at present being unable to lie down, owing to the sour fluid constantly rising in his mouth and choking him.

General Condition.—Patient is a tall, grey-haired man, looking care-worn, with pinched features and an anxious expressions. He is anemic and chacectic in appearance and very emaciated. His tongue is moist and covered by a brownish fur; his appetite is good, although he is unable to eat but little, owing to the discomfort which follows the ingestion of food; his bowels are constipated. He suffers from pain in the stomach after taking food, flatulance and sour eructations of fluid and gas; he also has a bearing-down pain in the lower interscapular region. His intelligence is good, but memory very short. The respiratory system is normal; the cardiac sounds and area of dullness normal, but the arteries are extremely atheromatous. Pulse 68, respirations 18, and temperature 97½° F. The urinary system is normal, but the urine is of very low specific gravity—1,00. A movable tumor, about the size of a fist, can be felt in the epigastrium, which is tender on pressure, and a splashing sound is heard on succussion. There were no lymphatic changes to be felt from external examination.

Operation.—From August 24th to the 28th the stomach was washed out twice a day by large quantities of salicylic acid and water, or common salt and water. These washings gave the patient great relief, and he rested well subsequently. His diet consisted of peptonized milk or milk and lime water. The bowels were well cleansed by a purgative and enema.

August 28th.—Chloroform being given and the patient's abdomen having been antiseptically prepared, with the able assistance of Dr. Blanchard, I made a medium incision about four inches long, from below the ensiform cartilage nearly to the umbilicus, through the abdominal parieties. The stomach at once was seized and the tumor drawn through the wound. No secondary involvement of any lymphatics or neighbouring organs could be made out, so I decided to do pylorectomy. Having placed several antiseptic pads around the tumor, I proceeded to ligate the omentum in sections along the lower and upper curvatures of the stomach, with strong braided silk for about one-third its length, and to free the growth by cutting with curved scissors. About one inch of the duodenum was also isolated and freed by scissors, and all bleeding points secured by ligatures. A few good sized pads were now inserted underneath the freed stomach and duodenum to catch any discharge that might escape when the organs were incised. The duodenum, being compressed in two places by the thumbs and fingers of my assistant, the intestine was cut across, between them, about one inch from the pylorus; the protruding mucous membrane being shorn close. The cut distal end of the duodenum was carefully wiped and then lightly clamped by a pair of long-bladed forceps, guarded by a piece of soft rubber tubing being slipped over each blade. A very little mucous escaped from the stomach, which was rapidly wiped up. The stomach, being similarly clasped between the fingers and thumbs, was cut across beyond the growth. A second slice of the stomach wall was removed, as I did not consider the first incision made past infiltrated tissue. All bleeding points being ligated, the mucous membrane of the anterior and posterior surfaces of the stomach were brought together by a continuous suture of fine silk. Two more layers of Lembert's sutures were inserted, which completely closed the divided end of the stomach.

An incision about two inches long was made through the lower and under surface of the stomach, and the clamp being removed from the duodenum, its cut end was brought into close apposition to this opening and sutured by a continuous suture of fine silk running through all the coats of the stomach and intestine, the posterior parts being first united. Two courses of a Lembert suture around the opening, established, completed the anastomosis and rendered it secure from leakage. The omentum was also wound