

majority of cases, while the ulcer remains there remains also the danger of hæmorrhage or of perforation. One author states that as many as 5 per cent. of all patients with gastric ulceration die of hæmorrhage. In a few cases a severe and even fatal hæmorrhage may occur in the early stage of the disease, but the usual form is of slight magnitude; yet this is often so frequently repeated as to bring about a condition of profound anæmia. With regard to perforation, it is a most dangerous complication. Mr. Moynihan is quoted as saying, "The perforation of a gastric ulcer is one of the most serious and overwhelming catastrophies that can befall a human being," and were it not for perforation occurring in cases of acute gangrenous appendicitis, where the infectivity of any matter escaping into the peritoneal cavity is much more intense than that of stomach contents, such a statement would stand without modification. Undoubtedly in a great many cases actual perforation is averted or delayed by the occurrence of perigastric inflammation and adhesions, but such cannot prevent the spreading of the ulceration, and so perforation may occur subsequently. It is estimated that about 20 per cent. of gastric ulcers are situated in the anterior wall, and owing to the movement of the abdominal wall during respiration the formation of perigastric adhesions is uncommon and perforation is more likely to occur. That this is the case is borne out by the fact that about 80 per cent. of all perforations occur in the anterior wall. This is important in the operative treatment of such a complication, as it renders the site of the perforation more easily accessible.

The attitude of the profession to-day, as far as appendicitis is concerned, is one of early operative interference. In short, the dangers are recognized and respected, and so it is that much attention has been given to that least useful of all the abdominal viscera, and with so great reward. Considering this, does it not seem fit that surgeons should give heed to that important viscus, the stomach, and be ready when ulceration occurs within its walls, with all its attending discomforts and dangers, to afford relief by proper surgical procedures? The mortality of gastric ulcer is variously estimated at from $2\frac{1}{2}$ to 50 per cent. by different authors, and it is probable that about 25 per cent. is a fair average. At least 25 per cent. of cases can be permanently cured by proper surgical treatment, and futurity will undoubtedly increase this low estimate. Amongst additional indications for operation are the facts that from 3 to 5 per cent. of gastric carcinomata develop in the bases of chronic ulcers and that in about 20 per cent. of protracted cases the patients develop pulmonary tuberculosis with fatal result.

Briefly, the principle upon which the success of surgical