

# Retrospect of Current Literature.

## SURGERY.

UNDER THE CHARGE OF DRS. ARMSTRONG, BARLOW, ARCHIBALD, AND CAMPBELL.

WILLIAM J. MAYO. "Ulcer of the Duodenum." *Jour. A. M. A.*,  
August 15th, 1908.

Mayo states that the surgical invasion of the upper abdominal region has gradually enabled us to replace theory with facts, and fallacious clinical observations have given way before actual demonstration of diseased conditions. One of the most striking illustrations of this newer knowledge is the discovery that three-fifths of all gastric and duodenal ulcers are situated in the duodenum. Until within recent years gastric ulcer has been considered the chief lesion, while reference to a duodenal location has been infrequent. He considers the differential diagnosis between duodenal and gastric ulcer and states that in duodenal ulcer the pain and tenderness, as a rule, extends from the mid-line to the right; aggravation induced by food comes on several hours after a meal, and the patients suffer from a peculiar "hunger pain" when fasting. Unlike gastric ulcer, duodenal ulcer rarely undergoes carcinomatous degeneration. Mayo has seen but four apparently primary carcinomas of the duodenum. In two of these the origin was uncertain, and in but one did it seem probable that the cancer had developed from an ulcer. In five cases, however, he has known gastric cancer to develop on the edge of a duodenal ulcer which involved the stomach at the pyloric ring. The surgical treatment of chronic duodenal ulcer will usually consist of gastrojejunostomy, preferably by the "no loop" method.

In regard to the curative value of operation for ulcer, he states that in his experience the surgical treatment has been most satisfactory. So far as possible, he has traced patients with duodenal ulcers operated on in 1906-7. These two years were chosen because this choice eliminated some of the early operations in which the diagnosis was doubtful and the technic imperfect, and it prevented the inclusion of the recent cases that the shortness of time since operation would render valueless to statistics from the standpoint of cure. One hundred and nineteen patients were operated on in 1906-7, and 106 were traced. Of these 87, or 82 per cent., were cured; 10, or 9.5 per cent., improved; and 6, or 5.7 per cent., unimproved, making cured and improved 91.5 per cent. The operative mortality in the whole number of cases was 2.8 per cent.