

seem equally satisfactory, provided the opening is sufficiently large, and is in fact at the lowest point of the stomach.

A method has not yet been found which completely satisfies all reasonable demands for perforating gastro-enterostomy. I have had the time to look up only those of my cases of stomach surgery, which I have treated in the Augustant Hospital, hence I will speak only of these in this paper. But the methods and the results have been the same in the cases I have treated in other hospitals, hence this is of no material importance. The following table will give a convenient idea of these operations:

	Total.	Recovery.	Died.
1. Incomplete Gastrectomy.....	5	4	1
2. Pylorectomy.....	9	8	1
3. Gastro-enterostomy, Murphy Button—			
Malignant Cases.....	24	16	8
Non-malignant.....	10	9	1
4. Gastro-enterostomy, McGraw Ligature—			
Malignant Cases.....	22	16	6
Non-malignant.....	65	59	6
5. Gastro-enterostomy, other methods.....	12	10	2
6. Perforated Gastric Ulcer.....	10	2	8
7. Gastrostomy.....	4	2	2
8. Exploratory Laparotomy for Carcinoma of Stomach	32	24	8
Total.....	193		
9. Ulcer of Stomach, not operated.....	66	60	6
10. Carcinoma of Stomach, not operated.....	49	..	15
Patients returned to their homes unimproved.....	34		

It will be seen from this that most of the operations were performed for the purpose of securing rest for the pyloric end of the stomach, and drainage for its cavity; also that gastro-enterostomy was performed oftener by means of the McGraw ligature than any other means. This method has been more satisfactory in my hands than any other up to the present time. I still follow the original direction of the author of the method, which I published in the *Journal of the American Medical Association*, June 6th, 1903. It seems likely that all of the methods now in use will be displaced by some new method which will be more nearly ideal than any now in use.

So far nothing has been said concerning the treatment of any of the sequelæ, or the complications of gastric ulcer, because it is to be hoped that these will be eliminated to a great extent in the future by the cure of the ulcer itself.

Complications.—The most common complications are perforation and hemorrhage.

Sequelæ.—The sequelæ are: (1) Chronic ulcer. (2) stric-