

a small one or a large one, or whether it has been present for weeks or months without having given rise to definite symptoms or even symptoms other than slight discomfort. Many cases with ulcers do not give a history of vomiting blood. Many cases give a history of hyperacidity and do not show hyperacidity at the time of gastric analysis, and therefore absence of hyperacidity is of no value in a case which otherwise gives gastric symptoms. Lactic acid and fatty acids are not to be expected until there is a mechanical or motor obstruction, which may occur associated with a small or a large ulcer, depending upon its location. The length of the history of epigastric discomfort or distress varies within wide limits, and the case with a short history often has a more extensive lesion than one with a long history.

"The lesion occurs most often and practically always, in early adult life or middle life. Our cases have occurred oftener in males than in females. A few give previous histories which appear to be appendicitis. This coincident, if it be a coincident, is well worth considering, however, as a possible etiological factor in view of some experimental and clinical experiences. Cannon has, by the injection of irritants into the larger intestine, produced a retardation of the gastric discharge. Roger has shown that the injection of betanaphthol into the cæcum produces erosions of the mucosa. Litthausen has produced ulcers, which no doubt heal, by the production of localized anæmia and destruction of the mucosa. Clinically, many cases of appendicitis, especially chronic appendicitis, present symptoms of gastric disturbance which predominate those in the appendix

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