

and through sutures; a ventral hernia resulted and some months after, when she was straining at stool, the thin cicatrix gave way, her bowels gushed forth, and she died a victim of a bad method.

It is possible that in competent hands even a bad method, may be followed by a fairly good result, Providence being on the side of the patient, and such a catastrophe as the above avoided; but no one is justified in exposing his patient to the risk, when by following the normal anatomical method all danger is removed.

Regarding the question of speed it seems to me that operators should accustom themselves to rapid work, for every minute increases the danger. The man who completes an intra-abdominal anastomosis, including the closure of the abdominal wound, in twenty or thirty minutes or less, will have better results than he who takes an hour or two for the same work. I distinguish between hurried work and rapid, the latter is to be aimed at, the former avoided.

In dressing the wound after the sutures are in, no powdering, dusting or medicating of any kind is done. Plain sterile gauze with absorbent cotton is all that is used. If the bacteriologist finds his culture medium kept sterile by a plug of absorbent cotton, the surgeon need not fear to trust the same means of protecting his wounds from infection.

I would advise an exploratory laparotomy in every case of pyloric cancer, unless there were some special reason why it should not be done, and this exploration should be performed early, usually before a tumor can be made out. If the disease cannot be removed, a gastro-enterostomy is imperatively indicated. On account of the free drainage the stomach can empty itself into the bowel, thereby the vomiting is relieved, and the patient will gain in weight in many cases to a marked extent. The disease in the pylorus being no longer irritated by the stomach contents passing over it, ceases to progress so rapidly, so that the patient is not only relieved but also his life prolonged.

Again, in cases of chronic ulcer of the stomach and in many cases of acute ulcer, an early anastomosis is indicated and I think the importance of this cannot be too strongly urged. If a patient has chronic dyspepsia, even if a tender spot cannot be made out, whether vomiting of blood has occurred or not, the propriety of an operation should be considered. It is often said that to advise an operation is a serious thing, but it is much more serious not to advise one, where a life may be lost while a physician hesitates.

It is sometimes forgotten that dyspepsia is only a symptom and not a disease, that many cases can be cured by a simple and comparatively safe operation, and that patients should no more be allowed to suffer from such conditions than they were allowed in old times to suffer from chronically diseased appendices. There are few men now who would