passed quite a large amount of blood, black and tarry in character. The next day he was admitted to the Montreal General Hospital. On Tuesday, at 5 p.m., he vomited a pint of red blood, which left him pretty weak and blanched and with a rapid pulse. At 8 o'clock that evening he again vomited what measured two pints of blood, which left him in an extremely critical condition with a pulse between 160 and 170, and with difficulty counted at the wrist.

I saw him afterwards, and it was extremely difficult to decide what course of treatment to adopt. It seemed almost certain that if any operative measures were attempted he would die on the table, and equally certain that, if left to himself, another hæmorrhage would prove fatal. I finally decided to attempt to arrest the hæmorrhage by finding the bleeding point and secure it, as this seemed really the only chance he had for his life. As soon as the stomach was brought into view, quite a large mass of cicatricial tissue was visible and palpable on the anterior wall of the stomach, three inches from the pylorus and just at the lesser curvature. I opened the stomach and from within my fingers entered a cup-shaped cavity about the size of a child's tea-cup, the neck of which was constricted and admitted the finger with difficulty. At the bottom of the cavity blood was seen oozing from a vessel large enough to admit the end of a small silver probe. The depth of the vessel, the mass of cicatricial tissue around it, and the hard base of the ulcer made it very difficult to close; I, therefore, very quickly excised the ulcer and closed the opening. The man made a perfect, quick and smooth recovery and left the hospital quite well, having gained in weight and colour and in strength. I am inclined to think that this same ulcer was the seat of the bleeding which occurred twenty years ago, and that it had persisted during all this time, causing but few symptoms until the large vessel was ulcerated through and the serious hæmorrhage occurred. The history does not always indicate the character of the ulcer. I have recently operated in three cases for the control of large gastric hæmorrhages. In two of these the hæmorrhages have come from the bases of hard, indurated ulcers, and in the third, hæmorrhages equally large in amount, and following an equally well-defined history of indigestion and gastric distress apparently coming from a surface half as large as the palm of my hand, the only change being a superficial loss of epithelium and a few sharply defined fissures. Cauterization of this surface was followed by a perfect recovery and no recurrence of the hæmorrhage, although this patient was blanched and had vomited large quantities of blood. In the autopsy records of the Montreal General Hospital are reports of cases having died from gastric