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ORIGINAL ARTICLES

GASTRO-ENTEROSTOMY.

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Since Wolfler, in 1881, first performed gastro-enterostomy, the operation has been done by many surgeons in various parts of the world. It is now a recognized resource for prolonging life in cases of pyloric stricture, simple or malignant. If our diagnostic skill were greater, so that we could reach conclusions at an early period of the disease, in cases of cancerous infiltration of the stomach-outlet, it might be possible by pylorectomy not only to overcome the mechanical obstruction, but also to eradicate the disease. At present the majority of these cases are not referred to the surgeon until the neighboring lymphatic glands have become involved, and often neighboring viscera have been invaded. A plea for earlier opportunity for surgical interference is made by every writer who reports his cases of this operation. In my first case the delay was due to the want of faith on the part of the attending physician, in my second to the stubbornness of the patient.

The points which are still under discussion in connection with this subject are, first, whether the juncture between bowel and stomach should be made on the anterior or posterior surface of the latter viscus; second, whether the safest mode of obtaining union is by simple suture, or by mechanical aids, e. g., Abbe's catgut rings, Senn's decalcified bone-plates, or Murphy's button; and third, whether it is necessary or desirable to cut across the duodenum to prevent reflux of bile in the stomach. I do not intend to enter into an examination of these points. A larger number of cases must be compared before satisfactory conclusions can be reached. I will describe briefly my two cases as a contribution to the solution of the points at issue.

W. J. R., stonemason, age 40, height 6 feet 3in., entered the Winnipeg General Hospital Jan. 28th, 1896. He was so weak that he could not stand without support, and was very greatly emaciated. He had been suffering from gastric pain and distress for a year and a half. Until the three months immediately preceding his entrance to the hospital, vomiting had only occurred at rare intervals, but then became a daily event. His appetite remained very good throughout, so that he took usually a hearty breakfast and dinner. During the afternoon he ejected large quantities of sour, frothy material from his stomach, and then could eat nothing until the next morning. For several weeks before I first saw him he claimed that he had lost weight at the rate of a pound a day. On examining the abdomen a tumor could be felt below the sternum, which, although occasionally disappearing below the cartilages, could not be moved downwards to any extent. It was hard and irregular in outline. The diagnosis was evidently malignant disease of the pylorus.

On Feb. 1st, after a single thorough