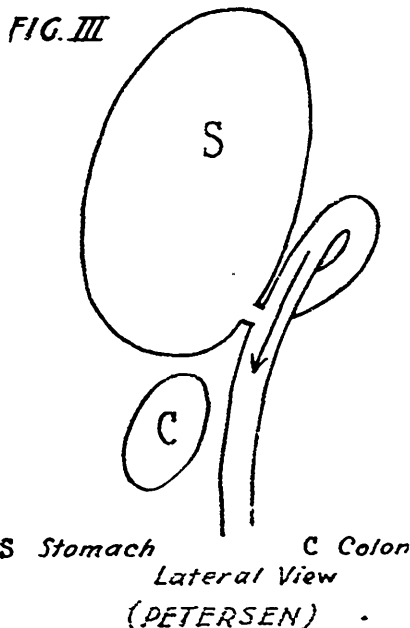


the stomach, and then the proximal end, into the side of the distal portion of the bowel.

This has given him a very large percentage of recoveries. In 1898 Roux¹¹ with his Y method reported 24 cases without a death. He uses three rows of sutures, the two outer of silk, and catgut for the mucous membrane. Two anastomoses are necessary in this operation, yet its author performs it very quickly. I have seen him do it in 15 minutes, and he has done it in much less time. Two of my cases were done by this procedure and the results were perfect.

Tavel¹⁴ carefully reviews the subject of reflux in gastro-



enterostomy. He speaks strongly in favor of the Y operation of Roux. He cites a very interesting case which illustrated the value of this procedure to the disadvantage of the Kocher, and of Wöfler-Braun-Jaboulay method, as both had been tried without success. It took five operations before a cure was effected.

Doyen¹⁵ recommended the Y operation, but makes a lateral anastomosis of the proximal portion, with the distal portion of the bowel.

In order to obviate this trouble of reflux, Finney¹⁶ devised a method of pyloroplasty or gastro-duodenostomy. This increases