STOMACH DISEASE AS DIAGNOSED BY GASTROSCOPY

BY

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53 Black and White Illustrations and 56 in Color by Phyllis Anderson

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Dedicated to

ROBERT A. HOLLANDS

and to all physicians who unselfishly utilize their talents in the instruction and guidance of others.

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PREFACE

THERE is presented herein an illustrated discussion of the gastroscopic aspects of the normal and diseased stomach, with bibliographic coverage, as a point of departure for the physician who is already familiar with the contraindications, technic and orientation of gastroscopy. These latter points do not lend themselves to formal writing—they are matters which must be learned through apprenticeship. Gastroscopy is not learned from a book—its practice must be launched under informal personal ægis. The proper application of contraindications is a problem of judgment, not of following a tabulation. Nor is it presumed by the writer that pictorial and verbal description can formulate for the individual gastroscopist a set of diagnostic criteria which to him will be entirely valid or adequate. A consideration of the literature on gastroscopy, particularly that which deals with descriptive morphology and with disease incidence, indicates that there is not satisfactory correlation of thought in gastroscopic interpretation. A presentation on this subject must necessarily spring from a single clinic, and may, therefore, further obscure the issue by adding still another opinion. But gastroscopy is an art as well as a science, and mere opinion must continue to govern much of the thought on the subject of interpretation. This is not to say that gastroscopy is not a procedure of precision to the individual observer; nevertheless, even the teacher and his student may not be able to establish common criteria for normalcy.

In the preparation of the following material, the assistance of several of the Services of Walter Reed General Hospital was required. Grateful appreciation for their unselfish help is expressed to the personnel of the Radiology, Pathology, General Surgery and Clinical Photography Services. Particular thanks are extended to Major General George C. Beach, Jr., Colonels Charles R. Mueller, M. C., Virgil H. Cornell, M. C. and Walter H. Moursund, Jr., M. C., Lt. Col. Benjamin H. Sullivan, Jr., M. C. and Captain Paul J.

Maxwell, Sr., M. C. for professional favors and administrative assistance. Mr. Frank W. Miller prepared the black-and-white illustrative material. Miss Carolyn A. Hetrick provided faithfully the secretarial assistance. The Army Medical Library has rendered essential service by furnishing the journals consulted and translations of many of the foreign ones.

To the staff of Lea & Febiger, especially to Messrs. W. D. Wilcox, John F. Spahr and V. J. Boland, the sincerest thanks are expressed for constant interested help and for many courtesies extended.

When extending thanks, what must one say of the old masters of the gastroscopic method? How can the newer generation pay due homage and at the same time presume to exploit the legacy? Perhaps as yet there is no contribution to be made. Or perhaps further exploration along the same way constitutes proper homage in itself.

E. D. P.

WASHINGTON, D.C.

FOREWORD

THE advance in our knowledge of diseases of the stomach and the importance of gastroscopy as an additional diagnostic aid makes a book, such as the present text, of great value to the medical profession. This book will undoubtedly help fill the demand for information so badly needed in this field.

This text is an excellent example of scientific study of a purely medical subject which, though taking place in an Army hospital, differs in no sense from similar problems seen in civilian medical practice. It is the product of a young medical officer on active service in an Army general hospital and well illustrates the type of work that can be accomplished by an officer with initiative and the desire for scientific research.

The author describes as fully and completely as possible the various diseases of the stomach with descriptions of gross pathology particularly as it affects gastroscopic diagnoses. There are illustrative cases taken from the wards of Walter Reed General Hospital with plates of the *X*-ray findings and gross specimens. There are 53 black and white and 56 colored illustrations. The colored plates are exceptionally fine.

This book is the labor of a sincere, studious, and competent Army medical officer. The author is to be congratulated.

R. W. BLISS

Major General, Medical Corps,
The Surgeon General,
United States Army

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CHAPTER I

INTRODUCTION

THE important aspect of the history of gastroscopy as a diagnostic procedure—that surrounding its clinical acceptance—has been effectively paraphrased by Gibb[4]: "When a new method of diagnosis is first introduced we greet it with enthusiasm and hope that it is the thing that we have been looking for these many years—that it is going to give us all the answers. We may try it extensively and then become disappointed because we find that it has limitations. Perhaps, because we do not realize the limitations, we fall into a number of errors. Our natural inclination in our disappointment is to discard the method as being unreliable . . . . Even the most commonly used precision diagnostic instrument, the sphygmomanometer, fell into disrepute because we found that the original dictum of 'your age plus a hundred' was not a correct estimation of the average blood pressure." After a stormy history, which need not be related here, the unique diagnostic value of the gastroscopic method became established. It was necessary for the gastroscopist to insist, however, that his procedure is no more than complementary to other diagnostic investigation. As time went on, it became evident that it must be the clinician who interprets the gastroscopic findings. The concept of clinician-gastroscopist has only recently superseded that of optician-gastroscopist.

The particular advantages of direct inspection of the gastric mucosa are many and have often been emphasized. It is necessary only to point out that direct diagnostic methods must give more reliable information than indirect ones. There is much to be gained by actually looking at the organ being treated. But the advantages are only potential ones, with certain mechanical and human difficulties standing in the way of correct diagnoses. Specific sources of error will be considered in the closing chapter.

Objectiveness in gastroscopic diagnosis is important, yet difficult to achieve. Since the gastroscopist should be thoroughly familiar with all clinical and laboratory information pertaining to the case before examination, it is, perhaps, only natural that he be influenced by this information, thus lessening the objectiveness of his diagnosis. Moersch[8] felt that " . . . a frequent cause for error in gastroscopic diagnosis is an attempt to have the gastroscopic findings