some medicinal treatment, the symptoms seem to have abated. The patient gained a few pounds in weight, and felt better in every way, and the lump in the abdomen could not be found. In September sickness returned, and gradually increased in severity up to December, 1891. She then looked fairly healthy in face, but was wasted. The abdomen was decidedly thin; the stomach dilated and splashy. A swelling the size of a tangerine orange could be felt at the pyloric end of the stomach. Satisfied that the disease was malignant, that she was surely losing ground, whilst her strength was by no means exhausted, and that the physical signs in her abdomen indicated an absence of adhesions, I advised her to consider the question of having the pylorus removed. The proposal was favorably entertained by herself and her husband, but before giving their consent they naturally desired to consult the physician upon whose judgment many members of their families had been accustomed to rely. She accordingly went to Glasgow, and there saw Dr. S. Gemmell, who after a careful examination, wrote to me confirming the diagnosis, and approving the proposed operation. From December 24th to 28th the stomach was washed out daily, and the patient fed by nutrient enemata and suppositories. On December 28th, 1891, pylorectomy was performed. An incision 3½ inches long was made in the middle line, starting at the apex of the ensiform cartilage. The stomach at once presented, and the lump at the pylorus was easily found. The stomach and duodenum were secured by means of Hahn's clamps, and about 1½ inch of bowel removed. The cut ends of stomach and duodenum were then united by fine silk sutures, the serous surfaces posteriorly being united first, then the mucous membrane all round, and finally the serous surfaces anteriorly. Lembert's sutures were used for the peritoneum. The incision through the stomach wall bled freely, but the vessels were readily seen and ligatured. Once during the operation the patient attempted to vomit, and forced a little fluid through the opening in the stomach. The peritoneum of the median incision was secured separately with the fine catgut sutures, and the remaining layers of abdominal wall stitched with silkworm gut. No drain was employed. The patient vomited once or twice during the afternoon after the operation. The vomit contained a little blood. She was fed by nutrient enemata every three hours. Morphine grain ⅛ was injected hypodermically in the evening, after which she slept five hours. On December 29th, at 6 p.m., the patient commenced to take a drachm of milk with two of water every two hours, by the mouth, but as after the third time she vomited a little, it was discontinued. Morphine grain ⅙ was injected for the night. On December 30th, the note made was: Slept five hours; given ice during the night, vomited a little in the morning and two or three times this afternoon; given morphine grain ⅙ at night. She passed a good night without vomiting, and on December 31st she was allowed to have a little barley water. She vomited, at 11 p.m. on that day, a little greenish fluid; and on January 1st was ordered to have milk and soda, barley water and koumiss. The general condition good. The abdomen was a little distended: flatus was passing freely. She was given a turpentine enema on this night. No fæces passed, but some flatus and the remains of the nutrient enemata. After this the patient went on steadily towards recovery. There was no further vomiting. On January 9th she had a sponge bun, on January 19th some fish, and on January 21st some fowl. On January 25th she got up, and on February 9th went for a drive. From time to time I have seen Mrs. R. since she passed from my direct observation. In the course of a few months she resumed her ordinary duties, and gradually she found herself able to enjoy unconscious digestion. At the present time she is in very good health, and shows no sign of having suffered from any serious disease.

Examination of Tumor: Length, 1½ inch; circumference, 6 inches. The pyloric opening barely admitted the tip of the little finger; the stomach wall was much thickened, the duodenal wall less so. At the lower part of the pyloric opening was a saucer-shaped ulcer of the size of a shilling, with thickened base and edges.

Microscopically: The chief bulk of the tumor consists of densely packed fibrous tissue, with intervening small round cells. Here and there in the interstices of the fibrous tissue are the remains of degenerated glands. In the deeper layers of the section, outside the fibrous tissue these glands are numerous.—T. R. JESSOP, F.R.C.S., in *British Medical Journal.*