

appearance as he walked in was good. His stomach was largely dilated, its outline visible on inspection. There was no mass to be felt. He said that he had vomited almost everything taken during the past week, the vomitus on one occasion containing food taken 36 hours before. Hydrochloric acid was present in normal quantity, lactic acid was also present. The diagnosis was pyloric ulcer, probably benign with cicatricial narrowing. I found a very small hard contracted pylorus. The opening seemed to be almost occluded. The pylorus was altogether I think a third less in size than the normal. Several isolated glands in the gastro-hepatic, and gastro-colic omenta were enlarged.

The question of malignancy was here of the utmost importance. If malignant the condition was early and suitable for a radical operation. If benign a gastro-enterostomy would be sufficient and much safer. I decided to regard it as malignant because of the narrowing and contracting of the pylorus as a whole. In the simple ulcerations I have found the pylorus normal in size, or thickened locally or enlarged to variable sizes by the building up of fibrous tissue. The man's age was that at which we look for malignant growth. I excised  $\frac{1}{2}$  inches of duodenum together with about 6 inches of the stomach, closed the stomach and inserted the cut end of the duodenum into a new opening made for the purpose in the posterior wall. The man made a very smooth recovery. There was no vomiting and when he left the hospital he was on full diet, eating 3 good meals a day. Now the point in this case of greatest interest in the Pathologist's report. He found the hard cicatricial mass malignant and in the excised portion of the stomach near the pylorus were 6 or 8 simple gastric ulcers. It seems fair to assume that in this specimen we have an instance of a benign gastric ulcer changing its character and becoming malignant. When last heard from about a year after operation the man was quite well.

#### GASTRIC SYPHILIS.

Gastric syphilis is a rare condition and its diagnosis exceeding difficult, possibly always doubtful. The following case is of exceptional interest because it was observed intra-vitam and because the patient made a perfect and lasting recovery.

The man was thirty-nine years of age, single and had indisputable clinical evidence of antecedent luetic infection.

The case was reported before the Association of American Physicians by Dr. Lafleur, with whom I saw the case several times before operating. For a full report I refer you to the Transactions of the Association of