his cases especially the one in which he had sutured the stomach He thought that these cases when operated upon early gave good chances of recovery. Three cases of recovery after suture of a perforated stomach from gastric ulcer had now been reported in Montreal. He agreed with Dr. Bell's diagnosis of the case which he had drained.

The pain in peritonitis from perforation was generally central about the umbilicus, but the point of maximum tenderness determined the differential diagnosis. If this point was over the appendix then the seat of perforation was there, if the stomach was perforated the point would be found over that viscus, and especially so if the case was seen early. In a recent discussion Weir reported that of 74 cases, those operated on before 12 hours had a mortality of 42 per cent.; those from 12 to 24 hours, 81 per cent.; and after 24 hours, 93 per cent.

Infection from the stomach was not so severe as that from the appendix and intestines lower down, and Treves' idea, that the upper zone was less susceptible, was better explained by this fact.

It was an advantage before introducing the sutures to strip off the fibrin surrounding the perforation and so have a stomach wall of normal strength and thickness to deal with.

He felt that the question of recovery without operation depended on the seat and size of perforation. If it occurred on the posterior wall or lesser curvature, where adhesions were liable to form early recovery was much more probable than if a large perforation occurred on the anterior wall and the stomach, falling back empty, had nothing to adhere to. Gas and stomach contents would separate it from the anterior abdominal wall in the same way as gas got in front of the liver and spleen in perforation of the stomach or bowel.

A point made by Weir, with regard to the statement sometimes made that no vomiting followed perforation of the stomach, was that a large opening permitted the stomach to empty itself into the abdominal cavity; but, if the perforation in the stomach wall was small, then the stomach contents would more readily pass upwards and vomiting would occur.

Dr. F. J. SHEPHERD thought, from the fact of there being air in the abdominal cavity and recovery having taken place, that Dr. Bell's diagnosis of perforated gastric ulcer was the only possible one. He asked what the statistics of the pathologists showed the frequency of recovery without operation to be. He did not agree with Dr. Armstrong's idea of the stomach falling back.

That the upper zone of the abdomen was less liable to infection,