Hæmorrhage: — Accumulating experience is gradually developing better defined views as to the time and method of attempting to control hæmorrhage from the stomach and duodenum. As Mr. Moynihan has well said, hæmorrhage may be the earliest and perhaps for a time, the only symptom of gastric disturbance, or it may be the last in a long and tedious course of symptoms.

Of the six cases four recovered. One died suddenly on the eighth day after operation. At the autopsy there was found a double pulmonary thrombosis. The abdominal condition being quite satisfactory; and one died a month after operation of double suppurative parotitis. There had been no further hæmorrhages and the stomach and abdominal incisions were perfectly healed.

In small recurring hæmorrhages from chronic ulcer, there is a pretty general unanimity of opinion that surgical methods should be adopted, when rest and dieting faithfully carried out by patient and physician have failed to arrest the bleeding; when the patient is losing more blood than is being made and a hazardous degree of anæmia is threatening. It goes without saying that aneurism, leukæmia, and hepatic cirrhosis with portal obstruction, should be carefully excluded.

It is much more difficult to decide when to interfere in recurring large, copious hæmorrhages. That as a rule there is a natural tendency to limitation of the recurrence is generally recognized, and taught. That they may go on to a fatal issue in spite of rest, abstinence from food, ice, opium, supra-renal capsule, etc., has been demonstrated many times over. When then can we stand by, and when should we advise action?

It is said that in cases without a previous history of gastric derangement, there is less likelihood of the hæmorrhages proving lethal. This may be true, I have not had a sufficiently large experience to form an opinion on this point, but I may say that in one of my cases the patient had never had any stomach trouble whatever until the hæmorrhage started. In spite of all that an accomplished and resourceful physician could do these hæmorrhages continued to recur at comparatively short intervals seven days. The patient was then almost exsanguenated, and in his opinion, with which I fully concurred, would certainly have died had not the stomach been opened and the bleeding arrested. Further experience may demonstrate that we can afford to wait longer when the bleeding is from an acute than when it is from a chronic ulcer, but in my opinion we must judge of the urgency and danger in each case by the quantity of blood lost, and the frequency with which the bleeding recours. A hæmorrhage of seven, eight or ten ounces, recurring at intervals of five or six days or a week, would not be as alarming as hæmorrhage of eight or 10 oz. recurring every eight or 12 hours.