pyloric obstruction, I did a gastro-enterostomy. He improved for a time and then showed that the true condition was stasis, which was verified by the X-ray. A subsequent short-circuiting was done, and he began to have regular evacuations, and after a protracted convalencence largely due to an associated *neurasthenia*—for which he had been treated without benefit for years—he made a good recovery and is now well.

The point I wish to make in these two cases is, that had the true condition been recognized before pyloric obstruction had occured, they might have been saved the pyloric obstruction and the operation for its relief.

The question may properly be asked: Is the operation a hazardous one? To that I must give a guarded answer. I never approach a case without a good deal of misgiving, for many of these patients manage to live in discomfort and misery for years, and most people prefer such an existence to sudden, post-operative death! I have, in odd moments, gone over my operation book, and so far have found records of 30 cases, with two deaths. That mortality is too high, even though I can explain away the two fatal cases. The one case was seriously exhausted from hemorrhage from the bowels—I had advised operative interference several months previously, but she preferred to continue other means—finally nothing gave relief, her hæmoglobin was below 40 and she was still bleeding. I did a short-circuiting, as stasis was a marked feature, and for the first five days she did so well that I began to feel sanguine about her recovery, but one night, instead of ringing for the nurse, she got up and went to the bathroom for a drink. When she was being put back to bed she was seized with a sharp pain in the abdomen, and two days later died of peritonitis. There was no autopsy.

The other case was a man who had suffered from gall stones and had had them removed. Some months later he again began to have symptoms of gall stones and became jaundiced. I examined him with bismuth and X-ray and found marked evidence of stasis. After trying for two weeks to secure relief with paraffin, I advised immediate operation for the relief of the stone in the common duct, and subsequently for stasis. He could not make up his mind, but two months later, when in a badly-shattered condition, he returned, he would consent only if both operations were done at once. It was against my better judgment, but finally I consented. He never rallied from the shock, and died on the second day.

Six and a half per cent, is too high a mortality, but I feel satisfied that from now on we shall be able to reduce it to one per cent., or less than one per cent., but we must approach these cases with great deliberation and all the care possible. We must remember that we are oper-