so ably given by Dr. Keen in his Cartwright lectures, and by others, but to submit to you the deductions which I have been able to arrive at from my own experience in twenty-eight cases.

Much has been written of late upon the subject both in Europe and America. Mayo Robson, Bennett, Moyham, and Baker in England; Keen, Hemmeter, Curtis, Kammuer and others in America; and it was thoroughly discussed at the American Surgical Association in May, 1900.

In the early days of all new operations, the rate of mortality is generally very great, but this gradually diminishes as we learn the errors that we have fallen into—which in many cases could have been avoided had we been less timid in handling the particular organ. This I have especially seen in dealing with the stomach. Operators have completed what they thought should be done without thoroughly satisfying themselves as to the exact condition of the organ. Fatal results are sure to follow in cases of hour-glass contraction of the stomach, or perforating ulcers.

My first operation upon the stomach was in 1893, upon a case of pyloric obstruction. It was a most suitable case for operation. The patient was a wiry little woman of 60, with well-marked symptoms and a movable tumor felt a little above and to the right of the umbilicus. Senn's plates were used and an anterior gastro-enterostomy performed. After tying the silk sutures, I introduced a row of Lembert sutures with catgut around the junction. She suffered very much from vomiting after the operation, and quite suddenly on the third day she was seized with a violent pain in the epigastrium and died a few hours later. The result was not encouraging. I was unable to procure a post-mortem, and I attributed the failure of the operation to the use of catgut instead of silk ligatures, as I suppose they gave way or were absorbed too readily for the adhesions to have properly formed.

In December, 1892, Dr. Murphy invented his button. It was not brought prominently before the profession in England till 1895. This ingenious device certainly afforded a rapid means of performing an anastomosis, which formerly in inexperienced hands took an unduly long time to perform. The many uses to which it could be applied appeared to make gastric and intestinal surgery simple. The time occupied in performing an anastomosis by the older methods was often considerable, and added greatly to the shock that followed the necessary handling in operations upon the stomach. Unless the surgeon was unusually dexterous, his patient died before, or soon after, the operation was completed.

As a student, up to 1889, I witnessed several operations upon the intestines—such as re-section—performed by experienced,