

THE IMPROVED TECHNIQUE IN THE OPERATIVE SURGERY OF CARCINOMA OF THE STOMACH.¹

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THE history of abdominal surgery is one of material and continued advancement. Its field of usefulness has presented progressively extending borders until each organ of every system has become amenable to surgical and life-saving intervention. In general, the diagnosis, indications for operation, surgical technique, and post-operative treatment are firmly established; surgical principles confirmed by abundant, painstaking pathologic and clinical observation, collective operative experience, and the results attained in experimental surgery. The final determination of the established surgical methods in the treatment of uterine myoma, biliary calculi, appendicitis, and extra-uterine pregnancy is a triumph of surgery, the life-saving value of which is quite inestimable.

Although so much has been accomplished in the last three decades, there yet remain other fields for reinvestigation and the establishment of surgical methods which will more uniformly influence the treatment of the future. Carcinoma of the stomach is one of these fields for reinvestigation, and recently it is receiving its full share of careful consideration. At the last meeting of the American Surgical Association, a number of papers were presented dealing with the various phases of the subject. The results of the general discussion have been most important in showing the necessity and possibility of early diagnosis, the desirability of early exploration in obscure gas-

¹ Read before the Southern Surgical and Gynecological Association, November 14, 1900.