Stones in the common bile duct would readily be responsible for both the jaundice and the great loss of weight. It is not an uncommon thing for a heavy patient to lose from thirty to forty pounds in a few months in cases of cholelithiasis. Cholelithitic jaundice however is intermittent, while in this instance the jaundice was persistent. Cholelithiasis, too, has its own characteristic pain, usually sharp and lancinating, a symptom entirely foreign in this case. Moreover cholelithiasis is very unlikely to produce the cachecitic appearance so manifest in this instance.

Gastric or duodenal ulcer would not likely be responsible for these symptoms for many reasons. In the first place, great loss of weight could scarcely be occasioned without vomiting except in the presence of malignancy. Then, too, more of the typical symptoms of ulceration such as pain after eating, hyperchlorhydria ect, have not been present. The only symptoms pertaining to ulceration would be the frequency of the gaseous eructations and the uncomfortable epigastric sensation after meals. The complete absence of hematemesis or melaena would also help to throw the weight of the evidence against ulceration.

The diagnostic field is now very much narrowed, especially as the clinical picture would point very strongly toward malignancy. We have satisfied ourselves tentatively that it cannot be in either of the flexures of the transverse colon, and the weight of evidence is strongly against its presence in the pancreas. Of the remaining locations, the liver or the stomach would be the most probable.

Cancer of the liver is rarely a primary disease. As a general rule it is secondary to pyloric involvement. It is also fresuently attended by nodules which can be readily palpated through the abdominal parietes. The jaundice is usually deep and persistent. In the absence of deep jaundice, in the absence of any nodular involvement, and especially in the absence of any previous history of gastric or duodenal ulcer providing a focus for the primary nodule, we are forced to the conclusion that the liver itself is not involved, or if so, only to a very slight degree.

As for the presence of cancer in the stomach itself, the weight of evidence is not at all conclusive. This man has never vomited, therefore thre is as yet no pyloric obstruction. From this we observe that the growth, if in the stomach at all, must be either very small, or at some distance from the pylorus. There is no palpable tumor, therefore if its presence is proved it will likely be of a small size. The gastric motility is not impared. A test breakfast shows the presence of hydrochloric acid and the absence of lactic, but even in the presence of cancer this may be expected, as lactic acid is usually the result of food ferments due to retention as a result of pyloric obstruction. The presence of lactic acid very frequently means nothing more than that there is an obstruction at the pylorus, and as cancer is the most frequent cause of such obstruction, the