

able showing and one that should encourage us to renewed efforts in this field. A very important contribution to the freedom from recurrence has resulted from the studies of Cuneo, who found that the lymphatic glands of the greater curvature all lie to the left of a line continued downward along the natural course of the lesser curvature and that the lymphatics of the pyloric portion of the stomach drain to the right into the pyloric glands.

Hartman showed that in resection of the stomach for pyloric cancer the line of section in the greater curvature should be to the left of the lymph nodes. Mickulicz contributed the point that it is necessary to remove all the lesser curvature up to where the gastric artery joins it, and Kocher showed the desirability of removing the glands lying about the pylorus.

Now how are we to get hold of these cases early enough for radical operation? In this connection it is interesting to note that the Mayos found that only twenty-six per cent. of 313 cancers admitted to the hospital came early enough to permit of radical extirpation. The percentage in our hospitals in the east must be much smaller than this. Is there any way of making an early diagnosis except by an exploratory incision? This question we are reluctantly compelled to answer in the negative. The clinical symptoms together with the laboratory examination can establish a suspicion, and in suspicion of cancer of the stomach it is the duty of a conservative surgeon to operate. If a patient past middle life suffers from loss of weight and appetite without other reason than gastric disease, and especially if blood and absence of hydrochloric acid are demonstrated in the stomach contents, then we have to deal either with chronic ulcer or can-

cer of the stomach, and exploration without delay is indicated.

If obstruction of the pylorus causing delayed digestion and retention of food in the stomach is also present, then the evidence points to cancer of the pylorus, which is the form more amenable to operative relief. A history of old ulcer of the stomach confirms the suspicion of cancer, as it has been demonstrated by many observers that cancer develops upon an old ulcer as a base, and such a course of events is probably commoner than we think. It has been frequently remarked that the presence of a tumour is a contra-indication to operation. This is not the case, however, the fact should be noised abroad as loudly as possible, in order that patients in need of operation may not be kept from it because they have a small tumour which their physician in his student days has been taught is a contra-indication to operation. A small movable tumour is palpable early in the cases of cancer of the pylorus, the very class of cases which is most amenable to excision, so that the presence of a tumour may be a good rather than a bad sign. It is the pyloric cancers also that obstruct the food current early, so that in them we are most apt to make an early diagnosis, also a fortunate circumstance in connection with this class of cases.

Another exploded notion is that older patients are less amenable to radical operation. Precisely the reverse is true, because the atrophy of the lymphatics which accompanies advancing years is less favourable both to rapid spread and recurrence. It is the young patients who have most to fear from recurrence after operation.

Now in regard to my own experience in the resection of the stomach for carcinoma. It has not been a