tions of the stomach and one of the duodenum. They all recovered but one, a mortality of 16 2-3 per cent. Three of the stomach cases occurred in women and two in men. Their ages were from 21 to 40 years. The perforation was closed in one eight hours, in one 11½ hours, in one 24 hours, in one the time of perforation could not be definitely determined, as the man had had attacks of sharp pain in the epigastric region occurring at intervals for four days. In the fatal case the patient was admitted to the surgical side of the Montreal General Hospital 32 hours after perforation had occurred. The hole was closed at once and the pelvis drained through a second small incision. The patient died four days later of peritonitis. They all gave a history of indigestion and in most of them a diagnosis of gastric ulcer had been made at some time previously.

In four of the six cases the perforation followed a period of from 30 days to one year, during which time they had been quite well and free from their old symptoms.

In the five cases the perforation was on the anterior wall. In one nearer the great curvature, in one about the centre of the anterior wall, and in three, nearer the lesser curvature from ¼ in. to four inches from the pylorus.

The duodenal perforation was just outside the pylorus.

Mr. Moynahan divides perforations into three classes, acute, subacute, and chronic. Two of my cases might be classed as chronic. In one, and it was my first, I readily found the small perforation. It was about a quarter of an inch in diameter, surrounded by a thick layer of fibrine, and when this thick layer of fibrine was stripped off, I had an opening in the anterior wall of the stomach, three inches long. The edges were smooth and rounded.

In another case, an apparently small perforation came to admit three fingers when all the fibrine had been removed. Both of these cases did well. It would seem that in these cases an adhesive peritonitis, joining in my cases, the anterior wall of the stomach to the under surface of the liver, occurred before actual perforation took place. Finally owing to failure of the reparative process, extension of the ulceration and probably distension of the stomach, an opening formed and stomach contents escaped.

Another case illustrates what may be called the subacute perforation. A young man 25 years of age gave the following history. On a Monday about four or five o'clock in the afternoon he felt sick, but continued to work until six o'clock. That evening he took no supper, not because of pain, but because he had no appetite. He retched two