

Primary incision in mid-line, midway between ensiform and navel. Stomach presented; anterior wall held firmly to anterior abdominal wall by thick band of adhesions, half an inch wide and one and a half inch long. This was divided, clamped and tied. Other denser adhesions were felt below, behind and above, and prevented extrusion of the organ. The pylorus was found quite free. There was no tumour apparent to the touch, but extending from a point about  $2\frac{1}{2}$  inches from the pylorus over towards the cardia the stomach-wall felt thicker than natural, and the surface of the organ in this area was characterized by a pinker shade and by scattered shallow puckerings. No glands could be felt in the gastro-hepatic omentum nor in the hilus of the liver, nor again could they be seen in the great omentum. The free edge of the liver presented a few nodules which were scraped and found to contain gritty calcified matter. There being no condition requiring a gastro-enterostomy, it was decided, in view of the abnormal appearance of the anterior wall, to open the stomach and expose the interior. The stomach was opened midway between the lesser and greater curvatures on its anterior aspect, the incision commencing about  $2\frac{1}{2}$  inches from the pylorus. This opened the stomach in the thickened area, and the following condition was found: stomach wall thick, about 1 cm., in places  $1\frac{1}{2}$  cm.; little bleeding; muscular tissue harder than normal. The everted surface showed complete denudation of the mucosa over an area extending completely around the stomach at the pyloric end of the incision. The same condition extended along the interior and anterior aspect of the stomach toward the cardiac end of the organ fully four inches. Here and there especially toward the margins of the bared surface there were small islets of mucous membrane having a rough cockscomb appearance and a purplish tint. The edges of the ulcerated area were well defined, serpiginous in outline and abrupt. The edge was very slightly heaped up and undermined, and just in the undermining angle was a whitish line. The surface of the ulcerated and denuded area was rather smooth, neither caseous nor necrosing, of a pinkish red color and almost bloodless. In the thickened area some cicatrization and contraction had occurred producing a certain degree of hour-glass contracture two or three inches from the pylorus. A slice of mucous membrane, a section through the muscular wall and mucosa, and a snipping from the edge of the ulcer were taken for microscopic examination. After extending the wound to give sufficient space, the exuberant edges of the ulcer were pared, the base was curetted, and the thermo-cautery lightly applied to as much of the ulcerated surface as could be reached, the very slight bleeding following curettage being easily checked by the same means. The gastric and