

I have not met with a duodenal ulcer in death from extensive burns.

In all of the cases the ulcer was solitary, and occupied the first or horizontal part of the gut. The form was round in all, and the diameter ranged from half an inch to an inch and a half. The base was either the submucosa, the head of the pancreas, or thickened connective tissues. In *Cases III* and *IV* the ulcer had cicatrized. The edges were usually rounded and not undermined. Perforation into the peritoneum, which occurs so frequently, was not met with. Perforation of a duodenal artery occurred twice with fatal hemorrhage.

Two of the cases illustrate healing of the ulcer, one with and the other without alteration in the lumen of the tube.

*CASE III.—Typhoid fever; illness of fourteen days; perforation; peritonitis; cicatrix of ulcer in duodenum.*

A. B., aged 40, night-porter at Montreal General Hospital, had been ill for two weeks with typhoid fever, when perforation took place, and death followed in eighteen hours from acute peritonitis. The post-mortem showed extensive typhoid lesions and a perforated ulcer one foot from the ileo-cæcal valve. In the first portion of the duodenum, an inch from the pylorus, on the anterior wall, was a stellate cicatrix about three-quarters of an inch in diameter. There was slight puckering in the vicinity, but no narrowing of the gut. The heart and valves were normal. A few patches of atheroma on the aorta.

This illustrates the most favorable termination of an ulcer. Such cicatrices, according to some authors, are not uncommon. They have been so in my experience.

*CASE IV.—Phthisis; healed ulcer of duodenum, with stenosis of first portion; dilatation and hypertrophy of stomach.*

S. F., aged 35, had been in medical wards Philadelphia Hospital for six months with symptoms of advanced phthisis. He had on several occasions complained of gastric pain, and at times vomiting was a troublesome symptom; but attention was not specially directed to the abdomen.