

American Physicians, and will give you only a synopsis of the findings. Operation was undertaken for the relief of gastric distress, nausea, occasional vomiting and diarrhoea, not alleviated by restriction of diet, lavage or drugs.

The stomach wall thick, about 1 c.m., in places  $1\frac{1}{2}$  c.m.; very little bleeding, muscular tissue showed complete denudation of the mucosa over an area extending completely around the stomach at the pyloric end of the incision. The same condition extended along the interior and anterior aspect of the stomach toward the cardiac end of the organ fully four inches. Here and there, especially toward the margin of the bared surface, there were small islets of mucous membrane having a rough cockscomb appearance and a purplish tint. The edges of the ulcerated area are well defined, serpiginous in outline and abrupt. The edge was slightly heaped up and undermined and just in the undermining angle was a whitish line. The surface of the ulcerated and denuded area was rather smooth (neither caseous nor necrosing) of a pinkish red colour and almost bloodless. In the thickened area some cicatrization and contracture had occurred, producing a certain degree of hour-glass contracture, two or three inches from the pylorus. A slice of mucous membrane, a section through the muscular wall and mucosa and a slipping from the edge of the ulcer were taken for microscopical examination. After extending the wound to give sufficient space the exuberant edges of the ulcer were pared, the base was curetted, and the thermo-cautery lightly applied to as much of the ulcerated surface as could be reached, the very slight bleeding following curettage being easily checked by the same means. The gastric and abdominal wounds were then closed by suture.

The tissues removed were examined by Dr. P. G. Wooley, who reported as follows:—"The tissue from the base suggested malignancy, for there were small masses of epithelial cells surrounded by a fibrous stroma; but the edges of the ulcer were simply fibrous tissue and muscle, the former in excess and there was no marked infiltration. The base was markedly inflammatory and not malignant."

That the condition was not one of *ulcus simplex* of unusual dimensions such as have been reported in medical literature, from time to time may be difficult to prove. Dr. Laffeur, however, reports that the man was not a chronic dyspeptic and that anacidity and not hyperacidity existed from the onset of the illness. The chief argument is drawn from the anatomic character of the lesion. Histologically the tissue removed bore a close resemblance to those in the case reported by Dr.