

From the history obtained it was believed that he had had a gastric ulcer 25 years previously and during the interval he had suffered from dyspepsia manifested chiefly by epigastric pain and eructations. Repeated examinations led me to regard the case as one of pyloric stenosis with subsequent dilatation of the stomach the complaints dating from the time when he was supposed to have had gastric ulcer. Operation revealed the presence of stenosis due to a cancerous neoplasm and also the scar of the ulcer. It is interesting to know that this patient has gained 40 pounds in weight since operation.

F. G. FINLEY, M.D. We all feel very much indebted to Dr. Martin for his paper this evening. I was especially interested in his cases of latent carcinoma in the stomach. I remember several cases in which the symptoms developed very late in life, in fact only a few weeks before death, two I have had during the past winter. The latency of gastric ulcer is now well recognized. In cases of perforation, preceding gastric symptoms are often very indefinite, and are not specially suggestive of ulcer.

#### LATERAL CURVATURE OF THE SPINE.

F. W. HARVEY, M.D. The report of this case will be found on page 387 of this number.

J. M. ELDER, M.D. It is a well-known fact in connexion with the causes of this spinal curvature that it often follows contraction of the pleura; and I think that before treatment is undertaken in these cases it would be well to know whether the curvatures were due to some old empyæma or other pleural condition, or whether it was due to some actual caries of the vertebrae. Where a spinal caries exists it may be questionable whether excessive movement is a wise procedure or not.

T. P. SHAW, M.D. In Dr. Harvey's cases the subjects had almost reached maturity. In looking over school children it is by no means unusual to find curvatures more or less marked of the spine, and it is quite conceivable that this is due to bad posture at school. In a recent paper by Dr. Tait McKenzie he states that the integrity of the normal spinal curves is protected against the onset of deformity by three lines of defense of increasing strength, (1) The muscles forming an advanced mobile series of outposts that can be brought into service powerfully but intermittently; (2) The ligaments, more resistant but less mobile; (3) The bones which yield to the influence of deformity only after the other lines of defenses have been carried. After the deformity has altered the bony structure any treatment must be more or less cosmetic in character, aiming at concealment rather than at complete correction.

F. W. HARVEY, M.D. With regard to Dr. Elder's mention of the