

troplasty was determined on. Through an incision in the pyloric pouch, it was ascertained that the orifice, connecting the two pouches, would hardly admit the point of little finger. The incision was extended transversely across the contracted part and, when completed, was five inches in length. A round ulcer was formed on the posterior wall of the cardiac portion close to the constriction. Its floor was scraped, edges pared and mucous membrane closed over it by fine catgut sutures. Now, opposite edges of incision were grasped at their middle, and these points separated as far as possible. Thus the direction of the incision was now at right angles to its former one; it was closed with three rows of fine silk sutures. The abdominal wound was closed without drainage.

She made an excellent complete recovery and left the hospital one month later. When last heard of she was in perfect health.

CASE II, R. M.—Presented all the symptoms of malignant obstruction of the pylorus.

An operation to relieve the conditions was decided on; and, on exposing the stomach, it was found to be divided into two pouches by a tight constriction, situated somewhat nearer the pyloric than the cardiac end. The contracted portion was hard and nodular, and several nodules were noticed in the wall of the organ and along the lesser curvature. A gastro-enterostomy was performed; the cardiac pouch being united to the jejunum. He made a good recovery, and in two weeks could take food by the mouth. He left the hospital in about a month, and until a week before his death, which occurred eleven months later, he was able to take an ordinary amount of food with considerable comfort.

Dr. A. H. Ferguson, of Chicago, and Dr. Hadley Williams, of London, took part in the discussion of the paper.

SURGICAL TREATMENT OF TYPHOID PERFORATION OF THE BOWEL.

Dr. J. Alex. Hutchison, Montreal, reported four cases, operated on in Montreal General Hospital up to May, 1902, with fatal result in all.

CASE V. Male. Age, 33. Alcoholic Ambulatory Typhoid. Admitted to hospital December 30th, 1902. On 12th day of disease temperature 104°. Perforation on 13th day. At 3 a.m. patient developed severe abdominal pain on right side with rapid fall of temperature and increased pulse rate, with vomiting and diarrhoea, tenderness and rigidity in right iliac fossa.

Operation within two hours. Free sero-purulent fluid and faeces found in the peritoneal cavity. A large ulcer found in ileum, near valve, involving nearly the whole circumference of the gut, with pinhole opening in centre.

Bacteriological examination showed mixed infection.