

SURGERY OF THE STOMACH FROM THE STANDPOINT OF THE CLINICIAN.*

A. J. OCHSNER, B.S., F.R.M.S., M.D.,

Surgeon-in-Chief of Augustana Hospital and St. Mary's Hospital, Professor of Clinical Surgery in the Medical Department of the University of Illinois, Chicago.

There are many reasons why surgery of the stomach should be more and more interesting to the clinician. Chief among these is the fact that with the increasing clinical experience in this field, it has become possible to perfect the diagnosis of conditions far beyond the degree to which this could be done only a few years ago, when it was possible to actually confirm diagnoses anatomically only in those patients who could be subjected to an autopsy. In the vast majority of cases the diagnosis was made upon theoretical grounds. The patient was treated and improved temporarily; during a subsequent attack some other physician made the same or a different diagnosis, which again could not be proven anatomically, the difficulty arising from the fact that no one could prove or disprove the diagnosis in either case. The moment a case becomes surgical, however, this difficulty is abolished, because the diagnosis can and must be proven to be right or wrong.

There is much ante-mortem pathology in diseases of the stomach, as well as in diseases of all the other intra-abdominal organs, which can be studied properly neither post-mortem nor ante-mortem, unless the organ is exposed to view; and no sooner has this been done in a large series of cases than the diagnosis of the condition becomes much simpler and easier and gains greatly in certainty.

Gastric Ulcer.—The condition which primarily or secondarily leads to the greatest amount of stomach surgery is the ulcer. The operation may be indicated: 1. Because of the painfulness of the ulcer. 2. In order to control (a) acute or (b) chronic hemorrhage. 3. In order to prevent secondary conditions such as (a) perforation; (b) peritoneal adhesions; (c) pyloric obstruction due to cicatricial contraction; (d) hour-glass stomach; (e) gastric dilation due to obstruction; (f) starvation; and last, but not least, (g) implantation of carcinoma in the ulcer.

Diagnosis of Ulcer.—Since the presence of gastric ulcer

* Read before the Ontario Medical Association, June 7, 1905.