

while such conditions as gastralgia, carcinoma, cholecystitis, cholelithiasis, nephrolithiasis, tabetic crises and appendicitis are excluded. It should ever be borne in mind that in a small percentage of cases the first noticeable indication of disease may be an alarming hæmorrhage or symptoms of acute perforation.

Dr. Murdoch (8) of Pittsburg believes in the efficacy of orthoform in establishing a diagnosis in many doubtful cases, claiming that if relief from gastric pain follows the administration of orthoform, ulceration is present as this will only anæsthetize nerve endings when deprived of their cutaneous or membranous covering. This, though worthy of trial, would scarcely accord with the more generally accepted idea that the pain is not due to the exposure of nerve terminals to the contact of food or irritating secretions, but rather to their excitation by movements occurring in the ulcerated area.

As to the diagnosis of perforation occurring near the pylorus and especially in the duodenum it is interesting to note the frequency with which the condition has been mistaken for appendicitis. Records demonstrate such a mistake in diagnosis in from one-third to one-half of the reported cases of perforated duodenal ulcers. This admits of an anatomical explanation inasmuch as it has been shown that in such cases the extravasated contents usually find their way most readily towards the right iliac region owing to the presence of a small hillock in the transverse mesocolon beneath the pylorus, and to which special attention has been directed by Robson and Moynihan (9).

Prognostic estimates of this disease are extremely variable, Brinton placing the mortality from all causes as high as fifty per cent. Of cases treated medically only, the average mortality is estimated to be about twenty-five per cent. of which fifteen per cent. is allotted to perforation and five per cent. to hæmorrhage, and the remainder to other causes. Of cases treated surgically, the average mortality in 1900 was sixteen per cent. whereas in 1904 it was five per cent. Other average estimates are these: forty per cent. of cases treated medically undergo relapses; twenty per cent. of protracted chronic cases develop pulmonary tuberculosis, and at least six per cent., but probably many more, give rise to gastric carcinoma.

The treatment of this disease is at present its most interesting phase, but one is compelled to resort to a mere statement of conclusions in this regard. In all cases it is at first essentially medical. The earlier this is instituted the better will be the results, and if carried out with strict attention to detail in the matters of rest and feeding and for a sufficient length of time, which involves at least four to six weeks in bed and much, further prolonged supervision, permanent cure will result in about fifty per cent. of cases. Unfortunately, however, many of the cases are not diagnosed in their early stages and even when diagnosed there is a tendency