

immediate surgical aid will frequently save the patient, but in cancer the prospects for complete cure have so often vanished before a diagnosis is made. The positive diagnosis of cancer in that early stage when operation would procure the desired results is so difficult at the present day that many a patient has lost his chance for life before he is really aware of his perilous condition.

For the immediate relief of the present symptoms so characteristically portrayed in the chronic dyspeptic, and for the prevention of any of the graver complications so liable to occur in the majority of cases, every person whose chronic indigestion, or "dyspepsia," can be directly attributed to a definite lesion of the stomach, or duodenum, should at the earliest possible opportunity receive the benefits of the present-day surgery.

*The Operation of Gastro-Enterostomy.*—There is, perhaps, no operation better illustrating the recent advances in surgery than that employed in the surgical treatment of gastric or duodenal ulcer. The first occasion on which the operation of gastro-enterostomy was performed was when, on Sept. 27, 1881, Wolfler of Vienna short-circuited the pylorus for obstruction from cancer, his patient living four months. From that time until 1885 there are on record thirty-five cases with only twelve recoveries, showing a mortality rate of 65.71 per cent., one so appalling as to cause the operation for a time to fall into utter disrepute. It may be said, however, that this early death rate was largely the result of operations on moribund patients, surgery only being resorted to when all other hope had gone. In all of the cases the operation was performed to overcome obstruction at the pylorus, in most of them the obstruction being due to cancer.

As time went on this operation was revived, and, being recommended for all conditions the result of pyloric stenosis, began to show marvellous results, this being more especially the case when surgery was resorted to in the earlier stages. The results were good and the mortality rate greatly reduced, according to the early stage of the disease for which the operation was performed. As the mortality rate rapidly decreased (in 1905 it had been reduced to five per cent.), thus bringing the operation into the realm of comparative safety, it began to be applied in the treatment of those conditions most likely to produce stenosis and obstruction of the pylorus, notably ulcer in this location. In several instances where gastro-enterostomy was performed in those early days for the relief of pyloric obstruction, and where at operation this obstruction was found to be the result of the cicatricial contraction of an old ulcer, the patient has become entirely well, being completely relieved of all the former symptoms. In some of these cases at least,