

advantages claimed for this operation are that the entire rectum and growth, cellular tissue and lymphatics, are removed en masse; that it renders it possible for the operation to be performed aseptically and the wound to be kept clean after operation, that it enables the normal opening of the bowel to be restored in almost all cases that do not necessitate removal of the sphincters, that it permits of the removal of more extensive growths than either the perineal or Kraske methods, and that there is none of the mutilation of the pelvis as in the latter operation, the removal of the coccyx does not seem to cause any subsequent inconvenience. The sphincters soon regain their function, sensation at the anus is established, and the patient is able to tell when the bowel is full and to control the action of the bowels in the ordinary way. The propulsive power of the rectum is, of course, lost, and this function is not readily acquired by the sigmoid, thus necessitating a daily enema. The writer believes this function will be acquired in time and the enema dispensed with.

B. G. A. MOYNIHAN, M.S., F.R.C.S. "Duodenal Ulcer." *Practitioner*, June, 1907.

It is probably no exaggeration to say that, among the advances in our knowledge of the diseases within the abdomen, which have resulted from the more frequent operations in recent years, there is none of greater importance than that which refers to ulcer of the duodenum. Six years ago the writer reported 7 cases operated upon, and in only one was a positive diagnosis made before operation. Up to the end of 1906 the number had been increased to 114, and it is upon the records of these cases that the clinical picture of duodenal ulcer is based. The ulcer is most commonly found immediately beyond the pylorus, in about 90 per cent of the cases. It may occur in any part of the duodenum, may be single, scattered, or exactly opposed, the so-called "kissing ulcer." It may be small, circular, slightly indurated, and cause no stenosis; or it may be large, hard, puckered and adherent, and a high degree of narrowing may result from its cicatricial contraction. It occurs at any period of life. Lister and Spiegelberg found it in infants 3 or 4 days old, and melæna neonatorum, in some cases, at least, has been shown to be due to duodenal ulcer. The oldest case in this series was a man of 73, while the average was 38. It affects men more frequently than women, the ratio being 2 to 1 in the series. Other writers vary between 2 and 6 to 1. It is frequently found to be associated with gastric ulcer, in about 40 per cent, and is probably secondary to it and caused by the digestion of the mucosa by the hyperacid gastric juice. It is a very