abdominal wounds were then closed by suture. The subsequent course of the patient's illness was quite uneventful. There was no recurrence of vomiting or gastric distress, and when he left the hospital on July 3rd, he was taking a full and varied diet without the slightest discomfort, and gaining weight rapidly. Antisyphilitic treatment was commenced after leaving the hospital and was continued with intermissions through the summer.

The examinations of the tissues removed at the time of the operation were made by Dr. P. G. Woolley, who reported as follows:—The tissue from the base suggested malignancy, for there were small masses of epithelial cells surrounded by a fibrous stroma. But the edges of the ulcer were simply fibrous tissue and muscle, the former in excess, and there was no marked infiltration. The base was markedly inflammatory, not malignant.

The diagnosis of syphilitic ulceration of the stomach is not one that should be made without careful consideration or without excluding beyond a doubt the possibility of the more common forms of solution of continuity, for gastric syphilis is admittedly a rare lesion, and I am quite prepared to admit that the burden of proof still lies with me. Carcinoma, which was at one time suspected, may be at once dismissed. It is not so easy, however, to say unhesitatingly that it was not an *ulcus simplex* of large dimensions, such as have been recorded in the literature from time to time. I would attach some weight to the facts that the patient had not been a chronic dyspeptic, and that anacidity and not hyperacidity existed from the onset of the illness. But the chief argument is drawn from the anatomical character of the lesion. Both Dr. Armstrong, who has had a very considerable experience in the surgical treatment of gastric ulcer, and myself remarked at the time of the operation on the unusual character of the lesion—the soft, redundant, somewhat overhanging borders, the dry and almost bloodless base, and the long tag-like adhesions on the external surface of the stomach—forming a picture quite unlike that seen in simple ulcer.

Microscopically, the lesion was the exact counterpart, save in dimensions, of that described and figured by Dr. Flexner in Vol. XIII of the Transactions of the Association of American Physicians as one of syphilitic ulceration. The histological examination in the present case was necessarily incomplete, only small fragments of tissue being available for microscopic study. It is suggestive, however, that the same masses of epithelial cells surrounded by a fibrous stroma described by Flexner in his case were found by Dr. Woolley in the tissue from the base of the ulcer. As regards evidence of syphilis in the other organs, it is