. Howitt, of Guelph, Ont., said that acute perforation with general infection of the abdomen, was usually caused by the acute, round ulcer, but might occasionally take place in the course of a chronic ulcer, especially when it was situated on the anterior wall. All the phenomena of acute perforation might result in either form of ulcer in a more indirect manner by the formation of a localized abscess, which afterward ruptured internally. In peritoneal perforation with general infection medicinal remedies are useless. Early, bold and thorough surgery alone can save the patient. When patient is anesthetized an incision from ensiform cartilage to pubis should at once be made, the bowels eviscerated and protected, then the stomach examined and the perforated part brought out of the wound as far as possible and the field guarded by sponges. The perforation might be excised, but it is generally merely closed with two or more rows of silk sutures. Every pouch and corner in the abdomen should be thoroughly inspected and flushed clean. Drainage tubes are used, not placed in the wound, but through stabs, one at the back in each flank depression below the kidney, and one in the lower abdomen to the right or left of the incision for the pelvis. After the intestines are replaced and omentum is spread over them and fastened below the lower end of the wound with a suture or two, the incision is closed as quickly as possible and dressed. In a desperate condition of the patient, a pint of peptonized milk or other suitable liquid food may be injected into the jejunum during operation.

The author said in conclusion that he was aware that many surgeons strongly objected to evisceration, but he maintained that it was impossible by any other known method to make certain that the cleansing of the peritoneum had been done thoroughly. Imperfect toilet is followed by more shock, and is vastly more dangerous than hours of properly managed evisceration.

Papers were also read by Drs. C. L. Bonifield, of Cincinnati; F. F. Simpson, of Pittsburg; Walter B. Chase, of Brooklyn; J. J. Williams, of Philadelphia; A. Goldspohn, of Chicago; Miles F. Porter, Fort Wayne, and L. H. Dunning, of Indianapolis.