(2) The jejunal opening can be made in most cases at a point within twelve inches of the pylorus, thus obviating the necessity of separately anastomosing the two loops of bowel.

(3) There is no loop of bowel constricting the transverse colon, hence all danger of obstruction from this source is removed.

No operation of this nature is finally complete without either the excision or the infolding of the ulcer, the primary cause for surgical interference. Infolding will usually be the better method of dealing with it, as it involves much less time and risk, and moreover serves exactly the same purpose. It has recently been shown that this method speedily removes the ulcer, leaving the mucosa intact and clean, and by thus securing a permanent contraction of the gut at this point, doubly ensures the gastro-enterostomy opening as the constant outlet of the stomach, a decided advantage.

In cases where the ulcer is left untreated, the gastro-enterostomy opening secures for that portion of the stomach or intestine containing the ulcer absolute physiological rest, and thus secures perfect healing. But as time goes on and the pylorus again becomes normal, the food commences to take the natural channel, the anastomotic opening contracts, and ere a great while, possibly from the friction of the passing food, the old ulcer is revived and the second condition is the same as the first. The old clinical picture is revived. It will readily be seen then how, by securing contraction at the site of the ulcer, the anastomotic opening will become permanent, and the chances for ulcer occurrence removed to the remotest degree.

Dr. Robert J. Buchanan, of Liverpool University, thus tersely summarizes the results to be obtained by operation on selected cases:

- 1. Rest to the duodenum and pyloric region.
- 2. Prevention of mechanical irritation by food.
- 3. The provision of a second outlet through which food may pass.
- 4. The neutralization of gastric contents, or the outlet of them before maximum acidity is reached.
- 5. The relief of pain. This is practically a certain result, at least in the early post-operative period.
- 6. The prevention of perforation and hemorrhage.
- 7. A lasting cure and the prevention of recurrence.

One more important result should have been added. By thus inducing early and permanent healing of an ulcer, the possibility of the development of cancer is reduced to a minimum.

After Treatment.—In any operation of any magnitude the after treatment is one of the most important essentials of success, but especially is this true after an operation on the gastro-intestinal tract. After an