

A dull, aching, continuous pain, or one sharp, lancinating and intermittent, radiating through to the back between the shoulder blades, is an almost invariable accompaniment to cancer of the pancreas. In the case under consideration the discomfort experienced could scarcely be characterized as either. Though of the aching variety, it was not continuous, but only appeared after the partaking of food.

One of the most common accompaniments of pancreatic cancer is distention of the gall-bladder due to the damming back of bile. This is accomplished by the enlarged gland compressing the common duct. In some instances the gall-bladder will become enormously distended, reaching below the umbilicus, and even to the right iliac region. The liver is also frequently enlarged. In the present instances there was no enlargement of either gall-bladder or liver, the only symptom referable to either one or other of these organs being tenderness of palpation in this region.

Ascites, a frequent accompaniment of cancer of the pancreas, was absent.

Cachexia accompanied by emaciation was present, though the cachectic appearance was not sufficiently pronounced to lead one to believe in cancer from this symptom alone.

There was no palpable tumor in the epigastrium. Though this need not necessarily be present, yet in the advanced stage of whatever disease from which this man may be suffering, one would expect to find tumor, should the trouble prove to be cancer of the pancreas.

The stools were constipated, but contained neither free fat nor undigested meat fibres, two conditions frequently found in a person suffering from malignancy in the head of the pancreas.

Cancer in this location is almost invariably accompanied by albuminuria. This man's urine was normal.

In summing up the evidence in favor of pancreatic cancer, we find we are standing on very insecure ground. Though emaciation, cachexia and jaundice are present, yet they may also be found in cancer of the liver. In uncomplicated cancer of any of the other upper abdominal organs, jaundice would likely be absent.

In the absence of the characteristic pain, enlargement of the gall-bladder or liver, ascites and a palpable tumor, it appears fairly reasonable to exclude a malignant pancreas, and attempt to account for the jaundice, cachexia and emaciation in some other way.

Cancer of the hepatic or splenic flexures of the colon would be responsible for the great emaciation and cachectic appearance presented in this instance, but it would not produce the jaundice; the presence of which, and the absence of vomiting and symptoms of incomplete obstruction due to stenosis of the bowel at the seat of the disease, will permit us to readily pass this diagnosis by.