

(2) Chronic indigestion.

(3) Violent occasional pain not due to indigestion of food, and always referred to below the heart and outwards to left anterior axillary line.

(4) Occasional vomiting, never bloody, he said, not always due to eating, not large quantity of foul or acid matter, but usually small quantity of food in much the same state as when swallowed and usually very soon after swallowing.

(5) Hard board-like state of epigastrium, abdominal muscles elsewhere free from reflex tetany.

(6) No tumor could be felt at any time.

(7) Stomach not dilated ; pyloric orifice plainly open.

(8) No serious constipation.

Ante-mortem diagnosis. Gastric carcinoma, probably of cardiac end, and affecting cardiac orifice.

Post-mortem examination made a few hours after death : Large mass found toward pyloric end of stomach, involving whole circumference of stomach, greater and lesser curvatures alike, very symmetrical, to about two inches to left of pylorus, which was quite uninvolved. Part of transverse colon was adherent to greater curvature, and part of duodenum and head of pancreas behind. No secondary growth formed anywhere except that retroperitoneal glands were much enlarged both above and below growth, and matted the aorta and inferior vena cava rather firmly together. Inside of stomach a false pylorus was formed by the new growth, rigid, and admitting finger easily to second joint. About one inch to left of pylorus, and same distance from greater curvature, hanging down from the anterior wall there was a pedunculated mass about 1 inch long, $\frac{1}{2}$ inch wide and $\frac{1}{4}$ inch thick, with thin fibrous pedicle. On greater curvature and posterior surface, about two inches from the pylorus, was an elevated surface, black, ragged and excavated, with floor formed by adhesion to transverse colon, about $1\frac{3}{4}$ inches long, 1 inch wide, oval, greater diameter along greater curvature, and all round it the spreading thickened growth in the stomach-wall. The contents of the stomach were about eight ounces of characteristic coffee ground material.

Microscopic examination. Pedunculated growth spoken of above shows highly vascularized fibrous tissue, with normal mucous membrane covering it and no evidence of malignancy, but rather numerous area of small-cell infiltration.

Section from edge of carcinoma shows enormous preponderance of fibrous tissue, with much vascularity and but little new epithelial