tendency to spontaneous cessation, the infrequency of a repetition of the hæmorrhage in anything but trivial quantity, and the transience of the resulting anæmia." Hæmorrhage from a chronic ulcer varies greatly in frequency and quantity.

(1) It may be latent or concealed and recognized only after minute examination of stomach contents and fæces.

(2) It may be intermittent. Here the bleeding is copious but transient and occurs at intervals of two, three, or more months. In this group indigestion is a prominent symptom and anæmia is almost constant.

(3) In this class the hæmorrhages are rapidly repeated, at intervals of 12 to 24 hours, and are always large, a pint to a pint and a half of blood being vomited. These cases all give histories of long standing indigestion, with recent increase in severity of pain, etc., and then suddenly, and without apparent cause a profuse hæmorrhage occurs to be repeated as above. This, if unchecked, will cause the patient's death.

(4) Here the hæmorrhage is enormous, instant, overwhelming and lethal. Fortunately this class is very rare. The hæmorrhage is due to the opening into the aorta, vena cava, splenic, or pancreatic-duodenal vessels. The writer cites one of his cases where the splenic artery was opened into.

Hæmorrhage from an acute ulcer does not frequently call for surgical intervention, but there are some cases in which the hæmorrhage may be both copious and recurrent. Some cases present no single bleeding point, but the whole mucosa appears to be weeping blood, or there is a villous patch, or many irregularly scattered points of oozing. In all these cases the writer regards any attempts directed locally to stop bleeding as futile, and strongly recommends a gastro-enterostomy as proving "more effective than any other procedure, both in checking the hæmorrhage and in preventing its recurrence." Hæmorrhage from a chronic ulcer requiring surgical treatment is limited mainly to class (3) in which the hæmorrhage is frequently repeated and always abundant. Here again local treatment is considered as "unnecessary, undesirable, and in many cases impossible," and gastro-enterostomy is strongly advocated.

The liability of mistaking a chronic ulceration for malignant disease is dwelt upon, and the following contrast given. "A malignant growth is always irregular, knotted, nodular or gritty on the surface; an inflammatory mass is more smoothly rounded off, and there is often a milky opacity on the peritoneum." He regards Hauser's estimate of 6 per cent. for the frequency in which malignant disease develops in chronic ulcer as being in "excess of the truth."