

very little additional risk we can place the sufferer in a more comfortable state, I think we should do so.

Again, in some cases we may be mistaken as to the character of the growth, as in this case referred to in pylorotomy.

A woman aged 63, with almost complete pyloric obstruction, the pylorus was involved in a large mass the size of my closed fist, movable above, but below extended into the head of the pancreas. There were enlarged glands in the gastro-hepatic omentum and great omentum, and owing to the extent of the disease in the pancreas I decided to content myself with posterior gastro-enterostomy. This was done two and a half years ago, and the patient is still alive and in excellent health. From the result it looks like a case of non-malignant ulceration of the pylorus, although the pathologist who examined a gland that I removed at the time reported it to be malignant.

In cases of pyloric ulceration the relief it gives is absolute. By the rapid emptying of the stomach, it removes the source of irritation—the food escapes by the new opening, as the spasm of the pylorus that is supposed to exist in these cases is sufficient to prevent its passage over the ulcerated pylorus—and allows the ulceration to heal.

I saw an excellent example of this in a miner, aged 61. The ulcer was situated upon the posterior half of the pylorus, and a scar marked the position on the surface of the stomach. Although the lumen allowed the forefinger to pass, the disease produced considerable dilatation of the stomach from the resistance to the passing of the food.

For simple gastric ulcers which are intractable to medical treatment, where there have been recurring attacks, and the patients are rendered unable to follow their employment or enjoy life, and are in constant misery, gastro-enterostomy is justifiable, and the only treatment likely to cure them.

A most interesting case of gastro-ulceration with acute hemorrhage occurred in a patient aged 41. Her symptoms dated back fifteen years. For all these years she had suffered great pain after food, with the other accompanying symptoms, and had to be cautious to eat only the most easily digested articles of diet; and for the last two years only liquid food. In 1898 in the course of four days five attacks of acute and profuse hemorrhage occurred, which nearly proved fatal, and from these she was several months recovering; and ever since stabbing, pricking pains under the left breast and shoulder blade never left her. When she had sufficiently recovered, on more than one occasion I tried to prevail upon her to let me operate; but she would not hear of it. My object was to examine the stomach, break down adhesions and perform posterior gastro-enterostomy. However, on December 27th, 1900, she