not the transverse colon we had exposed, the lesser omentum was traced upwards to its attachment to the liver, and the stomach itself traced nearly as far as the attachment of the œsophagus. The stomach being then brought downwards, and to the right as far as possible, a fold of it was drawn through the opening and transfixed at right angles to the skin incision by two harelip pins, the serous and muscular coats only being pierced, allowing the mucous coat to recede. Silk sutures were then introduced so as to bring together the peritoneal as well as the superficial parts of the wound closely around the protruding portion of the stomach, but no sutures were introduced into the stomach, which was held firmly in place by the pins. The wound was then freely dusted with iodoform, over which dry gauze and salicylated wool were placed and secured by a broad flannel bandage. She recovered from the effects of the ether without any disturbance. The temperature and pulse remained normal throughout the subsequent history; a little soreness at seat of operation, for a few days, was all that was complained of. For three days she was given food by the bowel; after that, owing to colic, nourishment was again given through the œsophageal tube, which was introduced with ease for a few days. The first dressing was not changed till the fifth day, when union was found to have taken place by first intention. The gauze covering the pro truding portion of stomach was so intimately adherent by plastic effusion that it was separated with some difficulty, and caused some breaking down of the union between the stomach and the superficial parts of the wound, which took some days to unite. The stomach was opened on the 21st June by passing a narrow tenotomy blade down between the pins nearly an inch without apparently entering the stomach. Before withdrawing it two probes, bent at right angles, were passed down one on each side of the knife, with which to dilate the fistula for the introduction of a small tube or catheter, as advised by Fagan of Belfast.* The tube not entering the stomach, a little milk was introduced into the stomach by way of the œsophagus, that its presence might indicate when the stomach was opened, and thus prevent injury to structures behind the stomach. The knife was again passed down between the probes and forced gently onwards when it soon entered the stomach, and some of the milk mixed with gastric juice was easily withdrawn. A No. 6 catheter was then passed through fistula, and through it 3 oz. of milk were injected; the catheter was left in the fistula, a compress being placed around it. Food was to be given every three or four hours through the catheter. The opening of the stomach gave no pain, and was made without any anæsthetic being given. A little nausea was experienced, but no other inconvenience. The size of the catheter was gradually increased until a soft rubber tube, equal to No. 18 English scale, could be introduced, and this was retained, being corked to retain contents of stomach. From the first there was some trouble from oozing around the tube, which caused more or less excoriation. With this exception everything was satisfactory; hunger and thirst being completely relieved. She was able to be out driving early in July. The pain in the chest was much less troublesome, being at times absent for days. She continued to regurgitate the clear mucus from the œsophagus, sometimes with a little blood; occasionally the bleeding was profuse, on one or two occasions continuing for a whole day, after which she would be considerably prostrated. Her condition was satisfactory during the months of July to October, during which her strength and flesh had considerably increased. She began to fail perceptibly early in November, though still taking food freely; with the failure the oozing increased. Early in December she was confined to bed—cough developed and increased with dyspnœa and frequent free hemorrhages. The oozing became so free that she could take but little nourishment, and death took place on Dec. 28th—six months and 18 days after the operation.

Post mortem examination. — Emaciation marked, but not as extreme as usually obtains in cases of death from cancer. The union at the fistulous opening was firm, the margin of the liver being also adherent. No adhesions beyond the immediate circumference of the

* *Brit. Med. Journal*, Oct. 4th, 1884.