

lesion of the stomach. Recovery from the operation was uneventful. The child was most difficult to feed for a time subsequently, but now, a year and three months after the operation, the child is well.

Sufficient time has now elapsed since operative treatment was instituted for pyloric infantile stenosis, so that a few results some years after operation are known.

These cases which I have just related were operated upon three years, two years and ten months, one year and seven months, and six months ago, respectively.

All these cases are well and strong, and apparently healthy children.

Gastroenterostomy in adults was undertaken originally in order to overcome an obstruction at the pylorus. Observations of Katenstein and Joslin and others make it probable that the gastroenterostomy causes certain definite changes to take place in digestion. These facts are interesting in connection with gastroenterostomy in little babies. These cases of gastroenterostomy in infancy serve as experiments in metabolism, and whereas I know of no careful chemical analyses of ingesta and egesta, yet the good health and apparent good nutrition of these babies subsequent to the operation would lead one to suppose that nutrition is not impaired, but that it remains good. These cases of gastroenterostomy following pyloric stenosis in infancy stand therefore as evidence for the opinion that gastroenterostomy is not harmful, but that it has secured for these individuals not only a tiding over of the threatened starvation, but has actually been no impediment or hindrance to good nutrition.

These surgical experiments upon the practically healthy living child are final, despite laboratory findings.