are often remarkably few, even when the growth involves an extensive area, and until there is great emaciation and well-marked cachexia, these cases are frequently considered as suffering from dyspepsia, and hurriedly prescribed for, without even a physical examination having been made.

But when the physician, having in mind the possibility of carcinoma in all cases suffering from indigestion, and especially in those past middle life, has become better enabled to make an early diagnosis, and the laity are educated to no longer procrastinate when suffering from such symptoms, then will the surgeon be better able to do the radical operation of pylorectomy with some hope of success.

Cancer of the pylorus is often slow in progress, following an old ulcer which has remained chronic for many years, the growth showing a tendency to ulcerate and break down, much as a rodent ulcer, and apparently only taking on malignant action latterly.

Also the degree of malignancy is often small, as compared to many malignant tumors situated in other organs (e. g., the mamma), hence their chronicity.

If taken early, the pylorus can be easily isolated, and the incisions necessary for its removal can be made wide from the growth.

The mortality from the operation has been so high that many surgeons have hesitated to recommend this operation. Thus, Billroth, who had the first successful case of pylorectomy, had over 50 per cent. of a mortality. Winslow and Buntin give 76 per cent. mortality. The Berlin Congress reports over 48 per cent. mortality from the operation, etc.

But, with an earlier diagnosis of the case, then would the general condition of the patient be better; his impaired strength less marked; the local extension of the tumor, and the regional infection is not so great as to require so extensive an operation; his recuperative power better, and a less liability to have secondary involvement following.

The following case, though of a comparatively long duration for pylorectomy, adds one to the number of already successful operations reported.—

T. H., aged 59, was admitted to the Winnipeg General Hospital, Aug. 25th, 1897, complaining of a lump in his stomach, indigestion, weakness, loss of flesh and memory. The family history is vague, except for a sister, who died at the age of 66 years from some stomach trouble, with which, latterly, ascites was associated. A nephew also died from cancer of the stomach.

Patient is an Ontario farmer, who came to this country, thinking that a trip might improve his health. He has always lived a regular and temperate life, and never suffered from any previous illness.

Present Illness.—About four years ago patient occasionally felt a dull pain in the right side of the abdomen, which was increased in severity on stooping. He also noticed an enlargement in the right side of the abdomen, and consulted a physician, who recommended the application of a mustard plaster, when the pain was severe. This pain gradually improved, and since then he has only had occasional attacks, until one year ago, when he began to suffer from eructations of sour matter and a gnawing pain in the stomach, which was most severe about one hour after eating. He suffered from exacerbated attacks of this kind every three weeks. He also then noticed a decided lump, situated in the epigastric region, which he says felt about as large then as it feels to him at present.

During the first three months of 1897 he had a series of these attacks, which were very severe, and prevented him from working. Sometimes he vomited large amounts of a sour, sticky fluid, but never any blood nor a coffee grounds substance. He lost flesh rapidly and became very weak. After this he lived principally on milk and lime water, which he found to agree with him best, and somewhat improved in general health, until a few days ago, when he ate some hard-boiled eggs, after which he suffered from all his former symptoms in an aggravated form.