own experience. I well remember how, one night, when I was house surgeon, just under twenty years ago, the whole resident staff were assembled in consultation over an obscure case. The patient, a man aged forty years, had been seized with severe abdominal pains a few hours before admission. His face bore witness to the intensity of his sufferings. There were beads of perspiration on his forehead. His breathing was short and shallow, and his replies to questions couched in short, jerky sentences. His pulse was quickened slightly, and his temperature just above normal. He referred his pain to the whole abdomen and the lower part of the chest. There was no abdominal distension, but some rigidity in the upper part. We all examined him, and the number of different diagnoses made about corresponded to the number of those who took part in the consultation. Peritonitis was excluded by the absence of abdominal distension and by the absence of marked increase in pulse rate. One daring spirit suggested bleeding. His boldness and originality carried the day, and the patient was bled to the extent of ten or twelve ounces. At the post-mortem next day a perforated ulcer of the duodenum was discovered. It is scarcely too much to say that at the present time the man's life would have been saved by surgical treatment. To us to-day it seems almost incredible that the nature of an illness presenting such a clear-cut and well-recognized clinical picture as this should not even have been suspected. The recital sounds more like an episode in the dark ages than an occurrence in a London hospital, near the close of the nineteenth century. The thought of what posterity may think of us should ever keep us humble. This patient was a victim to the pathology of the dead-house. At that time only final stages of abdominal diseases were seen, and these end results formed the basis of pathology. Little or nothing was known of the early pathology of such cases, and consequently the corresponding symptoms were unknown. Of duodenal ulcer little was known. Gastric ulcer was supposed to be uncommon except as a disease of young womanhood.

Probably in no department of medicine has surgical activity led to greater accuracy of diagnosis than has been the case in diseases of the stomach. Twenty years ago operative treatment was undertaken only as a last resort. All our knowledge of gastric pathology was derived from the post-mortem room, or from an occasional operation undertaken when the patient had one foot in the grave. As surgical technique was improved, surgeons grew bolder and more enterprising, and so knowledge was accumulated as to the conditions present at earlier stages