

sutures of silk, and at one place where it was difficult to secure apposition of the serous surfaces a graft of omentum was attached and held in place with a few silk sutures. Gastro-jejunosomy was done, an opening about four inches in length being made and the stomach and bowel being attached one to the other by a double row of continuous silk sutures. The abdomen was then closed. The recovery was uneventful and the patient left the hospital on December 31st, twenty-five days after the operation.

On March 16, 1895, the patient returned for examination. Since leaving the hospital she has been gaining in weight and strength, now weighing 129 pounds, a gain of 12 pounds. Occasionally she has slight attacks of pain in the region of the stomach, but no vomiting. She is able to eat ordinary food and the bowels move regularly. She is able to do her housework without undue fatigue. The tumour is a little larger, but is not growing as rapidly as it did before the operation. The test breakfast gave the following result: The quantity of fluid was eight ounces, principally mucus. For her supper the night before she had taken a chop and there was no evidence of this in the fluid expressed. Hydrochloric acid was absent, as was also the pepsin and its zymogen. The curdling ferment was present, but seemed very inactive. Butyric, lactic, and acetic acids were not present in any appreciable quantity.

The stomach contents were examined again on July 17th with practically the same result, except that the quantity of fluid was only two and one-half ounces.

Such is the history of the case given very briefly, and the result is, I think, worthy of some consideration. We have a patient suffering from an incurable disease, and that disease is advanced to such a degree that she is not able to continue her daily work. The question is what we shall do for her. If left alone she will die a painful and lingering death. We have no drug that will produce any effect on the cancer; our sole resort is therefore in operation. If not successful we only anticipate the fatal result by a short time, while if we succeed we give her an increased lease of life and usefulness. In this case the growth was too large to remove, so the only resource was to make a new opening between the stomach and the bowel. And what is the result? In three and a half weeks the patient goes home, takes her place at the head of her household, and is practically well. The vomiting and constipation are relieved, the pain is lessened until it scarcely incommodes her at all, and she is able to eat whatever is set before her. The examination of the stomach contents show that while the motor functions of the stomach are restored and the hyper-