this method the button is more liable to fall back into the stomach, as I have previously mentioned,

As to the other difficulties which are likely to arise from an anterior gastro-enterostomy, such as regurgitation of the contents of the stomach back through the jejunum and duodenum, carrying with them the contents of the common bile duct, producing fatal vomiting, and the jejunum, pressing on the transverse colon, causing intestinal obstruction, I have fortuneately not met with any, and reported cases are rare. Mr. Mayo Robson, in his "Address on Surgery of the Stomach," still prefers anterior gastro-enterostomy, either by simple suture, or by the aid of his bone bobbins.

Posterior gastro-enterestomy (Van Hacker) has undoubtedly been the better operation; the position of the patient in bed favors the passage of the button, which is not so liable to fall back into the stomach, and allows the more ready escape of the contents of the stomach. This operation is as easy to perform as the anterior gastro-enterostomy. The danger of infection is greatly minimized if the purse-string sutures are inserted both in the stomach and intestine before making any opening into either of them (according to the rules laid down by Dr. Murphy). This operation is so well described in any book treating upon this branch of surgery, that it would be superfluous for me to do so in this address.

Finding the jejunum does not present the difficulties that some surgeons would have us believe. This is readily found after pulling up the omentum and transverse colon; then, by passing the hand along the meso-colon to the left of the spine, find the upper border of the mesentery of the small intestine, and close by, the jejunum can be felt, or to make sure, seen, emerging from the side of the spinal column. If you rely upon touch, follow it forward for ten or twelve inches, and then back again to the spine.

Should the opening made in the meso-colon be too large, close it with a few stitches to avoid a loop of intestine slipping through it, as Dr. Keen suggests.

The passage of the button has taken from fourteen days to four months. The delay in its travel has not given rise to any unpleasant symptoms in any of my cases.

For inoperable pyloric cancer, this operation only prolongs the patient's life and makes it more endurable by relieving him from constant pain and vomiting. He eats and sleeps well after the operation. Some surgeons have gone so far as to say that unless pylorectomy can be done, gastro-enterostomy is not justifiable. This, happily, is not the opinion of the majority of surgeons; for the relief, although only temporary, justifies the procedure. And if, when we open the abdomen, we see that by