These figures are in striking contrast to the figures of Welch, who found that of 793 post-mortem cases of gastric ulcer they were on the

Anterior wall in	69 cases.
Posterior wall in	235 cases.
Lesser curvature in	288 cases.
Near the pylorus in	95 cases.
Near the cardia in	50 cases.
Greater curvature in	27 cases.
At the fundus in	29 cases.

(Osler, Practice of Medicine, p. 479.)

A possible explanation of the greater frequency of perforation on the anterior wall and at the cardia, may be the occurrence less frequently in these regions of protective adhesions. In fact, the adhesions between the base of the ulcer and neighbouring tissues play an important rôle in the history of peptic ulcer.

"In rare instances adhesions and a gastrocutaneous fistula form, usually in the umbilical region. Fistulous communication with the colon may also occur or a gastroduodenal fistula. The pericardium may be perforated, and even the left ventricle. Perforation into the pleura may also occur. It is to be noted that general emphysema of the cutaneous tissues occasionally follows perforation of a gastric ulcer." (Osler, p. 479.) No doubt, in many cases, adhesions result practically in a sort of cure by preventing the escape of stomach contents.

Again, several cases have been reported of more than one perforation and death has resulted after operation, from the second perforation not having been recognized, or a second ulcer, existing at the time of operation, has perforated later on during convalescence.

Tinker (*Phil. Med. Jour.*, Feb. 5, 1900, pp. 258) states, after examining 232 cases, that "more than five-sixths of the cases occur among women. About three-fifths of the cases among women occur before the twenty-fifth year, and mostly among the servant-girl class. On the other hand, only about one-twelfth of the cases among men occur at this age, while more than one-half of the patients among men were more than forty years old. The youngest patient was nine, the oldest seventy-one."

Into the subject of etiology and morbid anatomy of gastric ulcer I will not enter. The pathology of peptic ulcer is still involved in more or less obscurity. One very interesting point, however, I would like to draw attention to. I well remember the first perforated gastric ulcer I ever saw. The patient was a nurse in the Western Hospital, and had been going about performing her duties in a satisfactory manner until within forty-eight hours of her death. She had, however, complained