the usual remedies, an exploratory incision should be made, and if a suspicious growth be found, a radical operation should be done. A palpable tumor cannot be felt often where the growth has advanced to such an extent that a radical operation is impossible. Frequently, when all of the enlarged hardened lymphatic glands cannot be removed, the operation should still be performed, since in many cases, these enlarged glands are not carcinomatous.

In careful hands the results are very good, and as a rule, the shock is not great. The general practitioner must realize the gravity of these cases, and the necessity of consulting a surgeon before the symptoms are so marked that the diagnosis is evident. The successes of Kocher, Kronelein, von Mikulicz, Terrier, Hartman, Robson, Mayo, Armstrong, and many others, warrant, yes, I may say, demand an operation. When a small tumor is felt in a breast, the patient is almost invariably referred to a surgeon for advice, and why should a doubtful stomach case be left until a positive diagnosis be made?

There are some points in connection with surgery of the stomach, in which the surgeons are not in unison. It appears to me wise to excise an indurated ulcus, for in these cases, a small cicatrix as left by an excision will give less chance for the subsequent development of carcinoma. In one case operated on several years ago by the Y method, there was a return of the symptoms, with hemorrhage three years after the operation. The stomach was not enlarged, hence it may be deduced that the anastomotic opening remained sufficiently patent for its purpose. In a second case operated on for perforated gastric ulcer, the ulcer was inverted. About two years later this patient also had some return of his symptoms. In cases where I excised the ulcer, there has been no return of symptoms. Where a gastro-enterostomy is required in greatly debilitated patients, local anesthesia will, I believe, greatly increase the chances of recovery. Four of my cases of cancer were bed-ridden, and were much emaciated; excision was impossible. A posterior gastro-enterostomy was done under cocaine infiltration, all recovered, and gained flesh.

Hemorrhage from the stomach occasionally occurs after appendicitis. This seems to indicate that toxines formed in the appendix reach the stomach and cause glandular degeneration with perhaps the formation of an ulcer. Where there is catarrhal appendicitis hyperchlorydria is frequently present; and