

The one ever-present danger in ulcer of the stomach is its exceeding great liability to gradually assume a cancerous character, when we have at once a transformation from a condition of benignity to one of deadly peril.

*Gastric carcinoma*, one of the most formidable of all internal maladies, is, in this portion of the continent at least, steadily on the increase. In order of frequency it stands second only to cancer of the uterus. There is to-day probably no pathological lesion so fatal in its ultimate results, which, at the only time when any hope for recovery can be offered, presents such difficulties in diagnosis. Many a doom is sealed before the patient becomes aware there is really anything serious the matter. The proof, however, which is fast accumulating day by day, that in at least a great majority of cases, the seed bed of gastric carcinoma is the indurated edges of an old peptic ulcer, is shedding that ray of light which may enable us more frequently in the future to discover and radically remove this dread disease, while yet there is time to effectually save life. One thing is certain, that when carcinoma in this region is discovered and radically removed in this early stage life is saved. To be diagnosed before metastasis commences to produce involvement elsewhere is to-day the acme of internal diagnostics, and the physician making such early diagnosis does more to save the life of his patient than the surgeon who effectually removes the disease.

Along this line of diagnosis much practical knowledge has been gained through laboratory research, but even more has been achieved by clinical and surgical methods. Surgery has conclusively taught us that at least some of the predisposing conditions may be effectually removed, and by thus operating during this precancerous state, usually a typical history of long-standing ulcer, the development of the cancerous state may be prevented. This indeed is the time ideal for operation, and thus by prevention rather than by cure may we yet succeed in blotting out to a great extent this, one of the most dreaded scourges of our race.

Such indeed is one of the various results aimed at in operation for the radical cure of gastric ulcer, but the day has not yet arrived when the diagnostician may determine which ulcer is likely to degenerate into cancer, and which not. In the meantime we must strive to so improve our diagnostic methods that we may speedily reach the time when all gastric carcinomas may be discovered and removed at a time when practically all lives may yet be saved.

*Symptoms.*—In obtaining the history of patients suffering from gastric carcinoma three distinct types may be elicited:

- (1) Those with a long history of constant gastric disturbance.
- (2) Those with a history of intermittent stomach trouble, which