

It is thus seen the percentage of mortality is only half as great in the second as in the first series, and that in both series it is twice as large in the second as in the first 12 hours' interval after perforation. And the results are still improving. In the last series of cases collected by Tinker, 19 cases came to operation within 12 hours of perforation, and of these 3 died, a mortality of 15.79 per cent.

The eight cases which I add to above series are as follows:—

Atherton . . . . .	1	recovered.	
Kirkpatrick . . . . .	1	recovered.	Personal knowledge.
Eve . . . . .	1	recovered.	<i>Lancet</i> , 1900, Vol. I., p. 155.
Waitz . . . . .	1	recovered.	<i>Deutsche Zeitschrift für Chirurgie</i> , Bd. LIV., 589.

and four cases which I have operated upon myself, of which one died and three recovered. These eight cases give a mortality of only 12.5 per cent., the fatal case being operated on 32 hours after perforation.

During the past five years there have been operated on in the Montreal General Hospital six cases of perforated gastric ulcer. All the cases operated on during the first 24 hours after perforation recovered. The late Dr. Kirkpatrick operated on two of these cases successfully. I operated on four, three of these successfully. The fourth case was that of a young girl who refused operation until 32 hours after perforation. The opening was found and closed, but the patient succumbed to the toxæmia of a general peritonitis. This is a very good result to have obtained, considering the nature of the cases that we had to deal with, as will appear later on. I have no doubt that other Canadian hospitals can show equally good results. Our success in the Montreal General Hospital is largely due and the credit should be largely given to the physicians who made the early diagnosis and promptly sent their people to the hospital. In no other way can one account for the lack of success in such an hospital as the Massachusetts General, where only one case has been saved out of ten. (Richardson, *Philadelphia Medical Journal*, Feb. 3, 1900.) Finney reports that they had but one case in the Johns Hopkins Hospital, and that that case died on the table (*Brit. Med. Jour. Epitome*, June 2, 1900). The mortality without operation is estimated at about 95 per cent.

Now, as to the site of perforation in operated cases; considering all the cases together, I find that the perforation has been on the

Anterior wall in . . . . .	125 cases.
Posterior wall in . . . . .	32 cases.
Near the lesser curvature in . . . . .	61 cases
Near the cardia in . . . . .	74 cases
Near the pylorus in . . . . .	40 cases