

THE POST-GRADUATE MEDICAL JOURNAL

Vol. I.

AUGUST, 1926.

No. 11.

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DIAGNOSIS OF CANCER OF THE STOMACH.

BY

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CANCER of the stomach has an unenviable reputation among cancers of the gastro-intestinal tract. It seems to be increasing in frequency; its onset is insidious, with the result that diagnosis is made so late that operability is low (33.3 per cent.); there is no cure except by operation, which is severe and is attended by a high mortality (15 per cent.); and the best results show a five years' cure in only 25 per cent. of operated cases. So that of 100 cases of cancer of the stomach only seven have a prospect of a five years' cure. In the present state of our knowledge, operation holds out the only hope of cure, and it is therefore imperative, if our results are to improve, that we must reduce the proportion of inoperable cases, and this can be done only by earlier diagnosis.

We may well inquire into the reasons for delay in the diagnosis.

1. Indigestion is so common that it is treated by the patients themselves and no skilled advice is sought for some time.

2. In the early stages there are no palpable signs, the disease is not diagnosed, *but treatment is instituted.*

3. Investigation by the X rays and chemical examination of the stomach contents is expensive, and it may seem hardly fair to insist on this expenditure in the early stages of a case of indigestion.

4. Until recent years the early symptoms of cancer of the stomach were not sufficiently empha-

sised, and of the four symptoms which were considered to be diagnostic—viz., pain, wasting, vomiting, and the presence of a tumour—only one, pain, is an early symptom; the others are late indications.

Let us consider some of the conditions which are common to these cases. First with regard to sex. Men are much more often affected than women, in a proportion of 3 to 1, or more. The age is from 40–65, the ten years 51–60 being the most common.

With regard to the ætiology there has been a great deal of discussion as to whether or no cancer supervenes on a preceding chronic ulceration, and there seems no immediate prospect of a general agreement. On the whole, the surgeons are more convinced of it than the pathologists. Every surgeon has had cases giving a long history of "indigestion," but, of course, "indigestion" does not necessarily mean gastric ulceration. Many cases, too, diagnosed as simple ulcer and excised, prove microscopically to be malignant, and a few weeks ago I did a partial gastrectomy for a double ulceration, one of which proved to be innocent, the other malignant.

The fact that males are more affected than females, in much the same proportion as obtains for chronic ulceration, is also interesting. At one time I thought that cases of gastric cancer with a long history of "indigestion" were more common than cases with a short history, but I have now seen so many cases with a history rarely shorter than three months or longer than six months that my opinion is changing. I would lay it down as a rule that if a man over 50 years develops indigestion for the first time, medical treatment should not be instituted until the possibility of gastric cancer has been ruled out. One of the arguments in favour of excision in the treatment of chronic gastric ulcer is that it eliminates the risk of cancerous degeneration, and, though the sequence is still unproven, I feel sure