

A tumour may be felt—if felt at the pyloric end of the stomach, it is in all probability cancerous, but it may arise from cicatricial thickening from the healing of an old ulcer. The cancerous mass will have a hard, firm feel and will be nodular. The diagnosis must be confirmed by the clinical history of the case and the examination of the stomach contents. Care must be taken to differentiate between tumours in stomach and tumours in neighbouring organs, especially in the pancreas. If when palpating over the abdomen we are enabled to make out a tumour, we must determine first whether it is in the abdominal walls or within the abdomen; and secondly, if within the abdomen, in what organ it is located. If in the abdominal walls it will be freely movable with the parietes and it may be easily grasped. If within the abdomen the abdominal walls may be freely moved over it, unless it be adherent to the parietal peritoneum. If the tumour is of pancreatic origin, or if it be behind the stomach, distension of the stomach by gas will remove the tumour from the palpating hand. Tumours at the pylorus, greater curvature or anterior wall of the stomach may thus be distinguished from tumours behind the stomach. Tumours in the posterior wall of the stomach cannot thus be differential from those behind the stomach. Whether the tumour moves with respiration or not will assist in the diagnosis. We will have to rely, however, mainly upon the clinical history and the results of the examination of the stomach. According to Welch, out of 1300 cases of gastric cancer only 68 were found in the posterior wall, so that the difficulty will not be one of frequent occurrence.

The character and intensity of the pain or tenderness elicited by palpation will throw some light upon the nature of the gastric affection. If no tumour can be felt, and the act of palpation causes tenderness diffused over the stomach, we have in all probability a case of gastritis. If, under similar circumstances, a sharp localized pain is caused by palpation, we may fairly infer that we have to deal with an ulcer in the stomach. The pain caused by palpation in case of cancer is normally more pronounced than that of gastritis, and not so sharply localized as is that of ulcer.

3. *Percussion*.—With the patient in the same position as for palpation we can fairly accurately map out the area of the