

*Duodenal Ulcer.*—It is only the fact that ulcer of the duodenum is not very common which makes the occurrence of mistaking this condition for gastric ulcer somewhat infrequent. This condition has almost exactly the same symptoms as gastric ulcer, but the point of tenderness upon pressure is over the middle of the right rectus abdominus muscle above a transverse line drawn through the umbilicus.

*Volvulus.*—In rare cases, volvulus of the jejunum may be mistaken for gastric ulcer; but the violent vomiting containing bile soon after intestinal contents, but no blood, makes the differential diagnosis relatively easy.

*Neurasthenia.*—It is often very difficult to make a differential diagnosis between gastric disturbance due to neurasthenia and those due to chronic ulcer. This is especially true, because anemia, and inanition which is caused by the presence of a chronic ulcer.

It is quite likely that for several years to come, quite a number of patients suffering from neurasthenia due to other causes will be subjected to stomach operations as a result of erroneous diagnosis.

Any other severe intra-abdominal condition like intussusception, ruptured ectopic gestation, ovarian cyst with twisted pedicle, peritoneal adhesions, either septic or tuberculous, may be mistaken for gastric ulcer. In a few cases, I have seen an interesting condition which gave rise to a mistaken diagnosis of gastric ulcer. In these cases the great omentum had become attached by its free margin to some point in the lower portion of the abdominal cavity, the tubes, ovaries, uterus, bladder, the cecum, or the abdominal wall. The tension of the omentum upon the stomach gave rise to symptoms which could not be distinguished from gastric ulcer.

In a number of patients in whom we had made a diagnosis and the duodenum dilated to from 2 to 4 times its normal diameter down to a point below the entrance of the common duct. Upon exposing the jejunum this was found strongly contracted in these cases.

The lymph nodes near the duodenum in these cases were usually enlarged, indicating lesions of the mucous membranes lining the duodenum. In these the pancreas is usually also enlarged, and the gall-bladder is distended with bile together with mucus, sand or gall-stones, and frequently all of these substances are found in the same gall-bladder.

It seems reasonable to suppose that the obstruction at the point of entrance of the common duct into the duodenum or