

below the anastomotic opening. This will allow the over-distended proximal limb to empty itself directly into the empty and collapsed distal portion.

*Jejunal Ulcer.*—Mayo Robson has called attention to the fact that peptic ulcer of the jejunum follows with greater frequency the anterior operation, and this may, therefore, be added as still another reason why the posterior route should be invariably chosen whenever possible.

Secondary jejunal ulcer is perhaps the most serious complication which we have to meet to-day. Its occurrence is of greater frequency than the recorded statistics would indicate, and yet in comparison to the number of operations performed, its appearance would seem to be but a remote possibility. Certainly, since the posterior operation has become the one of choice, its occurrence has steadily diminished.

This secondary ulceration is found on the wall of the jejunum within a very short distance of the stomach. If not bordering on the very edge of the stomach mucosa, it will in the majority of cases lie from one-quarter to three-quarters of an inch from the anastomotic opening. Peptic ulcer of the jejunum has never been observed after operation in malignant cases. This may be due to the absence of free H.C.L. in the gastric juice. All recorded cases have followed operation for simple ulcer of the stomach or duodenum, and in most cases there has been an intense excess of free H.C.L. Four distinct varieties have been described:

- (1) The acute round ulcer, which develops very rapidly after operation. This is usually associated with hyperacidity, and may develop so quickly as to be scarcely recognizable before perforation has taken place.
- (2) In this variety the symptoms begin to appear within a few months of operation, and simulate to a great degree those for which the operation was originally performed. In several instances it has been diagnosed as a recurrence of the original ulcer.
- (3) Those falling into this category are very similar to the classic subacute perforation of the stomach. The ulcer develops insidiously, partially perforates, and gradually develops a tumor in the epigastrium, which is frequently adherent to the anterior abdominal parietes. The symptoms are unimportant at first, and in many instances they pass almost unnoticed by the patient for some considerable period of time.
- (4) The fourth and final type of ulcer is one which, by an inflammatory process, becomes adherent to a neighboring viscus, usually the stomach or colon, and finally perforates into either one or other of these organs.