

hygienic and dietetic conditions or abuses to which they were exposed this pathological condition has resulted. Taking for granted then, in any given case that the lesion has healed perfectly, it is not reasonable to expect this lesion to remain well unless the conditions which give rise to the disease primarily are permanently eliminated.

It is, therefore, extremely important not only in the after-treatment of patients which have been relieved of their gastric diseases by internal treatment, but also those that have undergone surgical treatment, that sufficient attention be paid to hygienic and dietetic conditions after the patient has fully recovered.

*Relief of Pyloric Obstruction.*—More real benefit is done the patient by relieving pyloric obstruction than by accomplishing all other surgical results in stomach surgery. This makes it proper to give this feature some especial attention in this discussion.

Whatever the cause of obstruction may be at the time the patient comes under the surgeon's care in a vast majority of cases the primary cause was an ulcer in this portion of the stomach which is most exposed to trauma from within, because of its special function.

The obstruction may still, although only rarely, be due to spasmodic contraction due to the presence of an ulcer; it may be due to the healing of an ulcer or to the implantation of a carcinoma in the base of an ulcer, or even to adhesions due to the threatened perforation of an ulcer.

The symptoms will vary with the extent of the obstruction and the acuteness of the condition, but there is usually quite a definite course which may be followed in most cases, which have persisted sufficiently long to come under the care of the surgeon.

*Clinical Course of These Cases.*—Clinically these patients either recover under dietetic and hygienic treatment, or the stomach undergoes anatomical changes such as are illustrated diagrammatically in Figure 2. The case in the meantime takes the following typical course. In non-congenital cases the obstruction at the pylorus in its early stages is accomplished with a considerable degree of pain, which is usually located between