In my first case, I expected to find ulceration on account of the prolonged and intractable vomiting. We found no indication of disease, and in great disgust sewed up the wounds. Vomiting ceased the next day and has never recurred—now several years since the operation. She was a highly neurotic woman and had actually acquired the habit of being able to vomit at will, when the doctor or nurse was present.

In the second case, a cancerous, nodular tumor growing from the cardiac end of the posterior wall of the stomach, that could not be felt by palpation, was easily felt and found to be inoperable.

In the third case, adhesions caused great pain, and rendered the patient absolutely incapable of work.

In the fourth case, the symptoms were due to the constriction produced by two puckered scars on the pyloric end of the stomach, the result of former ulceration. The interior of the stomach was healthy. Gastroplasty was performed by sewing the incision up transversely to its long axis.

The result in Cases 1 and 4 was good. Case 2, it did not shorten life. Case 3 developed bronchitis and died—which is a risk every patient is subject to if he undergoes such an operation. From a *post-mortem* made in this case I found two small cicatrices—with otherwise healthy conditions of the stomach—which tends to the supposition that the breaking down of the adhesions would have resulted in a cure.

Pylorectomy: Performed in the manner described by Murphy is without doubt the simplest and most rapid method. It is a modification of Kocher's, differing from it by inserting one half of the button in the open end of the divided duodenum and the other half into a fresh incision made in the posterior wall of the stomach.

Rapidity of operation in these cases is a very important factor as regards their success; prolonged operations generally prove fatal.

Suitable cases for pylorectomy require that the cause should be cancer of the pylorus, when the growth is not too extensive and is free from involvment of contiguous structures, and the patient is not too feeble and cachectic. In these cases the shock received and the time occupied in performing the operation are not great. It was astonishing how rapidly the patients recovered from the operation.

All these cases were operated upon for cancer. My first—after which the patient lived only twelve hours—should never have been attempted. The man was too weak to survive any abdominal operation. He had practically been starved for weeks before admission and had not even strength enough to stand without assistance. Since my experience with this case,