The estimated medical mortality of these cases of pyloric tumor is between 80 and 90 per cent.

Treatment. If the diagnosis is made of a pyloric tumor causing obstruction, whether partial or complete, operation should be done immediately. If the tumor is felt operation should be done immediately. If the clinical picture is suggestive and is wanting only in the presence of the palpable tumor operation should be done, provided the baby is losing under skilled feeding. An exploratory operation in doubtful cases that are not doing well may be wise. Two objects are attempted by operation. First, the overcoming the obstruction to meet the emergency of starvation, and, second, the restoration by operation of the intestinal canal, so that it will serve the individual during the remainder of his life.

There are three chosen methods of procedure. First, the Loreta operation. In this the stomach is opened and the pylorus is stretched by the introduction into it of a pair of forceps. This procedure has met, apparently, with success in a certain number of cases. I believe that it is a dangerous and unsatisfactory method. *Dangerous* for two reasons: First, the peritoneum may be ruptured in an inaccessible part, where suture will be impossible. Second, damage to the pyloric mucosa may lead to subsequent ulceration and stricture. *Unsatisfactory,* because certain recurring cases have demanded a second operation.

The method of pyloroplasty. This is the operation done most in England. It consists in an incision from the stomach into the duodenum across the pyloric tumor, and the suturing this incision so as to increase the lumen of the pylorus.

I believe that this operation is unsatisfactory, because the parts operated upon are stiff and rigid and not mechanically adapted to the procedure. Moreover, the lumen is not immediately restored, but only after 24 or 48 hours.

The third method I believe to be the most satisfactory—the posterior gastroenterostomy. This is the best method.

The Operation of Posterior Gastroenterostomy.

The Anatomy is so tiny that small instruments are to be used.

Before Operation. These little babies will be helped to withstand the shock of operation by an enema of brandy and salt solution. If possible this should be given several times during the twenty-four hours previous to operation. The stomach should be emptied by catheter, even though the baby may have recently vomited. No antiseptics should be used on the baby's skin. The abdomen should be prepared with soap and water,