

tive reaction we must make certain that no bleeding has occurred from other sources, e.g. from the gums or from the hæmorrhoids lying high up. Lastly repeated examinations must convince us that the absence of blood in the stomach and its presence in the fæces is a constant phenomenon.

In almost all cases of gastric ulcers, as regular examinations shows us, occult bleedings occur as long as the ulcer remains uncicatrized. Now in gastric ulcer, blood is constantly present in the gastric contents when such is withdrawn by a stomach tube after a test meal or before breakfast, and also simultaneously in the fæces, or blood is demonstrable in the gastric contents alone. Fresh bleeding duodenal ulcers on the other hand exhibit constantly blood in the motions only and not in the stomach. The only exception to this rule is in the case of the profuse hæmorrhages, where the blood spreads simultaneously upwards and downwards. In such cases, the other symptoms must point the way to a diagnosis if such be indeed practicable. Still in many instances, the relationship just mentioned has suggested to me the right diagnosis, which has been repeatedly confirmed later by operation or post mortem.

The ulcers must, however, be fresh and bleeding, although the hæmorrhage need not be so considerable as to appear in the form of hæmatemesis or of the well known tarry stools. Frequently, neither the state of the gastric contents nor the color of the motions gives a clue to the presence of blood and the thereby great advantage of the chemical examination lies just in this, that we can thereby demonstrate bleedings which have hitherto entirely escaped observation.

When no hæmorrhage occurs from the ulcer, two possibilities must be considered in making a diagnosis. Either the ulcer is situated between the pylorus and the papilla of Vater (suprapapillary) or it lies lower down in the duodenum on the outer side of the papilla (infrapapillary). The ulcers belonging to the first group are distinguishable from gastric ulcers lying close to the pylorus, only if the symptom already described, of the later onset of the pain with its position outwards to the right, is outspoken. This is generally not the case and so in the majority of instances, an absolute diagnosis