

tobacco to relieve heart-burn. Present attack came on Oct. 13th last, with vomiting, dizziness and general weakness. Could learn nothing of character of vomit at this time. After coming under observation he vomited at first about one and one-quarter hours after taking any food. Tenderness on pressure over stomach, though no tumour can be felt through his very much emaciated abdominal walls. Marked constipation. Heart, lungs, etc., healthy. Examination of stomach contents: Reaction acid; no free hydrochloric acid; lactic acid present in fairly large amounts; pepsinogen much diminished in quantity; starch reaction absent, but no starch had been taken with food; milk curdling ferment present. After being under my care for a week he vomited dark brown matter, "coffee ground" in appearance. At the same time motions of bowels were almost black. Whenever he lay on his left side he vomited. Could take no food by mouth without vomiting. For three weeks fed by rectal enemata. Is now up and about and taking ordinary diet, apparently without inconvenience. No vomiting.

What is the diagnosis? His age is such that either cancer, ulcer or inflammation might be suspected. His general appearance might indicate simply the emaciation which would naturally be brought about by non-assimilation of food as would occur in a gastritis, but seemed to me rather to suggest that peculiar but hard to describe appearance called cancerous cachexia. The vomiting continuously would suggest an irritable condition of the gastric mucous membrane, which might be due to any one of the three conditions already referred to. The "coffee ground" vomit again is very suggestive of cancer. The amount of blood vomited was small—a few mouthfuls, and might, perhaps, have been produced by ulcer. On the other hand, the absence of free hydrochloric acid rather excludes ulcer. Free hydrochloric acid is not found in cancer of the stomach as a rule, nor in chronic gastritis. Its absence in cancer is, no doubt, not due to any direct influence of the cancerous growth, but is caused by the accompanying gastric catarrh or inflammation with which gastric cancer is usually complicated. Taking all the symptoms, the physical signs and the chemical examination of the stomach contents into consideration, I am inclined to the opinion that this patient is suffering from gastric cancer, and