dexterous and well-known surgeons; but seldom did a patient recover from the operation. The only operation I recollect performed for pylorectomy was done in 1883; a year or two after Billroth's successful case. Although the operation was skilfully done, the patient died of shock some hours later. For the remainder of my time at the hospital, up to 1889, I do not recollect hearing of, or seeing, a similar operation performed.

The introduction of Senn's bone plates and the Murphy button gave a great impetus to gastric and intestinal surgery. Between 1875, when Langenbeck successfully performed resection of the intestine, and 1890, when Senn introduced his decalcified bone plates, operations upon the intestines were rare. Since that date, the number has multiplied a hundredfold.

The cases I have been able to collect from my notes include examples of nearly all the diseases of the stomach amenable to surgical treatment:

Gastrostomy: All for relief of malignant diseases of the esophagus, five cases.

Gastrotomy: For exploration of the stomach when no positive diagnosis could be made and prolonged treatment had failed to afford relief, four cases.

Gastro-enterostomy: For pyloric cancer, malignant ulceration of pylorus, gastric ulcer, and for extreme gastric dilatation, thirteen cases.

Pylorectomy: For pyloric cancer, three cases.

Gastro-plication: For hyperchlorydia, one case.

Gastrolysis: For adhesion around pylorus, one case.

Perforating Gastric Ulcer: Hour-glass contraction, one case.

Perforating Duodenal Ulcer: One case.

I have included the latter in my list from its close proximity and from the similarity of its symptoms to acute perforating gastric ulcer.

Preparations for Operation: In all cases, the usual aseptic precautions are carried out; the skin shaved, scrubbed, and antiseptic compresses applied for twelve hours, if the nature of the case permit.

If the conditions are favorable and the patient not too feeble, a purgative is given to clear out the intestinal tract, the night previous to the operation; while, if the patient is emaciated and weak, he is fed by nutritive enemata, as well as by the mouth, for 48 hours previous to the operation. The stomach is washed out two hours before anesthetization. About one hour before the operation, 1-30 gr. strych. is given, and half an hour later 1-6 gr. codeia, as this diminishes the amount of anesthetic required to produce narcosis.

Gastrostomy: In all five cases the operation was performed