deep vessel. The clinical picture of ulcer is now so complete that its existence should be recognized early, and by timely treatment obviate all the latter complications, such as hemorrhage, pyloric stenosis, hour-glass stomach, and eventually the most serious complication of all, carcinoma engrafted on the base of the old ulcer. I have within the last six months seen two fatal cases of duodenal hemorrhage. Both these cases had had malaena for months, one of them also having had several attacks of hematemesis. In each case the patient had refused operation, and each finally suffered a hemorrhage which proved fatal before surgical aid could be given.

TENDERNESS.—In the majority of cases of ulcer no physical signs or manifestations are present, though sometimes in the later stages, especially if subacute, perforation has produced a localized peritonitis, tenderness will be observed to the right of the median line if the ulcer be duodenal, and sharply localized in the epigastrium if it be gastric. A typical instance of each of these conditions is exemplified in the following cases:—

Subacute Duodenal Perforation.—On April 8th, 1911, I was asked to see Miss G. B——, a young lady of twenty-one. Five years previously she had suffered a serious illness from what was diagnosed as gastric ulcer, since which time she had had many recurrent attacks of epigastric pain. The attacks would return regularly every six months, and of late had been increasing in severity. The present attack commenced in December, 1910, and during the four months of its existence the patient had been steadily losing weight. One week before my seeing her she had been suddenly seized with a severe pain just to the right of the middle line and above the umbilicus. Palpation in this region elicited great tenderness. Vomiting was frequent. Hunger pain and its relief were typical. Temperature 100 3-5; pulse 84.

At operation the following day a subacute perforation on the anterior surface of the duodenum was discovered, to which point the gall-bladder was adherent. Posterior gastro-enterostomy effected a complete cure. Her former symptoms have vanished and she is now absolutely well. The tenderness was the result of the subacute perforation.

Subacute Gastric Perforation.—On July 25th, 1910, I was consulted by Mr. K. B—— in regard to a severe pain in the epigastrium, which for two weeks had failed to yield to treatment. His history was briefly as follows: For two years he had suffered periodical attacks of "indigestion," which had gradually grown both more severe in character and frequent in occurrence. Two weeks previous to my seeing him, while drinking a glass of cold water, he had been suddenly seized with an ex-