

latter had been known to exist during life, its extent and direct connection with the sudden death of the individual had not been known, and indeed his last attack had rather led to a suspicion of a circulatory disturbance.

More surprising even were the findings in the two following cases:

CASE VI. Man, sixty years old, of large frame and relatively good nutrition. He had been in the hospital for some time with the diagnosis of, and under treatment for chronic nephritis and colitis, and was turned over to the pathological institute with that diagnosis. The staff was particularly anxious to know why he had died very suddenly, apparently without any warning.

Autopsy revealed a huge, nearly circular, cauliflower carcinoma of the stomach, reaching within 2.5 centimetres from the cardiac orifice and four centimetres from the pylorus. It covered about half of both the anterior and posterior walls of the stomach. Both orifices could evidently functionate properly, as the stomach was nearly normal in size. The surface of the growth, however, was ulcerating and hæmorrhagic, and there had taken place a recent extensive hæmorrhage from the growth.

The mesenteric glands showed metastasis, and there existed gray hepatization of the middle lobe of the right lung. The kidneys were large (200 grammes), and showed a degenerative nephritis.

Here again it is surprising to observe the character and extent of the lesion, which during life had certainly not produced sufficient symptoms to point to a more definite diagnosis. On the other hand, the anatomical location of the growth explains the lack of any interference with the motility of the stomach and the possible indefinite, gastric symptoms were ascribed to the nephritis. The terminal pneumonia had remained quite obscure.

CASE VII. Woman, seventy-four years old, had been in the hospital for some time with the clinical diagnosis of chronic nephritis. She had died very suddenly with what was given as oedema of the lungs.

Autopsy showed the stomach filled with a large amount of hæmorrhagic fluid. About three centimetres from the pyloric end, on the posterior upper surface of the stomach, a small, punched out ulcer, about 1.5 by 1 centimetre, had eroded through the muscular coat of the stomach. At the base of this ulcer is seen the opening of one of the gastric arteries. A probe passed easily through the opening along the course of the artery. The mucous membrane of the remaining parts of the stomach was considerably atrophied and showed catarrh. The kidneys showed arteriosclerotic atrophy.