The choice is between pylorectomy and gastro-jejunostomy. There is no question that an operation, which seeks to entirely remove the cancerous growth must rank higher than one which simply side tracks it; and so pylorectomy is the more ideal operation, theoretically speaking: but until we arrive at a stage when pyloric cancer will be diagnosed early, pylorectomy is practically out of the question, as the disease has usually made such strides and the lymmphatic infection is so advanced that removal of the growth is impossible. Further, the mortality of pylorectomy is so much greater in advanced cases that it can hardly rank as a competitor to gastro-jejunostomy.

George Heaton says: "It is only quite recently being recognised what an excellent palliative measure a well-timed and executed gastro-jejunostomy is in such cases."

Much of the agony of cancer of the stomach is due to the obstructions, which the growth presents to the free exit of the stomach contents through the pylorus; and also to the gastritis, set up by the retained food, and broken down portions of the growth. This obstruction causes dilatation of the stomach, the greater curvature becoming so dependent that it is doubtful if a pylorectomy would ensure a complete evacuation of the stomach's contents.

The artificial opening in gastro-jejunostomy is made in the most dependent part, and effectually drains the stomach, the food is no longer retained in the organ, and the growth itself is much less irritated by food.

With regard to anterior and posterior gastro-jejunostomy, Wolfer's or Von Hacker's method, there seems to be little choice: and, if there are no pathological conditions present to influence us, we may choose for ourselves, judging by recent comparisons. I did the posterior, that is Von Hecker's method, and it seems to me to displace the stomach and intestines less, picking up the jejunum just as it emerges under the ligaments of Treitz, where it is only separated from the greater curvature of the stomach by the transverse meso-colon. This being opened here, these two viscera come naturally into apposition; and, I think, we reach the most dependent portion of the stomach. On the other hand, by Wolfer's method the jejunum has to be brought over the transverse colon, and is subjected to more or less pressure which also must tend to block the gastro-jejunal opening, favouring regurgitation of the bowel contents into the stomach, a complication seemingly more frequent in the anterior than in the posterior method. Let us remember that the anatomical course of the small intestine is behind, not in front, of the transverse menso-colon, and I think we do well to imitate it.