the surgical outlook is now better, for Tinker reports that one hundred and thirty-one cases he has collected since the former date show a surgical mortality of only 35.71 per cent., while individual surgeons are now known to have reported still better results. Thus, Haberkant's show a surgical mortality in gastro-enterostomies of only twenty-five per cent. Further, of Tinker's cases thirty-seven operated on during the first twelve hours showed a mortality of only sixteen per cent.; in pyloroplasty of 13.2 per cent. The French surgeon, Doyen, in his book puts his mortality after gastro-enterostomies at ten per cent., while W. S. Mayo, of Minnesota, reports that he had only one death in fifteen gastro-enterostomies, a mortality of 6.6 per cent. Accepting these statistics it is plain that the dangers from surgical interference are becoming gradually less and less in certain classes of operations, so that the counsel of the surgeon may be well invoked by the medical practitioner in these cases. In fact, in suspected cases of gastric ulcer the physician and surgeon should work together, mutually aiding one another in diagnosis and in deciding the question as to whether an operation is advisable or not.

For on the medical side of the case it must be recognized that the mortality from medical treatment is probably quite small. Weir and Foote once put it at twenty per cent. On the other hand, a recent writer puts it at only five per cent.; while Leube, of stomach fame, has stated publicly that in five hundred and fifty-six of his cases he has lost only twenty-two per cent. by death, and four per cent. represents his failure to cure.

It would not be proper to let the opportunity pass of emphasizing the statement, that a surgical operation is the only possible resort in some cases, if life is to be saved.

But all is said and done, and although, therefore, surgery seems likely to gain new laurels in the treatment of gastric ulcer, especially in complicated cases or if the operations be done very early, medical practitioners will still be content in uncomplicated cases to employ established medical methods, and will have a good share of success.

The most dangerous complication is peritonitis, and it is extremely important to be able to recognize this condition at the earliest possible moment. Palpation ought to show a little tenderness over the ulcer. Peritonitis sets in with a chill, a rise of temperature to 100° or 102° F. The patient lies with the knees drawn up, and has the characteristic facies. The pulse is rapid and small. It is now that surgical relief is to be sought at the earliest possible moment.

Subphrenic abscess is another complication that is also very important from a surgical point of view. It may be dependent