

PYLORECTOMY FOR GASTRIC CANCER.

W. G. REILLY, M.D., F. R. ENGLAND, M.D., and JOHN McCRAE, M.D., showed a living case on whom this operation had been performed successfully.

F. J. SHEPHERD, M.D. I should like to ask what was the condition of the glands in connexion with the stomach, and if they were examined microscopically.

JAMES BELL, M.D. I think Dr. England is to be congratulated on the success of this operation. Those who do many pylorotomies have many failures. What strikes me about this case is the long period in which the symptoms were present, viz.: three years. It seems to me hardly possible that cancer should have been present all that time. Rather there seems to have been a period of dyspepsia, then probably gastric ulcer and cicatricial pyloric stenosis before any malignant condition developed.

F. R. ENGLAND, M.D. With regard to the glands which were palpable, they were removed and set aside for examination. Both the greater omentum and lesser omentum were carefully examined and all glands that were palpable were removed; they were not large, not larger than butter beans. Unfortunately, no examination seems to have been made of the glands removed. I would like to have had some discussion on the experience of others in placing a wick of gauze behind the site of anastomosis. I was led, by this case, to believe that it was not good practice and, that it favoured leakage; there certainly was some in this case. The Murphy button did not seem to me very satisfactory either, and in another case, if the patient's condition allowed, I should prefer to rely entirely upon suturing.

ANATOMICAL SPECIMENS.

J. A. HENDERSON, M.D., presented two specimens, one of Horseshoe kidney, the other showing an unusual situation of the internal maxillary artery. He gave the following account:

My first specimen is a horseshoe kidney taken from subject number two of the McGill dissecting room series for this session, the subject being a man apparently thirty-five years old. It is a specimen in which the bond of union between the two sides is of large size and made of renal substance.

In situation the kidney was lower than usual, the upper extremity on the left side being two inches, and the right side three inches too low. The lowest point is in the connecting lobe and is situated about one inch below the bifurcation of the aorta.