became converted into absolute pain. He was continually attacked with vomiting, and on three or four occasions threw up a quantity of dark grumous matter, evidently consisting of altered blood. He likewise passed a quantity of this matter from the bowels. He was admitted into the hospital on the 13th February. His appearance was then pale and anæmic; his pulse was quick, but in other respects normal. His tongue was clean. There was pain about two hours after taking food, whether liquid or solid, and acid eructations. The bowels were constipated and distended with flatus. There was no tenderness over the region of the stomach, and no evidence of disease of the organ could be detected by external examination. The pain after food extended to the lower dorsal spine; it was not of a very aggravated character, being very little more than uneasiness. On the morning subsequent to his admission, I found that during the night he had vomited a quantity of dark grumous matter, it was a good example of what is termed "coffee-grounds vomit;" it was manifestly altered blood, perhaps three or four ounces. I accordingly made up my mind that I had to deal with one of two things—either some form of latent aneurism finding an entrance into the stomach, or (still more probable) gastric ulcer. I treated the man on this assumption. On the following day, in my absence, he was attacked while at dinner with a severe excruciating pain in the abdomen. At four p. m., Dr. Cruise, who happened to be in the hospital at the time, saw him and prescribed for him, but he obtained very little relief. He took a dose or two of morphia, and continued to suffer till nine p.m., when he died exhausted. I should add, that though exceedingly anæmic, he was not at all wasted, and had a very good coating of flesh.

Post-mortem Examination.—On opening the abdomen we found a quantity of dark coffee-grounds matter diffused through the abdominal cavity. There was not a trace of inflammatory action—no peritonitis. On raising the liver from the surface of the stomach we found a good example of perforating ulcer, the aperture being exceedingly well defined, larger than a large goose quill, and perfectly circular. The stomach was much thickened in the neighbourhood of the opening. The edges of the aperture and portions of the surface in the vicinity were discoloured, manifestly with bile, the gall bladder lying immediately over the opening. In the neighbourhood of the perforation we found a quantity of exuded lymph in flakes on the surface of the stomach. On opening the stomach we found an ulcer in the immediate neighbourhood of the pylorus on the interior wall. On the inner surface this ulcer was about one inch in diameter. Immediately behind this, and upon the posterior wall of the stomach, we found a second ulcer of much greater magnitude, being 2½