had two more profuse hemorrhages that rendered her blanched and pulseless, and on the following day had three more smaller hemorrhages of a bright red color. This indicated that the bleeding was still going on. An ice-bag over the stomach and the usual treatment was pursued. The question to be decided was whether or not to cut down upon the bleeding-point. The patient and her friends were anxious for me to do so, knowing the serious condition it had reduced her to on the former occasions; and as the bleeding continued I thought it justifiable to operate. Another reason that helped me to arrive at this decision was the fact that only a few months previously I had witnessed the death of one of my patients from hemorrhage resulting from a gastric ulcer. The percentage of deaths from this cause is low; it is said to be only 5 per cent.

Before beginning the operation, she was transfused with three pints of saline solution and a 1-30 gr. of strych. given. On opening the abdomen, the stomach was bound by adhesions to the under surface of the liver and anterior abdominal wall. The adhesions were carefully broken down in all directions; then the stomach was examined externally, but there was no thickening to be felt in any part of the organ.

A horizontal incision was made over the centre of the stomach; it contained about a pint of mucus and bright blood. After wiping this up with sponges on holders, a careful examination of the interior of the stomach was made. A clean sponge on a holder would return unstained from the cardiac end, but whenever it was passed towards the pylorus it was always bloodstained. A careful search was made in the suspected region, but I could not locate the bleeding-point. I was just about to close up my opening when I found the bleeding had increased. As I pulled down the lower edge of the incision I saw the blood flowing freely from two points in the opposite sides of a small, oblong ulcer, one-half inch by one-third inch. These two points were tied and the bleeding ceased. The ulceration was not deep, and did not extend through the mucous coat. About two inches from it there was another ulcer, but there had been no hemorrhage from it. The stomach was quickly sewn up and the operation completed by performing a posterior gastro-enterostomy. As the patient showed signs of failing, she was transfused with 60 oz. of saline solution. Respiration also became so very shallow and weak that before the operation was completed a temporary tracheotomy had to be done. The after-history of the case was slow, but uneventful. Her condition has gone on improving, and at the present time her sister tells me she can enjoy any ordinary food that is put before her.

Operative treatment in this case fortunately turned out suc-