

## DIAGNOSIS OF GASTRO-DUODENAL ULCERATIONS

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By gastro-duodenal ulcerations I mean those forms of "simple ulcer" which are met with where the gastric juice flows, therefore situated at the extreme end of the esophagus, in the stomach, or in the duodenum above the entrance of the common bile duct.

*Age.*—Ulcer of the stomach is a disease of early adult and middle life, the majority of cases occurring between twenty and forty years of age, while the greatest mortality is found between forty and sixty.

Nearly all observers are agreed that women suffer more in this respect than men, or at least that a larger number of women come under notice for treatment. Brinton says two to one.

Duodenal ulcer is found to be most frequent between the ages of thirty and forty, but in this particular form of simple ulcer the majority of cases seem to occur amongst men.

It is instructive to note the relative frequency of occurrences of gastric and duodenal ulcers. I quite well remember in my student days regarding duodenal ulcer, apart from those following burns of the skin, as a great medical curiosity, whereas at every outdoor clinic we expected to see at least one case of gastric ulcer; but we now know, thanks to more careful clinical and laboratory methods, and to some extent to the surgeons, that duodenal ulceration is by no means a rarity. In fact, it seems to occur almost as frequently as gastric ulcer.

Thomson, of Edinburgh, in his report on fifty cases operated on for chronic ulcer, found twenty-two in the duodenum and twenty-eight in the stomach, and in the Mayos cases duodenal ulcer was met with perhaps a little oftener than gastric ulcer—98, 87.

In no disease have we more outstanding symptoms and physical signs than in many cases of gastric and duodenal ulcer. On the other hand, we see many cases where the signs and symptoms are very indefinite and the diagnosis may even only be forced on us by the occurrence of a grave accident, such as perforation or hemorrhage, or by the findings at the autopsy.

*Pain, vomiting, hematemesis and melenà* may be regarded as the outstanding features of this trouble.

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