Fennel reports a case in the *Lancet* of '98 of a man who came to the London hospital and who had taken from his stomach 192 nails, (most 2½ in. long) buttons, hair, etc., the total weight being 1 lb. 9½ oz. Another case reported by Meisenbach, in which he found 187 staples, screws, horse-shoe nails, wire nails, cartridges, knife blades, besides an ounce of glass, the total weight removed being 1 lb 11 oz.

The operations for stricture of œsophagus are two:—(1). By immediate dilatation or repeated dilatation and little at a time. (2). Temporary gastric fistula till dilatation is complete.

Gastrostomy is the establishing of a permanent opening into the stomach. No operation is perhaps more important to the general practitioner. For we do not know the time when we will be compelled to do this operation from stress of circumstances.

The indications for the operation are:—(1) Non-malignant stricture of œsophagus and cardiac orifice of the stomach, and such conditions as tumors pressing on the œsophagus at this point. 2. Malignant disease of œsophagus and cardiac end of the stomach.

The operation was first performed in 1849 according to the literature, and up to 1875, 28 cases had been operated upon with a mortality of a 100 per cent.

It was first performed successfully by Sydney Jones in 1875. A great deal of opposition existed among surgeons owing to the high mortality, it being considered useless and dangerous. Since 1884, the mortality has been steadily decreasing. Of the first 163 cases operated upon 133 died, giving a mortality of 81 per cent. Gross, in the *Transactions of the American Surgical Association* of '84 shows a mortality of 29 per cent. Later in 1891, Pomers in *International Journal of Surgery*, a mortality of 27 per cent. for malignant and 18 per cent. for non-malignant cases.

Mikuliczs, in 10 gastrostomies for non-malignant stricture of œsophagus did not lose a case, and of 34 malignant strictures 7 died, showing a mortality of 20 per cent.

There is perhaps little doubt that the high percentage of mortality was in part owing to the delay in performing the operation and when it was performed as a last resort rather than to relieve an obstructive condition. Mikuliczs says, according to Meyers, that the operation should be performed when it is difficult to pass fluids and semi-solids and when the patient shows a steady decrease in weight.

I will not here even attempt to name the number of operations and modifications but will content myself with two, the first one performed and the one adopted in this University.