treatment depends is that if untoward lingering of the stomach contents is prevented by affording them free access into the intestine, in a vast majority of cases healing of the ulcer, or ulcers, as the case may be, takes place and symptoms disappear. To accomplish this purpose the operation of pyloroplasty has been performed, but without any marked degree of success, and this is most likely on account of the high situation of the pylorus not allowing of effective drainage, and the necessity of the passage of the food over the area most commonly the seat of ulceration. The operation of choice, and which has given such excellent results, is that of "posterior retro-colic gastro-jejunostomy," and during the performance of such, if the ulcer is easily accessible and its extent be not large, it may be resected with advantage though this is unnecessary. As a result of this procedure efficient drainage from the most dependent part of the stomach is provided, hyperchlorhydria disappears, spasm of the pylorus is overcome, and the ulcer undergoes rapid healing. Relapse seldom if ever takes place, and the subsequent occurrence of a peptic ulcer of the jejunum is infrequent, the great majority of reported cases having followed upon anterior ante-colic gastro-jejunostomy in which, owing to the awkward displacement of the jejunal loop and the drag upon it by the varying transverse colon, the drainage provided is defective and some hyperchlorhydria may persist.

At a meeting of the London Clinical Society (*Brit. Med. Jour.*, December 19th, 1903, page 1592) Mr Moynihan reported a series of one hundred cases of gastro-enterostomy for gastric ulcer with a death rate of only two. The operations were performed for intractable dyspepsia, dilated stomach, or profuse and recurrent hæmorrhage, and in ninety-two cases the results were very satisfactory. In the remaining six—method used not stated—some hyperchlorhydria persisted. Gastric tetany occurred in five cases. Mr. Mayo Robson, at a meeting of the Royal Medical and Chirurgical Society (*Brit. Med. Jour.*, April 16th, 1904, page 894) gave a list of fifteen reported cases of peptic ulcer of the jejunum occurring after gastro-enterostomy, and nearly all of them after the anterior operation. In his own cases one such ulcer occurred in twenty-nine cases of the anterior operation, whereas there were none in one hundred and twenty-eight cases in which he performed the posterior operation, that is, the operation of choice.

NOTE.—A valuable paper by Mr. Gilbert Barling on the subject of gastro-jejunostomy performed for various conditions and by various methods may be found in the *British Medical Journal*, May 7th, 1904, page 1064. Statistics referred to above are taken from the "System of Practical Surgery," E. v. Bergmann and W. T. Bull.

699 Spadina Ave.