tion of the appendix, and the point might be cleared up by stereo-
scopic photographs.

Dr. Lane Joynt mentioned a case in which a shadow appeared
in the neighbourhood of the base of the lung, and could not be
explained, as the patient had no evidence of any lung trouble or
history of old phthisis. Ultimately a diagnosis was made of
calcification of the pleura. He quoted also a case of deformed
elbow—from an injury twenty-five years previously—in which a
soft mass, like a hernia of the muscles round the forearm, gave a
dense shadow like iodoform, though there was no history of any
such drug having been used in the treatment.

Mr. Gunn said the line of the ureter varied a good deal, and it
was difficult to conclude whether the shadow was really in the
line of the ureter or not.

Mr. Ball, in reply, said the stone might not cause obstruction
to the passage of the bougie, as it might act as a kind of ball-valve,
and might be pushed upwards into the dilated ureter. There were
no symptoms connected with the appendix. He would try and
get a stereoscopic photograph.

SECTION OF MEDICINE.

President—J. M. Redmond, M.D., P.R.C.P.I.
Sectional Secretary—F. C. Purser, M.D., F.R.C.P.I.

Friday, April 3, 1908.

Dr. Finny in the Chair.

Duodenal Ulcer: its Diagnosis and Treatment.

Mr. Mitchell (Belfast) read a communication on the above
subject. This was based on a series of nineteen cases upon which
he had operated during the previous year. Mr. Mitchell first
emphasised the unrecognised frequency of the condition, and
showed the urgent need for diagnosis, as it was a more serious
condition than gastric ulcer, being much more liable to perforate
and to lead to fatal hemorrhage, and also less amenable to cure
by medical means. He discussed the aetiology—the greater
frequency in men (twenty-three to four of present series); hyper-
acidity as a factor in production; its connection with alcohol, &c.
As prominent symptoms Mr. Mitchell placed (1) "hunger-pain"
(2) discomfort after food; (3) local tenderness above and to the right of the umbilicus; (4) hæmatemesis and melæna; (5) early dilatation of the stomach. The position and appearance of such ulcers were then described as they appeared in the living. Mr. Mitchell, in discussing the treatment, thought surgical means (at all events in chronic cases) were the only reliable and efficient method of treatment.

Dr. Little said his experience of duodenal ulcer had not been that it was so extensive as Mr. Mitchell indicated. He agreed that it was much more frequent in men than in women, and he had found it much more frequent among private than among hospital patients.

Dr. Drury said he had found that his patients who suffered from duodenal ulcer had less of actual pain than of discomfort.

Dr. Dawson referred to a case in which pain, occasionally of an acute variety, came on four or five hours after food. It was localised in the spine, and sometimes radiated towards the front on both sides, but there was no pain or tenderness in front of the abdomen. The first symptoms had been dilatation and then pain; the hæmorrhage which followed was entirely gastric, and for a long time there was no melæna. After it, however, the ulcer was thought to be duodenal. Medical treatment failed, and an operation was successfully performed, when nothing was found in the appearance of the stomach or duodenum to indicate any morbid condition whatever.

Dr. Moorhead said they owed a debt of gratitude to Mr. Mitchell for emphasising the seriousness of the condition, and for assuring them that he could recommend operation with a free mind. Hyperchlorhydria had been a typical symptom in the cases of duodenal ulcer which he had seen.

Dr. Peacocke asked if the diagnosis of duodenal ulcer had been made by the symptom of "hunger-pain" practically alone, and if it had been confirmed.

Dr. Bewley said if the hunger-pain could be considered a proof of duodenal ulcer the condition would have to be regarded under the categories of severe and slight, as they found cases which were relieved by food and by medical treatment. Cases in which apparently absolute health preceded a copious hæmorrhage were not so uncommon, and he did not think the diagnosis was so absolutely clear as might be imagined.

Dr. Cahill said he had been able to diagnosticate duodenal ulcer