

# CLINICAL LECTURE

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## THE BISMUTH TREATMENT OF GASTRIC ULCER. ALSO NAMED PEPTIC ULCER.

Virchow's theory that gastric ulcer is caused by embolism of an arteriole with subsequent infarction, necrosis and ulceration of the mucous membrane still prevails.

Every one of the twenty or more cases of gastric ulcer which I have had under my care since 1865 have received the same kind of treatment, *i.e.*, bismuth and sod. bicarbonate with very small doses of morphine, *t.i.d.*, and fluid diet, enemata to relieve the bowels and rest in bed for a week or two.

Nearly all the patients were young women, often chlorotic, single or married, between 20 and 30 years of age, and not one of them was in perfect health at the time of the first attack. The four male patients between 25 and 40, I have records of—the last one under treatment now—gave a history of more or less indulgence in liquor and tobacco, and injudicious eating. The peptic ulcer, superficial or deep, small or large, of oval or irregular shape occurs most frequently near the lesser curvature in the posterior wall of the pyloric portion of the stomach.

I do not believe there has been a case of duodenal ulcer among my series of cases. About twelve of them were mild, and tenderness or pressure in the epigastric region was generally present, but to the left of the tenth or eleventh dorsal vertebra was more often absent. In doubtful cases the pain in the stomach elicited by an ounce or so of well salted broth before breakfast will help to clear up the diagnosis. In about six cases the usual symptom-complex was convincing at the first examination, and in three other cases severe hematemesis was the very first symptom of ulcer, while the sense of pain was almost absent. It is interesting to note that one of the latter