

obstruction are given as from 16 to 20 per cent., while extreme stenosis occurs in only about 2 per cent. On the other hand, gastroenterostomy, the usual operative procedure, has a mortality of 15-30 per cent. In view of the comparative infrequency of hæmorrhage and perforation and pyloric stenosis and the high mortality from gastro-enterostomy and the low mortality from chronic ulcer, 4-8 per cent., it would seem to be the part of wisdom to avoid surgical procedure as long as possible. Exception is taken to Mansell Moullin's position that every chronic ulcer of the stomach that persists and causes serious pain and vomiting in spite of one thorough trial of the ordinary method of treatment should be exposed and treated surgically. The ordinary treatment usually means the Leube-Ziemssen rest cure, extending over a period of six weeks. This is well adapted for acute cases, but not for chronic, the latter generally requiring 12 to 18 months. On the other hand, exception must be taken to the plan apparently advocated, to keep from surgical interference until the stenosis reaches such a high degree as to prevent the passage even of liquids. Between the six weeks' limit and such extreme stenosis there is ample time for the medical man to be convinced the case is not progressing, and from Moynihan's results, as well as from others, it would seem that surgical intervention can do much better than give a mortality of 15 to 30 per cent., if the cases be operated upon when in a reasonably fair condition.

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HENRY D. BEYEA, M.D. "Gastroptosis, with Special Reference to the Surgical Treatment: The Operation of Gastropexy." *American Medicine*, October 8, 1904.

The operation advocated by the writer was first performed by him in 1898. The principle of his operation is that by placing three rows of interrupted silk sutures from above downward, and from right to left through the gastrohepatic and gastrophrenic ligaments, a single, broad, transverse fold or plication is formed in the ligaments, shortening these ligamentary supports and elevating the stomach to normal position, without disturbing in the least the physiologic mobility of the organ. The results obtained have been excellent; 11 cases have now been under observation from eight months to six years after operation, and in every case the improvement in health has been most remarkable and the relief of symptoms complete.

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CLARENCE A. McWILLIAMS, M.D.: "Dupuytren's Finger Contraction." *N.Y. Med. Jour.* and *Phila. Med. Journal*, October 8th, 1904.

Dr. McWilliams sums up the treatment of these cases as follows:—