

ous solutions. If the feeding tube is carefully introduced and a sufficient quantity of boiled food introduced, being followed by water and boric solution, the wound is not likely to be contaminated by the process.

No. 2. This was a patient of Dr. Gray, aged five years, who had swallowed a large coat button five days before. Unsuccessful attempts had been made at extraction, and efforts were now made to remove it through the mouth, as well as to push it down into the stomach, which having signally failed, we decided to operate. Dr. Mackay administered the anæsthetic, and, assisted by Dr. Gray, I proceeded with the operation as before. The button was found projecting to the left and was readily extracted, and a similar operation in every way to the other performed. We were unsuccessful in securing the retention of nutrient enemata in so young a child. Great struggling took place in introducing the stomach tube. The child would not swallow boric solution, and notwithstanding frequent washing of the wound, the tissues became infected, and the child died on the 4th day. What accounted for the different results? Some have been indicated clearly enough in the history of the cases, but in the first case so soon as the impossibility of removal by the mouth was demonstrated, an operation was promptly performed. With the child exhausted was coming on from imperfect nutrition, owing to its inability to take an adequate amount of food. Too prolonged and vigorous attempts at extraction and manipulation of an intra-oesophageal kind were made before operation, which I have no doubt, contributed to the unsuccessful issue.

In such cases, when, by skilful, but not frequently repeated attempts, the impossibility of removal is demonstrated, every additional hour of delay materially decreases the chances of successful operative treatment.

#### CURE FOR HICCOUGH.

Capsicum in hot infusion is claimed as a specific for hiccough.—*Med. World.*

#### CARCINOMA OF THE STOMACH—PYLORECTOMY—RECOVERY

By W. S. England, M.D., Member of the Medical Staff of Winnipeg General Hospital.

Pylorectomy is the ideal operation for carcinoma of the pyloric end of the stomach, when the tumor is limited in extent, and there is no secondary involvement of the lymphatics or neighbouring organs.

Altogether, surgeons have somewhat hesitated in generally adopting this radical operation, owing to its high mortality and the extent of the disease when the patient appeals to them for relief.

However, several cases are on record living from one to seven years after pylorectomy, and enjoying good health while pursuing their various vocations. Kocher Kocher reports one case in perfect health five and a half years after the operation. Jessop also reports one seven years after the operation. Wolfner reports one case well three and a half years after the operation.

Even in case of recurrence of the growth in situ or in neighbouring organs, it is a far more palliative operation than gastro-jejunostomy.

In the latter operation the patient knows soon after recovering from the anaesthetic that the growth remains, and his case is a hopeless one. In many cases he also is troubled with colicky pains and suffers from regurgitation of bile and the contents of the small intestine into the stomach, with eructations and vomiting of them. Again, the opening between the stomach and intestine is more apt to close, unless a piece of the stomach wall be excised, producing a stenosis, which would act similarly to the original one, with all its unpleasant symptoms and death from starvation, except a second anastomosis be established.

However, owing to these cases usually being seen so late, palliation of the symptoms gastro-enterostomy is eagerly sought for by the patient, when he realizes that no medical treatment is beneficial and that slow starvation, with all its horrors, is staring him in the face.

The symptoms of cancer of the stomach