per cent., which will help very materially in warding off any such dire occurrence. Some advise a pylorectomy for such conditions, yet this requires longer time, and there is certainly greater shock. Mayo, Rodman and Rydygier, however, consider pylorectomy the correct operation. Where cancer is present, the surgeon sees the patient too late, as a rule, to effect a cure by a radical operation, yet the results of Kocher, Krönlein, Mayo, Hartmann, Robson and others are so favorable that we are encouraged to do the radical operation whenever the strength of the patient justifies it. Gluzinski,[2] in speaking of cancer, says: "The palliative operation (gastro-enterostomy) is justifiable only in special cases, where we are unable to relieve the most pressing symptoms due to the pyloric stenosis by the ordinary means, as by lavage, etc." "The radical operation has to contend with the difficulty of making an early diagnosis. He who has observed the career of a patient on whom a palliative operation has been performed for a cancerous pylorus, will be no advocate of this procedure." The opinion of a man of Gluzinski's experience, who has no doubt carefully followed up most of the cases of Hydygier, is indeed well worth considering; but he certainly, in my opinion, goes too far.

Every surgeon will do a radical operation for cancer, where the condition of the patient warrants it; but where the growth is extensive and causing an obstruction of the outlet, with damming back of the gastric contents and dilation of the stomach, he will almost certainly do a gastro-enterostomy. In two of my cases such a condition was present. In both cases the vitality of the patients was so reduced that it seemed inadvisable to give a general anesthetic, and the operation was done under cocaine infiltration. They both were relieved of their symptoms immediately, and the shock was very slight. Robson and Moynihan[3] recommend the operation even in mural cancers, where no narrowing of the outlet exists, as the rest thus produced will lessen the pain and retard the growth of the tumor. But these late cases of cancer are very discouraging to treat by any method, and hence I believe that wherever the subject of gastric trouble is not relieved after a fair trial of the regular treatment, the surgeon should explore and do whatever operation the condition indicates. In preparing the patient for operation, it is advisable to cleanse the teeth and mouth and give sterilized food, as recommended by Harvey Cushing, for two or three days before operation. Lavage is useless in some cases, while in others it is almost indispensable. If the contents of the stomach are foul, it should be washed out twice daily, if possible, for a day or two before the operation. It is well to get the patient accustomed to this little procedure, as Terrier[4] advised, for it is sometimes necessary to do it after the opera