

secretion lessened, its digestive functions are not improved. Still the fermentation is prevented by passing the food on quickly and the stomach is able to empty itself more and more completely, as shown by the lessened quantity of fluid obtained at each test. Besides, the growth of the tumour is much slower, probably on account of the lessened irritation when the fermentation is done away with.

The following extract from the "Epitome of Current Literature" in the *British Medical Journal* for January 5, 1895, is of interest because it bears out our observations.

"Rosenheim, of Senator's clinic (*Berl. klin. Woch.*, December 10th, 1894), has examined ten cases, and has nearly always found, whether the primary disease was malignant or not, delay in the passing on of the stomach contents. In a patient with pyloric carcinoma, upon whom Hahn did a gastro-jejunostomy four months previously, there was increase in weight and much improvement, but the secretory functions of the stomach diminished. Bread, meat, and especially vegetables were retained longer than usual, but in this respect improvement appeared to be taking place. The bowels acted satisfactorily. The tumour did not appear to have increased, and the author thinks that the operation tends to delay such growth. It had certainly done away with the retention of fluid in the stomach. In another case in which gastro-jejunostomy was done for carcinoma by Hahn nine months ago, the woman was so much improved that she became pregnant; abortion had to be induced. The patient was without stomach symptoms. The secretory powers were *nil*, but the motor power showed improvement. Complete restitution of the stomach mechanism has not hitherto been observed, as Mintz's case is not quite free from objection. The author then records a case of pyloric obstruction due to the cicatricial contraction of an ulcer, and in which gastro-jejunostomy was also done by Hahn four months previously with the most satisfactory results. The fasting stomach was empty one hour and three-quarters after a test breakfast. The secretory and motor functions of the stomach were normal, and the patient had gained 52 pounds in weight. The gastric hypersecretion noted before the operation was, in the author's opinion, now cured. Here the abnormality in secretion was secondary. There are undoubtedly many cases in which it is primary and the motor insufficiency secondary. The author contends that in such a case as the one above reported hypersecretion is no contra-indication to the operation."

Taking the results of Rosenheim's observations, together with the case reported, it is evident that in cases of carcinoma of the stomach where there is interference with the motor functions as evidenced by