pain was felt in the median line 2½ inches above the umbilicus. He had anorexia and would vomit a little in the mornings. The vomit contained no bile or blood. The actions of the bowels were normal. There was no enlargement of the superficial glands. Under the skin on the abdomen were two small nodules. On deep palpation beneath the left costal arch a firm rounded tumour mass was felt, painful on pressure, and it could be differentiated from the spleen by percussion.

A test meal was given and on passing the stomach tube an obstruction was met with at 20 inches from the teeth. Vomiting brought up the meal which was found undigested and with stomach ferments and acids absent. Amongst the food shreds of tissue were found which on examination were found to be cancerous tissue. In addition the patient had endocarditis and interstitial nephritis.

The patient was transferred to the surgical side, and gastrostomy was done but general peritonitis followed. The specimen was taken from a much emaciated individual and proved to be a large colloid carcinoma springing from the lesser curvature and cardiac end of the stomach. Sections show plainly the nature of the growth. In this case the diagnosis was made from the stomach contents. The tumour mass extended up into the lower end of the œsphagus, explaining readily the clinical complaints of the patient. This extension of carcinoma through the œsophagus is quite common in contra-distinction to that through the pyloric end of the stomach which is extremely rare. In connexion with the remark made at a previous meeting with regard to the examination of subcutaneous masses in these cases, we palpated here over the abdomen and found such a mass but this disappeared just before death and at the autopsy was not to be found.

Doctor Gillies also exhibited a microscopical section of the stomach washings from a patient now in hospital from which the diagnosis was very easily made, proving that careful examination of stomach washings are of value in diagnosing such conditions.

DR. LAFLEUR: The second case which Dr. Gillies has referred to is under my observation and the fragments that we obtained by the stomach washings were really quite large, as much as a large pea, and it was quite evident from histological examination that they were fragments of a neoplasm. This case presents very similar conditions to those in Dr. MacKenzie's. We are very apt now to get fragments of neoplasms in the stomach by the new stomach tube which contains a great many more holes and has a somewhat thin edge. The patient has an almost empty stomach and retches a great deal, and it is quite evident that this rubbing against the wall will rub off a piece of neoplasm. In this case there was a little blood. In cancer of the liver one sometimes manages to strike a cancerous nodule and so get a