around the sutured wounds and the parts being carefully sponged, were replaced in good position. About one-third of the stomach and an inch of the duodenum was excised. The opening through the pylorus would only admit about a No. 12 catheter.

The time required for the suturing was long, largely owing to dull cambric needles, to draw which through the coats of the stomach it was necessary to use a pair of forceps each time the needles were inserted.

The patient, by this time, being under the anesthetic about two hours, was doing badly, so the anesthetist deemed it wise to cease its administration. His abdominal walls soon became rigid, which made it difficult to bring the edges of the wound together, and especially so, as the silk-worm gut sutures supplied for that purpose were so short that a second lot of a proper length were sent for. Finally these were inserted, and tied, and an antiseptic dressing applied, and the patient removed to his ward.

He soon rallied from the chloroform and shock following the prolonged operation, and felt comparatively comfortable, suffering very little from pain, and no vomiting. He was given nutritive enemata of peptonized milk, beef tea and stimulants every four hours; also cracked ice and teaspoonful of water by the mouth to allay thirst.

The evening of the operation the patient's pulse was 99 and his temperature 99 3-5°F.

Notes. — August 29th. Patient rested fairly well during the night, passed flatus, no vomiting, and felt inclined to take food. Milk and lime water or peptonized milk and beef tea were given in small quantities and the diet gradually increased from day to day, until the patient was taking full diet.

On the 4th day after the operation the bowels moved naturally, and subsequently continued to operate daily without taking a purgative.

For the first eight days after the operation the patient continued to improve, suffered very little or no pain, and took his nourishment freely without vomiting or nausea.

His temperature ranged from 98° to 99° F., excepting on the 7th and 8th days, when it reached 100° F. Pulse ranged between 80 and 100 per minute.

The dressings were removed on the 8th day, when the wound was found completely united, but unfortunately inflamed, owing to four stitch abscesses, which necessitated the removal of the stitches and the application of hot boric dressings, changed often. Strips of rubber adhesive plaster were applied across the wound to give it support.

Patient got a piece of lemon caught in his throat in the afternoon, which set up violent coughing, and the unfortunately inflamed, and therefore unsound, wound gave way down to the peritoneum. This was again sutured, without giving an anesthetic, after which the patient made an uninterrupted recovery, while the wound healed by granulation, and the temperature and pulse remained normal. He rapidly gained strength, and in a couple of months had put on flesh to about his former weight, 160 lbs.

REMARKS.

1. It is important to note the long duration of the symptoms of pain and indigestion—nearly four years.

2. The readiness with which the stomach and bowels resumed their normal functions, without ever vomiting, or even a purgative being given.

3. The duration and size of the tumor, and, although from this cause a secondary deposit in some neighbouring organ may manifest itself in the future, he will be saved from the pain and horrors of rapidly dying from sheer starvation.

4. The fact that the scar tissue of an inflamed wound is very unsound and easily gives way.

5. The sheet-anchor that the peritoneum is to a surgeon in abdominal surgery.

6. Since pylorectomy, in itself, is so fatal an operation, it therefore behooves us, so as to save time, to see that all in-