

normal, the lungs were sound, the urine presented no evidence of renal disease. There was no blood in the stools, they were of normal color, there was no hematemesis. Pulse 78, temperature $89 \frac{4}{5}$, respiration 22.

DISCUSSION:—We have here a man slightly jaundiced, somewhat emaciated, and looking withal as though his days may be numbered. He has severe epigastric and right hypochondriac pain, spasmodic in character and yielding only to large doses of morphia. This pain strikes him unawares, without the slightest previous warning. It is in no way related to food. Vomiting sometimes gives relief. No tumor is palpable. Diarrhoea and constipation alternate.

What pathological condition will produce the above picture? It may be one of many. It may be the result of pyloric spasm due to gall-stones, or appendicitis or tuberculosis of the caecum. It may be pyloric cancer. It may be cancer of the hepatic flexure of the colon. It may be ulceration in the gastric or duodenal mucous membrane. It may be cancer of the pancreas.

There are many reasons why we should first consider the possibility of cancer of the pancreas. He is slightly jaundiced. In pancreatic cancer this jaundice need not necessarily be deep. In 25 per cent. of all cases, the pancreatic portion of the common bile duct is not enveloped by the substance of the gland, but rather lies in a groove on its posterior surface. In these cases malignancy may be far advanced without completely occluding the duct, and the consequent jaundice may be only slight.

When epigastric pain is the result of malignancy in this location, it may be of two different varieties, either a dull continuous ache, or intermittent, severe and agonizing. Vomiting does not usually give complete relief, in fact vomiting may not be present. In the case in point the pain is intermittent, it is severe, it is agonizing. Vomiting sometimes gives complete relief, which coupled with the fact that the pain is almost as severe in the right hypochondrium as in the epigastrium, would not have a tendency to substantiate pancreatic cancer. He is thin, he has lost forty-one pounds during the past year, which coupled with the jaundice and pain looks suspicious, and yet he has no distention of the gall-bladder, he has no ascites, he is not cachectic in appearance, he has no palpable tumor in the epigastrium, and furthermore no indigested meat fibres could be found in the feces. These are conditions which we would expect to find before we could definitely pronounce cancer present. It would appear from this that the weight of evidence was negative rather than positive.

As to gastric or duodenal ulcer, there is little evidence. He has the pain, the vomiting, the emaciation. The pain, however, is not definitely related to meals. Furthermore, there is jaundice. There has