wounds heal kindly in the absence of perforation. On thinking, it strikes one quite forcibly that the etiology depends on more than one condition—a micro-organism, a congenial environment for its growth, and probably an avenue of entrance. Does it not stand to reason that if these conditions be present we will certainly have arterial emboli, necrosis, digestion of the dead tissues, and the inevitable result—gastric ulcer? View the subject from another point. Did it never strike you as being peculiar that the best medicinal remedies for the disease (nitrate of silver, creosote, bismuth, and their relations) are germ destroyers?

Since the surgery of gastric ulcer includes phases before as well as after perforation, it is better, in order to avoid confusion, to first take up the procedures for dealing with the ulcer, or its results in which perforation is not a factor.

The field is new, the work is in a primitive state, consequently there is ample reason for divergence of opinion and discussion, therefore we should proceed cautiously, ever bearing in mind the responsibility that by right rests upon us. In these cases time is not an all-important factor, as is the case after perforation. Therefore, every reasonable medicinal remedy and means should be given an honest trial with favorable environment before we countenance active steps. With our present knowledge, it perhaps would be a good rule not to advise operative treatment unless we are sure that the patient has stenosis of the pylorus, hour-glass contraction of the stomach, or some other condition incompatible with recovery by simpler means. The surgeon should be a man of experience in abdominal work, of sound judgment, of known dexterity and resource. On the other hand, when the signs indicate inevitable disaster by anything short of surgical aid, we should not, as it were, stand by with folded hands till the unfortunate person is merely skin and bone, tottering on the brink of the grave.

For all the operative procedures it is essential that every precaution should be taken to prevent infection of wound by surgeon assistants, instruments, or anything that may be brought in contact with it. The stomach should be thoroughly washed with aseptic water by means of a siphon tube immediately before the anesthetic is administered.

In consequence of the absence of infection of the peritoneal cavity, it is not necessary to make the abdominal incision as extensive as when such exists. A median incision, extending from near the ensiform cartilage to the umbilicus, is the one generally adopted, but there is no valid objection to adding one at right angles to it, should the operator consider it advantageous.