

## Medicine

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GRAHAM CHAMBERS, R. J. DWYER, GOLDWIN HOWLAND, GEO. W. ROSS, WM. D. YOUNG.

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**Gastric Ulcer.** C. F. HOOVER, *Cleveland Medical Journal*.

To treat a gastric ulcer rationally careful consideration must be given to the pathogenesis of the ulcer. Clinically it is possible to determine whether one is dealing with a peptic, perforating or an ulcer of some other origin. It is doubtful if trauma alone will account for any round ulcer of the stomach, and if it does occur long after the injury hyperchlorhydria accompanies. When not syphilitic, tuberculous or of the peptic variety, recovery is prompt; as soon as the bleeding ceases the patient can be given vegetable puree, scraped meat, eggs and milk. One has to remember when dyspepsia, pain and hemorrhage occur in elderly people with arterio-sclerosis that it cannot be assumed these are the result of an erosion. Hematemesis sometimes occurs in typhoid fever and pneumonia. Hoover divides these cases into three groups from his own clinical experience: first, syphilis; second, chronic peptic ulcer in patients who show no signs of congenital asthenia; and third, chronic peptic ulcer occurring in patients with congenital asthenia. In connection with the treatment of the former, he points out the tolerance of the stomach for only small doses of iodide of potash. In married women care should be exercised in the diagnosis, as they rarely give a history of syphilis, often coming by it innocently. Hemorrhage is rarely fatal in gastric ulcer. Gelatine in tablespoonful doses, 5% sterile solution, Hoover has used, but is doubtful of its service. Adrenalin is a rational drug to employ. It acts as a styptic and diminishes glandular secretion. He is doubtful of the efficacy of an ice bag to the epigastrium. Morphia hypodermically as a sedative is liable to produce watery greenish vomit. When bleeding is severe all solids and liquids should be withheld and water by enemata to allay thirst. For pain orthoform, in 7-grain doses, three or four times a day, but this is only serviceable when the irritating cause of the pain is accessible from the inner surface of stomach. For a protective coating 30 to 60 grains of bismuth subnitrate or carbonate; but on account of dark color to stools equal parts of prepared chalk and talcum, one-half to a full teaspoonful in three ounces of water before food, may be preferable.

G. E.