RESULTS OF GASTRO-ENTEROSTOMY.*

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Mme. M. came under my care on October 12, 1894, complaining of "indigestion." This had been going on for some years. For several months she had been getting thinner and weaker, while for a month past she had been suffering from pain in the region of the stomach coming on after the ingestion of food, and from vomiting, usually of the substance of her meals and but rarely of a "coffee-ground" character. Examination of the abdomen revealed a small indistinct mass in the epigastric region to the left of the middle line.

She was admitted into the Montreal General Hospital and a test breakfast given with the following results: The amount of fluid expressed from the stomach one hour after taking a cup of tea and two ounces of bread was much increased, being more than one pint, and was composed of mucus and undigested food, with very apparent quantities of butyric and lactic acids; hydrochloric acid and pepsin were absent.

She was kept in the hospital for six weeks and the effect of dieting and lavage was absolutely *nil*, while the tumour became larger and more apparent until it appeared to be about the size of a hen's egg. It was not movable to any extent, and inflation of the stomach did not cause it to move to the right of the middle line. Such being the case, it was decided to make an exploratory incision and then either remove the growth or perform a gastro-jejunostomy, as circumstances seemed to warrant. Accordingly, on December 6th, the patient being duly prepared and etherized, an incision was made in the middle line extending from the ensiform cartilage to the umbilicus. It was then seen that the pylorus was involved in a growth which extended thence along the lesser curvature nearly to the cardiac orifice. A longitudinal incision was made through the pylorus in order to examine the growth, and there was found a fibrous mass presenting all the characteristics of a carcinoma, a diagnosis which was afterwards verified by microscopic examination of a small portion removed. Hæmorrhage was free from the cut surface, requiring the application of the thermo-cautery to check it. The growth was too large to remove with any hope of success, so the pyloric incision was closed by

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