

The *causation* of gastric ulcer has given rise to much investigation and experimental research and can merely be touched upon. Virchow held that ulceration may result from embolism or thrombosis of the nutrient artery of the part with subsequent digestion of the devitalized part by the gastric juice. There is nearly always hyperacidity present. Leube considered that two factors were necessary for ulcer, anæmia and hyperacidity.

Ewald, among others, found that by division of the spinal cord in dogs to diminish the blood pressure and at the same time ligature of some gastric arteries, that gastric ulcers were produced. He holds that a predisposition to the disease is necessary, which "consists in a morbid failure of the due relation between the constitution of the gastric juice and the blood." Letulle suggests that micro-organisms are causes of the condition. There is still a good deal to be made clear in the matter of causation.

The symptoms need not be considered here. It may merely be mentioned and it is an important fact, that while distinct symptoms are frequently present, ulceration may cause little or no discomfort; or there may be mild dyspepsia or little complaint, a hæmorrhage or perforation being the first evidence given of ulcer—this occurrence not being rare.

The frequent difficulty in effecting a cure of gastric ulceration is familiar to all, as well as its continuance and tendency to recur. Rest in bed, small amount of liquid food by the stomach, rectal alimentation, especially eggs every few hours and relief of the hyperacidity by alkalis are the principal features of ordinary treatment. It is of much importance that medicinal treatment should be persistently carried out and not desisted from for some time after the relief of painful symptoms. When ulcers prove intractable, apart from complications, operative treatment may well be considered. Gastro-enterostomy is found to give relief in such cases. The beneficial result is attributed to the rest given the stomach and relief of hyperacidity.

The mortality of the operation has been 16.2 per cent as compared to the mortality of all cases of gastric ulcer of from 25 to 30 per cent. Probably operation has been too seldom resorted to in the past.

Looking back I can recall some cases of gastric ulcer where suffering was so marked and prolonged that any attempt at relief would have been welcomed by the sufferers and quite probably the operation of gastro-enterostomy would have given good prospects of success. The Hunterian lectures recently delivered by Mayo Robson on "The Surgery