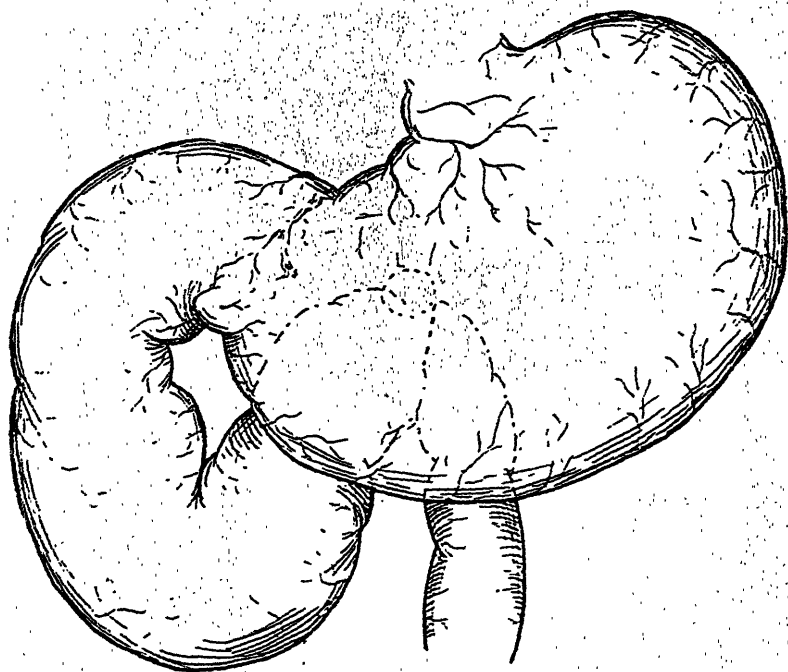


invalidism for one of comparative good health. They regain their strength, and their weight generally comes up to their old standard.

In this group I have performed, when practicable, a posterior gastro-enterostomy. The stomach returns to a more nearly normal condition. The gastropnoxis and ectasy gradually lessen and sometimes disappear altogether.

The difficulty of determining definitely after the abdomen is opened whether the mass is malignant or benign has been noted by many operators.



CHRONIC ULCER OF STOMACH WITH ADHESIONS CONSTRICTING DUODENUM.

In two cases I felt quite sure that I had to deal with an inoperable carcinoma. The masses were so hard, there was visible such a degree of puckering and the glandular involvement so general that gastro-enterostomy was performed under the impression that it was the only thing possible. In one of these cases four, and in the other two years have passed and they are still in perfect health. The question of malignancy has been eliminated by time.

A most interesting case was found in the case of an old man 75 years of age, referred to me by Dr. Lafleur. A man of large frame, his general