

The first was performed by an incision parallel to the lower border of the ribs. The stomach was sutured to the abdominal wall and time allowed for the formation of adhesions; then an opening was made directly into the stomach. The difficulty of such an operation is quite apparent, the opening being large and unprotected a considerable regurgitation of stomach contents took place producing excoriation of the surrounding skin and rendering the subsequent history of the patient most-miserable.

The operation performed here is a vertical incision made to the left of the median line. The stomach is drawn well forward and sutured to the anterior wall, an incision is then made into the stomach and a small rubber catheter introduced well into the cavity.

A purse string suture is introduced and tied tightly around the catheter. The catheter is now pressed in further causing the stomach wall to invert, and another row of purse string sutures followed by a second inversion is followed by a third row of sutures; so we have a tube leading into the stomach lined by peritoneum. The catheter is taken out in a few days and patient fed by a silver one.

*Gastro-enterostomy*.—The anastomosis of the stomach to some part of the intestine.

The conditions which call for this operation are malignant and non-malignant stricture of pylorus, and ulcer of the stomach; and Dr. Keen says that a fourth may yet be accepted, namely, obstinate digestive trouble which has not yielded to purely medical treatment.

The result of operation for stricture of the pylorus is most encouraging. One case operated on last year by Dr. Garrow, I think is worthy of notice.

The patient, a woman of 39 years, suffered with gastric symptoms for 10 years. She was unable to retain any food and became extremely emaciated only weighing 92 lbs. when her former weight was 135 to 140 lbs. When she was operated on a firm mass was found at the pylorus which was not defined, at least not demonstrated, if I remember rightly. A gastro-enterostomy was performed, using Murphy's button; she made an uninterrupted recovery and in three weeks had gained 16 lbs. When she left the hospital she appeared to be enjoying perfect health. The success of such an operation is beyond dispute.

The operation was first performed by Walfler in 1831.

Between '81 and '85, thirty-five cases operated on showed a mortality of 61 per cent. Since that time the mortality has been decreasing, the non-malignant cases going as low as 7 or even 4 per cent., the malignant cases remaining about the same.