three eldest are healthy; the two youngest are markedly rickety, the elder of the two has undergone an operation for bow-legs. The patient's mother is alive and healthy; his father was a man of good bodily health, but grieved so over his son's condition that he became deranged and destroyed himself.

From a photograph taken when aged 5.

At the present time, the patient's body appears to have fallen into his pelvis; his spine forms more than a semicircle, his head resting close to the pelvis. His sternum comes outwards above; it then bends upon itself to reach the chest, on a level with the seventh rib. It is, the man says, crumpled up with sitting so long. The right humerus describes a curve of three-fourths of a circle, curving away from the body. The right radius and ulna are bent at about an angle of 140° towards the ulnar side, three inches above the wrist. The left humerus (the one that was broken) appears normal. The left forearm is bent anteriorly at its lower third. He has an ununited fracture of the left femur. All the bones can be bent by applying slight force. He is a very intelligent man, and very sensitive about his condition.

THE SEQUEL TO A CASE OF GASTRO-ENTEROSTOMY.

By ARTHUR E. BARKER, F.R.C.S.,

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IN the JOURNAL of February 13th, 1886, I recorded a successful case of gastro-enterostomy for cancer of the pylorus, and having watched the patient subsequently as long as possible, I am now able to furnish further details as to the subsequent course of the disease, and the effects of the operation. This being a new operation, it is desirable that every item of information regarding it which it is possible to collect should be recorded.

The patient was operated on on January 4th, 1886, at which time the cancerous mass in the stomach was about the size of half a small orange, some few glands being evidently infiltrated in the gastro-colic omentum. She died exactly one year and one week after the operation of generalisation from the cancerous disease. When she left hospital about two months after the operation, she had considerably improved. She was able to walk about a little, which, considering that she had been bed-ridden for six months before she had come under our notice, indicated a considerable gain in strength. I next saw her at her home May 4th, 1886, four months after the operation. She had then still further improved. She walked into the room looking

very well and cheerful, and seemed to have gained flesh since last seen. She said that, with the exception of potato, she could take all ordinary diet in moderation. She suffered from dyspeptic troubles, and required *conf. sennæ* to keep the bowels regular; otherwise she did not complain, and all vomiting had ceased. She was rejoiced when I told her she might go out to walk. I could not detect any change in size or shape of the tumour on manual examination.

After this I saw her at intervals of about a month, and observed no change in her condition until the autumn. Up to then she seemed to eat fairly well, and spoke of enjoying a little beefsteak and roast mutton, with green vegetables. These she was able to cook for herself, and to manage other light household duties. She had occasional attacks of what she called "spasms," which appeared, from her description, to be due to constipation and flatulence. For these she consulted a medical man not far off, who was kindly attending to her. This gentleman (Mr. Lake) tells me that she was able to go to his house, and appeared fairly well. In the autumn, however, she began to get weaker, the characteristic languor of the cancerous cachexia became more and more evident, and she occasionally vomited. At about the beginning of November I found her confined to bed, very weak, and also suffering much pain in the tumour; she was occasionally sick also. The growth was now for the first time sensibly enlarged to the hand. From this time she grew steadily weaker, and suffered much pain, which was relieved by Mr. Lake with anodynes. When I next saw her I found the tumour had become fixed to the abdominal wall, and was coming forward through the latter. On December 2nd I heard from the patient's brother that the tumour had come fully to the surface, and had burst on the day before. After this I did not see the patient, but she was seen by some of my friends, who tried to persuade her to re-enter hospital, in order to have proper attention in her very distressing state. She persistently refused, however, not wishing that any *post-mortem* examination should be made in her case, though very grateful to the end for all that had been done for her. After the external rupture of the growth she lingered on in great weakness and suffering until January 11th, 1887, when she died of exhaustion. No *post-mortem* examination could be obtained, to my great regret.

It is too soon to pronounce upon the position which this operation is to take among regular procedures, but in this case, at all events, there was speedy convalescence, considerable improvement in the general condition for at least nine months, and probably some prolongation of life.

In conclusion, I cannot think that this operation ought to be done in extreme cases, where the patient is quite worn out by disease and suffering. In those instances, however, where the pyloric disease is comparatively early, but where the presence of infiltration of the glands forbids us to hope for thorough extirpation by pylorotomy, it may occasionally prove of great use.

CLINICAL MEMORANDA.

OLD-STANDING VALVULAR DISEASE OF THE HEART.

It was with great pleasure I read Sir Andrew Clark's instructive articles in the JOURNALS of February with the above heading, for my opinions have become much modified with reference to heart-disease during the three years I have been in practice in this Island. It has fallen to my lot here to examine many young and middle-aged men for the army, navy, and naval reserve, among whom I have found much valvular disease. I am sorry now I have not kept a record of all these cases; but I well remember, among the first six examined for the naval reserve, three had systolic regurgitant murmurs; and now, looking over the official reports of the last four months of those presenting themselves for the army and militia, I find, out of thirty-one candidates, I have rejected nine for heart-disease. Now it becomes of interest to notice what is the general appearance and condition of other organs of those affected. They are for the most part strong, robust-looking fellows, who say they have not had a day's illness in their lives; a few own to having had fever when they were young, presumably rheumatic. On further examination, the apex-beat is in the right position, or nearly so, there is no congestion of the bases of the lungs, the extremities are well supplied with blood, and the pulse, as a rule, regular; in fact, otherwise they stand a good chance of passing the severe examination for the army. One point has impressed itself upon me—their deficient chest-measurement. The murmur is generally that of mitral regurgitation, sometimes direct, but rarely have I found the aortic valves affected. The causes of this state of things are not hard to find in the Isle of Man. Rheumatic fever and