secretory, traumatic, and bacterial. Of vascular causes most stress has been placed upon embolism, other suggested possible conditions being, thrombosis, hæmorrhagic infiltration, arterio-sclerosis, aneurysmal dilatation, varix and arterial spasm. Nervous and muscular causes are accorded to impairment of nervous control, acting either through the nervous centres or through the nerves distributed to the affected part, or to irritation of nerve terminals and consequent reflex and localized muscular spasm. The hypersecretion of hydrochloric acid has been regarded by many as causative but is now generally looked upon as a coincidence or an effect. As the result of recent experiments Weinland, referred to by Dr. MacCallum (3) of Baltimore, has suggested the possibility and even the probability of the existence or the creation within the body cells, which are or may be exposed to the action of the digestive juices, of an anti-zymogen of a protective character. Were this the case inevitable destruction would await any such exposed part which might become deprived of its inherent immunity. Traumatism resulting from the ingestion of fish bones, other foreign bodies, coarse pieces of food and such like, in the absence of other causative factors, rarely gives rise to ulceration. Much recent support has been given to the bacterial theory and notably by Robson and Moynihan, (4) who regard "oral sepsis" as a most prominent predisposing condition. This finds acceptance from many writers, and Mr. W. Bruce Clarke, (5) in support of the theory, reports a case in which gastric ulceration was the undoubted result of the ingestion of food which had undergone putrefactive changes.

The only practical classification is the one that divides these cases into two classes, namely, acute and chronic. Diseases which are always characterized by cardinal symptoms are rare indeed, so that it seems needless to speak of typical and atypical cases in this regard. Each case should be looked upon individually and its nature decided by the consideration given to it. Why should one continue to speak of the catarrhal, the gastralgic, the dyspeptic, the hæmorrhagic or the cachectic form of gastric ulceration when it is known that any individual case may present one or another or even all of such implied characteristics during its progress? The "simple erosion" and the "exulceratio simplex" described by Dieulafoy, in which the loss of tissue is less decided than in ulceration proper, need only be mentioned here on account of their hæmorrhagic tendency.

No special predilection of location is shown by acute gastric ulcers, but the chronic form, which may be acute in origin though probably in the majority of cases assuming a chronic course from the beginning, is found to involve the pyloric region in somewhere about seventy-five per cent. of cases and in this most frequently the posterior wall near the lesser curvature. The large majority of ulcers in the duodenum are located in its first part close to the pylorus and the ulcerated area is not infrequently