

finite diagnosis in an abdominal case so obscure as this appears to be, a tentative diagnosis of cancer of the splenic flexure was made.

*Outcome.*—On August 4th exploratory laparotomy revealed an irremovable mass enveloping the splenic flexure, a section of which proved to be carcinoma.

#### CASE IV.

Mr. A. H. T—, of H—, aged fifty-nine years. Along with his physician I examined this gentleman on March 23rd, 1911. A man who one year before, the picture of health and strength had weighed one hundred and seventy-eight pounds, now at one hundred and thirty-seven pounds, presented a very dejected appearance indeed. His eyes were sunken, his expression was pinched, his skin was flabby, his energy was gone. Though he was not distinctly jaundiced, yet the color of the skin presented a slightly jaundiced hue. The same condition was more marked in the sclera.

At twenty-eight years of age he had suffered a severe illness from "inflammation of the bowels," which had kept him in bed one month, and again at thirty-six years he had a similar attack, though of much less severity than the former one. There was no history of tuberculosis in the family. His father had died of cancer of the stomach.

The history of the present illness dates back one year. At that time he began to suffer periodical attacks of pain in the right hypochondriac and epigastric regions, which apparently were in no way related to the partaking of food. For a time they were severe, then eased off for a short period only to return with greater severity. At times these attacks would appear every day, then again several days might pass without any symptoms whatever.

As the months passed by these attacks increased in both frequency and severity, until for the past three weeks he had been given at least one-half grain of morphia hypodermically at the commencement of each attack. Nothing short of that amount afforded any relief. Diarrhoea and obstinate constipation alternated.

During the past four months vomiting spells had frequently accompanied the attacks of pain, in fact on many occasions he received no relief until after a copious emesis. The vomit was usually dark green—a typical bilious vomit. As far as I could learn it, too, had no relation to meals.

Physical examination revealed a somewhat rounded abdomen, slightly tympanitic and slightly tender throughout. The point of maximum tenderness appeared to be in the right hypochondriac and epigastric regions, and from this point radiated throughout the abdomen. No tumor or mass of any description could be discovered. The heart was