

striking fact that the part of the bowel affected by the process of ulceration is that with which the food, as it leaves the stomach, is immediately brought into contact. It must also be remembered that the writer has shown peptic ulcer of the jejunum to be a sequela of gastro-enterostomy. A history of hasty and perhaps heavy meals at irregular intervals is not infrequent. The symptoms of duodenal ulcer are, in the great majority of cases, sufficient to enable a diagnosis to be made without any physical examination of the patient, the anamnesis being generally pathognomonic. The pain may be slight or severe, varying from a sense of uneasiness passing on to a burning, gnawing sensation, to that resembling an attack of biliary colic. It comes on usually from one and a half to four hours after eating, the hour or two following a meal being the patient's best time during the day. The pain is referred to the back, to the right of the median line in the upper portion of the abdomen, and may radiate around the right side of the chest. Coming on as it does at a time when the patient should feel hungry, the term "hunger pain," suggested by the writer, is a most appropriate one. Relief following the taking of food varies in time according to the kind of meal, heavy food giving a longer respite from pain, though, of course, with more serious damage eventually to the ulcer. With the pain there is generally a feeling of flatulent distension in the epigastrium, relieved, often considerably, by belching or pressure. In a large number of the cases the patients have been sleek and well-conditioned, not at all the kind one would imagine were subjects of ulcer. As in gastric ulcer, so in ulcer of the duodenum, an attack may be followed by a latent period, when the patient feels perfectly well, and this may be repeated quite a few times without any serious complication. Vomiting is an infrequent symptom in duodenal ulcer and is present only when stenosis has developed, or the patient has not learnt his stomach's capacity. The most serious symptom is hæmorrhage, which may be manifest as hæmatemesis or melæna. Frequently this is the only symptom of importance, the patient giving as his complaint, "attacks of faintness." Questioning generally, however, elicits some epigastric pain and the usual history as given above, and examination of the stools shows melæna to be present. Hæmorrhage from a duodenal ulcer is a more serious and dangerous affair than from gastric ulcer. In the latter, the visible evidence—hæmatemesis—is a fairly good estimate of the amount of bleeding, while in the former, a patient may die from hæmorrhage when the amount of blood discharged from the body is no great quantity. The hæmorrhage in duodenal ulcer is not necessarily more profuse, but it is certainly more apt to continue, to recur, and is less under control than gastric