excellent health in every way. The Doctor was not consulted further till January 22nd, 1895. Patient was complaining of nausea, pain after eating, flatulence and constipation, the first symptoms having appeared five days before. An ordinary dyspeptic mixture was given. He was called to see her on the 26th of January. She was complaining of severe pain in the left side about the level of the fifth or sixth rib. Temperature and pulse normal. A dose of morphia relieved the pain. Next morning the father reported her much better. In the night she had complained of pain in the left shoulder and down the left arm. On the 28th she was feeling well and was anxious to get about. Continued well during the 29th; but on that evening the Doctor was sent for hurridly, the patient being much worse. She was suffering from very severe abdominal pain, tenderness, and tympanitis. Temperature 97 and pulse 150. Death ensued, No *post-mortem*. The case recited, the Doctor stated, was, no doubt, one of gastric ulcer. He considered where these cases were diagnosed early, they were suitable ones for operation. The edges of the ulcer were usually only slightly inflamed, and would in most cases unite by primary union. One or two cases had recently been reported where the ulcer was so rugged that the surgeon adopted an expedient that he, the speaker, had suggested, viz., making an anastomosis at the point marked with some part of the bowel below. This he considered would be easily done, and might be better than to sew it up. Where the ulcer is small its invagination and the use of Lembert's sutures in two rows would be sufficient.

Dr. McMAHON referred to a recent case which he had seen, where the operation did not take place till thirty-two hours after the onset. Recovery followed. He stated that at the height of digestion, the contents of the stomach were aseptic, and that it was not necessary that a little leakage should set up trouble. With regard to the anastomosis, he saw one objection: the food would not come in contact with the pancreatic juice and the bile. He called attention to the difference between collapse from perforation of the stomach and collapse from appendicitis, the escaped poison from the appendix being more virulent than that from the stomach.

Dr. CARVETH related a case in which perforation took place where the contents of the stomach escaped through the diaphragm lung, and burst into the bronchus. On the morning of the sixteenth day, corn and other contents of the stomach were coughed up.

Dr. GREIG referred to the pathology of these cases. Where they occurred in older people, atheromatous degeneration of the arteries was a basis of the trouble. Traumatism, as from the taking of hot foods,