

Peptic ulcers are not met with lower down in the bowel than the duodenum nor higher than the lower third of the œsophagus, as the acid gastric juice postulated for their production is absent elsewhere.

The course of the ulcers is similar to that of the typical gastric ulcer—pain after food, hæmorrhage, healing with smooth scar or with cicatricial contraction (stenosis), and lastly perforation with its various sequelæ.

The characteristic symptoms of œsophageal ulcers are, the position of the pain immediately after food—a position corresponding to the site of the Cardia behind or to the left of the end of the sternum, and the retching and vomiting on attempting to swallow, with occasionally some blood in the vomit. Examination with the œsophagoscope, exposing the ulcerated spot above the cardia allows of certain diagnosis of ulcer together with its extent.

Had cicatricial narrowing occurred, the history of the case, the age of the patient, the absence of indications of Cancer render the diagnosis possible. The œsophagoscopic picture reveals a smooth, bloodless, usually funnel-shaped narrowing of the lumen of the œsophagus.

The X-Ray picture also can in such cases be of value in a negative way, by showing that no tumour is present.

The diagnosis of *Ulcus Duodeni* is much more difficult, including, as it does, the differential diagnosis from *Ulcus Ventriculi* at the pylorus, from inflammatory conditions in and around the gall bladder, from gall stones, from chronic inflammatory conditions and tumours of the pancreas.

Perinephritic inflammations, renal calculi, and affections of the pelvis of the kidney and of the ureter require less consideration.

These latter conditions are to be recognized by the examination of the urine, by the attacks of colic appearing in paroxysms and separated by prolonged intervals of immunity from pain, as well as by the position of the pain which is referred more to the side, that is to the renal region. But if the pain is located in the position of the gall bladder or pylorus, i.e. in the right Parasternal line, it may sometimes, where the course of