GASTRO-JEJUNOSTOMY.*

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BATISTE SOUBLIER, aged 61, was admitted to the hospital, July 22nd, 1901, complaining of abdominal pains, vomiting and loss of flesh.

The only points of interest in the case were that, in Feb. of that year, he was quite strong, when his stomach began to trouble him. He had always been used to hard work, chiefly in the shanties, and drank a large quantity of whiskey. His weight had lately fallen from 162 to 140 lbs. Under medicinal treatment and lavage, the patient's condition became more serious; and, for the first time since admission to the hospital, he had a hæmatemesis on the 28th August.

I had frequently palpated his stomach, but had never been able to diagnose definitely any tumor.

I now made out a rather distinct growth in the region of the pylorus; and decided to do a pylorectomy at once, as the patient was fast losing strength, and suffering more or less constant and severe pain.

Under the anaesthetic the tumor could not be palpated at all distinctly, and one of my assistants thought it superficial.

On opening the abdominal cavity by a median incision, the great omentum was found firmly adherent to the parietal peritoneum. It was ligatured and divided.

On examining his stomach, a large carcinomatous mass was found involving the first portion of the duodenum, the whole of the pylorus, and extending well up the pyloric end of the stomach. It was well covered by the liver and so firmly adherent that it was absolutely impossible to do a pylorectomy. I at once decided to do a gastro-jejunostomy, making an opening in the transverse meso-colon, the posterior wall of the stomach was drawn through the opening and clamped, the jejunum was picked up close to the ligament of Treitz and clamped in two places.

By a continuous Lambert suture the jejunum and stomach were first approximated—the parts being well protected by aseptic towels. An incision 3 inches in length was then made in both stomach and jejunum. The edges of these openings were united by through and through interrupted stitches, and the continuous suture brought around the anterior surface.

The patient made an uneventful recovery. The pain, vomiting and more urgent symptoms were immediately relieved. I have seen the patient to-day, 6 months after the operation, and find him in a very good

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